

**FEASIBILITY OF DISABILITY-INTEGRATED,
UNIVERSALLY ACCESSIBLE, URBAN CO-HOUSING
IN WINNIPEG**

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ABSTRACT

The typical model of co-housing is defined by active resident involvement, the intentional development of an active and strong neighbourhood through social interaction within the site, and extensive common facilities integrated into daily life. The private dwellings are down sized by 10-15% to develop the common areas, which include a common house and shared green spaces. The common house usually has a kitchen, dining room, laundry, guest rooms, and lounge areas. Shared meals are prepared and served in the common house one to six times per week. This model of housing provides a great number of opportunities for people with disabilities.

Though the principles governing co-housing were not developed to include people with disabilities, they compare favourably with the principles of inclusion and independent living. Participating in decision making, living in an environment with diverse residents, and creating natural support networks are reasons people develop co-housing and are the same reasons people with disabilities are searching for new housing options.

An urban location that is universally accessible enhances opportunities for involvement by all people, including people with disabilities, as well as adding positive qualities to the existing neighbourhood. Established areas of the city facilitate access to relevant resources, which is of particular importance to people who require accessible transportation. In exchange, the co-housing development gives the neighbourhood positive energy, commitment to social values, and economic benefits.

This report describes a model of disability-integrated co-housing based on the precepts of typical co-housing. Using universal design principles, co-housing developments can provide accessibility for all people, regardless of their abilities, to all areas of a site, rather than providing limited barrier free access based on disability specific solutions. Design principles that encourage social interaction are also included. The neighbourhood intentionality of co-housing is created through the effort of the residents within the principles of co-housing and reinforced by design directions. Conclusions and recommendations were developed as guidelines for people interested in such a model.

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EXECUTIVE SUMMARY

Co-housing is defined not by scale, age, profession, income of residents, or ownership model, but rather by active resident involvement, the intentional development of an active and strong neighbourhood through social interaction within the site, and common facilities that augment private space. Begun in Scandinavian countries and now imported throughout Europe and North America, there are several hundred co-housing communities created to offset the isolation of urban/suburban life and to reinstate a sense of community and commitment to neighbours. Disability has not played a major role in co-housing communities, particularly in North America, but there are features of co-housing that are very well suited to include people with disabilities.

In co-housing, resident involvement begins with a core group of people agreeing on the basic tenets of co-housing and with the goal of creating a community. This involvement continues through planning, site selection, design, construction, and finally with the management of the occupied site. Neighbourhood intentionality, consciously working to develop strong ties between neighbours, begins to develop through the collective decision making process, is reinforced through design that encourages pedestrian orientation and interaction and is further enhanced through the development and use of extensive common facilities. Private dwellings are scaled down by 10-15% to construct a common house which usually includes a community kitchen, dining room, social and meeting spaces, laundry, and guest rooms. Shared meals, from 1-6 times per week, are typical in co-housing communities.

These features of co-housing respond to many of the preferences expressed in interviews with people with disabilities who require assistance, such as independent living, participation, integration, and common areas augmenting private space. As well, co-housing offers natural supports as a function of the strong sense of community and sharing that is intentionally developed through participation and social interaction.

Rather than focusing on the type or level of disability to access residential environments, like co-housing, this report proposes it is more important to concentrate on the design of services and supports appropriate to an individual within a particular social setting. The individuals described in this report, who have moved from institutional settings to independent community settings, would have previously been thought "too disabled" to live in such environments, but are shown to have done so quite successfully. The housing and support approach contends that services should adapt to individuals, unlike the service delivery model in which individuals must adapt to programs. Research indicates that beyond improving quality of life, community living environments can cost less than institutional settings.

Co-housing provides ideal opportunities for affective and instrumental supports for the person with a disability, since members of co-housing communities make a conscious commitment to the ideal of 'community'. Through an active participatory model, where tasks and meals are shared and social interaction between members is commonplace, the ideals and lifestyle that brought these members together should more easily be promoted and maintained than in a co-operative or condominium model.

The extensive common facilities, one of the defining features of co-housing, create places for inclusion. The isolation that tends to happen in more typical dwellings is less likely with the integration of the common house into daily activities. The common house and the grounds surrounding it become meeting places and locations for shared activities. Co-housing common areas become integral to the lifestyle of the residents, unlike common areas in other settings.

Developing a disability integrated co-housing community implies that universal accessibility is a

fundamental underlying construct. Universal design principles, simply stated, are those design solutions that apply to all people, regardless of their abilities or limitations. Eliminating barriers in the environment for people with disabilities allows them the option of full participation. This is consistent with the co-housing philosophy. In terms of a co-housing development, the entire site must be accessible, including all common areas. The main floor of each dwelling should be accessible and include an accessible washroom. A commitment to maximize accessibility for all people must be made in the early stages of the project.

In choosing the location for a disability integrated co-housing community, sections from the PASSING instrument, based on the concepts from Normalization and Social Role Valorization, provide excellent guidelines. Issues such as maintaining neighbourhood harmony, assimilation potential, accessibility, the availability of community resources, and image projection must be considered carefully. When these topics are simplified, the basic element is whether 'you would live there?' Historically, many sites chosen for people with disabilities have not been locations where the caregivers would choose to live themselves. The co-housing approach implies that site selection would be a group decision; each member must be comfortable with the site. This provides a safeguard for the person with the disability.

Urban sites offer advantages with established relevant community resources. For a person with a disability, suburban and rural locations can exacerbate the problem of the unavailability of accessible transportation. Retail, entertainment, employment, and educational opportunities are more likely in close proximity to residential environments within urban neighbourhoods. The co-housing community will also provide benefits to an existing community. The collective energy and commitment to community can revitalize and add quality to the surrounding area.

Within an urban location, there are a number of possible options for development. Existing apartment buildings could be renovated to suit a co-housing community. Vertical common spaces could be developed to create a number of meeting spaces. A second option is to renovate a vacant commercial or industrial building or school. An indoor street design could be incorporated to create all weather meeting areas. Third, clustered housing could be developed on the site of a closed school. And finally, adjacent detached housing in an existing neighbourhood could be purchased and fences removed with infill connections developed. One home in the centre of the block could be converted into the common house.

In conclusion, co-housing offers a viable alternative housing model for people with disabilities with opportunities for inclusion and natural supports. A summary of the conclusions and recommendations in this report include:

Co-housing communities should set target integration rates that mimic the general population, 15% of the members.

The size of the co-housing community should be carefully considered to have enough mass to maintain the commitment required and intimate enough to allow full participation of all members.

Support will have to be enlisted for a group to create co-housing from inception through to occupancy, by including (but not limited to) a group facilitator, real estate developer, and disability advocacy organization.

A Community Development Corporation should be created to assist community groups develop small scale housing projects.

For a person with a disability looking into housing options, the first task is to dream. A support network can facilitate assessing needs and developing a plan to access services.

Urban locations offer the greatest potential for both the co-housing residents and the surrounding community.

To support the co-housing principles, the design of the co-housing community must emphasize pedestrian orientation and social interactions, and be universally accessible and in harmony with the neighbourhood.

It will take effort to maintain the vision that brought the co-residents together initially, but the shared activities and group decision making will provide opportunities to renew the original mandate. Clarifying and documenting roles and responsibilities will assist this task.

As disability integrated co-housing communities are developed, post occupancy evaluations need to be conducted. Gathering this information will assist future groups.

RÉSUMÉ

La cohabitation ne se définit pas selon des caractéristiques d'échelle sociale, d'âge, de profession, de revenu des résidents ou de modèle de propriété, mais bien par une implication active des résidents, par l'aménagement d'un quartier actif et prospère grâce à l'interaction sociale sur les lieux et par des installations communes qui augmentent l'espace privé. Après des débuts dans les pays scandinaves et maintenant des expériences dans toute l'Europe et en Amérique du Nord, on compte plusieurs centaines de collectivités de cohabitation créées pour lutter contre l'isolement de la vie en ville et en banlieue et pour ramener un sens de la collectivité et de l'engagement chez les voisins. L'invalidité des résidents n'est pas une composante importante des collectivités de cohabitation, particulièrement en Amérique du Nord, cependant, certaines caractéristiques de la cohabitation semblent parfaitement adaptées pour intégrer les personnes handicapées.

Dans la cohabitation, l'engagement des résidents commence avec un noyau de base de personnes qui acceptent les principes généraux de la cohabitation et partagent l'objectif de créer une collectivité. Cet engagement se poursuit dans la planification, le choix du terrain, la conception, la construction et finalement la gestion des habitations. L'intentionnalité collective, qui vise consciemment à tisser des liens étroits entre les voisins, commence à se développer par le processus de prise de décision collective, est renforcée par une conception favorisant les piétons et l'interaction et est améliorée par l'aménagement et l'utilisation de nombreuses installations communes. Les logements privés sont réduits de 10 à 15 % pour construire une maison commune qui comprend habituellement des pièces communes : cuisine, salle à manger, salles de loisir et de réunions, salles de lavage et chambres d'invités. Le partage de 1 à 6 repas par semaine est typique des collectivités de cohabitation.

Ces caractéristiques de la cohabitation répondent à beaucoup des préférences exprimées au cours d'entrevues avec des personnes handicapées, qui disent avoir besoin d'aide, sous forme de mesure de soutien à domicile, avoir besoin de participation et d'intégration et avoir besoin d'aires communes augmentant l'espace privé. De plus, la cohabitation offre un soutien naturel, en tant que fonction du fort sentiment de collectivité et de partage qui se développe intentionnellement par la participation et l'interaction sociale.

Plutôt que de focaliser sur le genre ou le niveau d'invalidité en rapport avec des environnements résidentiels, comme les collectivités de cohabitation, le rapport suggère qu'il est plus important de se concentrer sur la conception des services et du soutien convenant à un individu à l'intérieur d'un contexte social. Les personnes qui sont décrites dans le rapport, et qui ont quitté des établissements publics pour des collectivités autonomes, auraient été auparavant considérées comme étant «trop handicapées» pour vivre dans de tels environnements. Pourtant elles le font avec succès. L'approche axée sur le logement et le soutien se fonde sur le principe selon lequel les services doivent s'adapter aux personnes, contrairement au modèle de prestation de services dans lequel l'individu doit s'adapter aux programmes. La recherche indique qu'en plus d'améliorer la qualité de vie, les environnements de vie collective peuvent coûter moins que les établissements publics.

La cohabitation offre des occasions idéales d'offrir aux personnes handicapées un soutien affectif et matériel puisque les membres des collectivités de cohabitation s'engagent consciemment à réaliser l'idéal de la collectivité. Au moyen d'un modèle participatif actif, selon lequel les tâches et les repas sont partagés et les interactions sociales entre les membres sont pratiques courantes, les idéaux et le style de vie qui ont rassemblé ces membres devraient être favorisés et maintenus plus facilement que dans le modèle coopératif ou copropriétaire.

L'importance des installations communes, l'une des caractéristiques intrinsèques de la cohabitation, crée des espaces d'intégration. L'isolement, qui a tendance à caractériser les logements typiques sera moins courant avec l'intégration de la maison commune dans les activités quotidiennes. La maison commune et les terrains qui l'entourent deviennent des lieux de rencontre et d'activités partagées. Les aires communes des complexes de cohabitation deviennent partie intégrante du style de vie des résidents, contrairement aux aires communes des autres types de logements.

L'aménagement d'une collectivité de cohabitation intégrant des personnes handicapées implique que l'accessibilité universelle soit un concept sous-jacent fondamental. Les principes de l'accessibilité universelle sont tout simplement des solutions de conception qui s'appliquent à tous les gens, abstraction faite de leurs aptitudes ou limites. L'élimination des barrières dans l'environnement des personnes handicapées leur donne l'occasion de participer pleinement, ce qui s'intègre parfaitement à la philosophie de la cohabitation. Sur le plan de l'aménagement des immeubles de cohabitation, la totalité des lieux doivent être accessibles, y compris les aires communes. Le rez-de-chaussée de chaque logement doit être accessible et comprendre des toilettes accessibles. Un engagement de maximiser l'accessibilité pour toutes les personnes doit être pris dans les premières étapes du projet.

Au moment de choisir l'emplacement d'une collectivité de cohabitation intégrant des personnes handicapées, des sections du document intitulé PASSING, fondé sur les concepts de normalisation et de valorisation des rôles sociaux, donnent d'excellentes lignes directrices. Les questions comme le maintien de l'harmonie, le potentiel d'assimilation, l'accessibilité, la disponibilité des ressources de la collectivité et la projection des images doivent être étudiées avec soin. Si l'on simplifie ces thèmes, la question fondamentale serait «Habiteriez-vous là?». Historiquement, dans beaucoup de cas, les dispensateurs de soins n'auraient pas choisi d'habiter les emplacements choisis pour les personnes handicapées. L'approche de la cohabitation implique que l'emplacement soit une décision collective; chaque membre doit être satisfait du lieu choisi. Une telle démarche donne une protection à la personne handicapée.

Avec des ressources collectives établies et de qualité, les emplacements urbains offrent des avantages. Pour une personne handicapée, la vie en banlieue ou en milieu rural peut exacerber le problème de l'absence de transport accessible. Il est plus probable de trouver des magasins, des lieux de loisir, de l'emploi et des établissements d'enseignement près des environnements résidentiels des quartiers urbains. De plus, la collectivité de cohabitation offrira aussi des avantages à une collectivité déjà existante. L'énergie et l'engagement collectifs peuvent revitaliser et améliorer un quartier.

En ville, il existe un certain nombre d'options d'aménagement. Des immeubles d'appartements existants peuvent être rénovés pour accueillir une collectivité de cohabitation. Des aires communes

verticales peuvent être aménagées pour créer un certain nombre de lieux de rencontre. Une deuxième option consiste à rénover un immeuble ayant servi à des fins commerciales, industrielles ou d'enseignement. Une rue intérieure peut être incorporée au projet pour créer des espaces de rencontre à l'année longue. Troisièmement, des logements en grappe pourraient être aménagés sur l'emplacement d'une école fermée. Enfin, on pourrait acheter des maisons jumelées dans un quartier existant, enlever les clôtures et aménager des espaces de communication intercalaires. Une maison au centre du complexe pourrait servir de maison commune.

En conclusion, la cohabitation offre un modèle alternatif de logement viable pour les personnes handicapées avec des possibilités d'intégration et de soutien naturel. Voici un résumé des conclusions et des recommandations contenues dans le rapport :

Les collectivités de cohabitation devraient fixer des objectifs d'intégration analogues aux proportions dans la population en général : 15 % des membres.

Il faut prendre soigneusement en compte la taille de la collectivité afin d'atteindre une masse critique suffisante pour entretenir l'engagement requis tout en préservant assez d'intimité pour encourager la participation de tous les membres.

Pour qu'un groupe puisse mener un projet de cohabitation du commencement jusqu'à l'occupation, il faut mettre en place une équipe de soutien, en y intégrant notamment un facilitateur, un promoteur immobilier et une organisation de défense des personnes handicapées.

Il faut mettre sur pied une société d'aménagement collectif pour aider les groupes communautaires à mener à terme des projets d'aménagement de petite taille.

La première tâche d'une personne handicapée qui étudie les options de logement qui s'offrent à elle, c'est de rêver. Un réseau de soutien peut faciliter l'évaluation des besoins et l'élaboration d'un plan d'accès aux services.

La ville offre les meilleures possibilités tant pour les résidents des collectivités de cohabitation que pour le quartier environnant.

Pour respecter les principes de la cohabitation, la conception de la collectivité doit faire place aux piétons et aux interactions sociales et les lieux doivent être universellement accessibles et en harmonie avec le quartier environnant.

Il faudra mettre des efforts pour préserver la vision qui aura initialement rassemblé les corésidents, mais le partage des activités et des prises de décision offrira des occasions de renouveler le mandat original. Clarifier en détail les rôles et les responsabilités contribuera au succès de cette entreprise.

Il faudra mener des évaluations après l'occupation, à mesure que des collectivités de cohabitation intégrant des personnes handicapées sont aménagées. La collecte de ces renseignements aidera les futurs projets.

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1: INTRODUCTION

A major change in thinking has been taking place in the past fifteen years about the relationship between disability and settings, and in particular residential settings. In the past, experts involved in services for people with disabilities thought in terms of a rough equation between severity of disability and a necessary setting or level of segregation/congregation, as this quotation describes:

“Although some progress has been made in the design and provision of housing facilities for the disabled, most of this housing either includes only the disabled or, in many cases, certain isolated categories of disabled individuals (i.e. special and exclusive housing projects have in recent years been designated to accommodate only the deaf, quads, etc.). Other housing options traditionally available to the disabled are nursing homes, hospital/medical facilities, housing for the elderly/disabled, and the homes of relatives. Each of these options segregates the disabled from the able-bodied and/or limits the ability of the disabled to achieve maximum independence” (U.S. Department of Housing and Urban Development, p.22).

In recent years, new assumptions and experiences and important design innovations are promoting a support system where the type of setting is seen as independent of disability and where affective and instrumental types of supports are provided by members of the residential community and by professional services from health care support agencies.

Universally designed urban co-housing creates new opportunities to manage the balance between disability, formal supports, community involvement and housing configurations. The co-housing philosophy is based on neighbourhood intentionality, tenant involvement and common areas integrated into daily life. The fact that these principles were not developed specifically for the inclusion of people with disabilities strengthens the co-housing model when adapted to an integrated environment. This research will present information that shows that disability integrated co-housing offers people with disabilities opportunities for inclusion and support. It also reveals that co-housing set in an urban environment offers support for (and receives support from) the surrounding community.

Design plays an important role in creating environments that either include or exclude people. There is a responsibility to develop environments where all people have the opportunity to participate in all areas of the physical space. Universal accessibility, rather than creating limited areas that are barrier-free, is proposed in this report. Furthermore, this report accepts the responsibility that design can promote social interaction, as well as integration. The organization of space assists or inhibits the creation of neighbourhood intentionality, a key feature of co-housing. Given these biases, the information provided herein describes ways in which to reach the goals of universal accessibility and a community design allowing for increased social interaction.

Concerning people with disabilities, this report does not focus on disability types or level of disability, which tends to lead to categorization, rather than individualization. People with disabilities are not a homogeneous group and this tendency to place them into categories creates a false illusion that there are more similarities than actually exist. Two people with the same disability will have different hopes, dreams, values, and experiences, as would any two people in the general population. Also, they may have different care requirements and may prefer that assistance be delivered in different ways. Therefore, the approach taken here is to provide the reader with enough information to make informed choices about this model of housing and to provide an approach to support configurations that respond to individual needs. Some of the topics covered include: definitions of typical co-housing; positive features for people with disabilities; universally accessible design principles; community parameters; and, conclusions and

recommendations.

Groups or individuals representing people with disabilities must guard against the temptation to proceed with a co-housing project without the active involvement of persons with disabilities. People with disabilities have expressed very clearly that they want to be empowered to have choices, make decisions, and be responsible for those decisions. One of the defining concepts of co-housing is that the members are actively involved in decision-making from formulating the idea through to construction and, finally, to management once occupied. A truly integrated co-housing community must treat the person with a disability no differently than any other member. The person with a disability must be given opportunities to participate in decision making and have responsibilities to fulfil on behalf of the community. The vision for a particular lifestyle and resultant choice in housing model must come from the people who will live there.

2: MODELS OF TYPICAL CO-HOUSING

The term co-housing was coined by McCamant and Durrett (1989). It is an English expression for the Danish term "bofællesskaber" meaning living communities. As they describe co-housing, it "combines the autonomy of private dwellings with the advantages of community living. Each household has a private residence, but also share extensive common facilities with the larger group, such as a kitchen and dining hall, children's playrooms, workshops, guest rooms, and laundry facilities. Although individual dwellings are designed to be self-sufficient and each has its own kitchen, the common facilities, and particularly common dinners, are an important aspect of community life both for social and practical reasons" (p. 10).

There is no typical co-housing model in terms of size, demographics, or ownership model. Co-housing can include either condominium or cooperative ownership structures. A condominium includes a corporate entity, where each member privately owns their unit with a percentage of the common areas. In a cooperative, residents have ownership only through membership in the cooperative entity which retains title, with each member having one vote. In both of these structures, there is a membership and board of directors involved in decision making. The co-housing philosophy develops this level of involvement to include a more active participation in daily activities and with increased social interaction. For example, extensive common areas are integrated in daily routines such as shared meals, which are not typical in condominium or cooperative developments.

Co-housing developments range from 2 to 80 households, with an average of 24 units. Residents represent a cross section of the population in terms of age, marital status, education and career choices. Commonalities are based on housing options. Conceptually, co-housing includes the following themes: resident involvement, neighbourhood intentionality, and developing common facilities to augment and enhance private dwellings.

The involvement of the residents within a co-housing community covers a broad spectrum of activities. The participatory process usually begins with the initial concept of the project and continues through to daily management and maintenance. Typically, a core of residents begin the project, find a site, develop designs, search for financing, and may be involved in the construction process. Once the community is occupied, the residents take responsibility for all decisions involved in management. There are typically monthly meetings held in the common areas. "The frustrations arising from group decision making are balanced by the rewards of a community based on democratic principles" (McCamant & Durrett, 1989, p. 41). Members are expected to commit about 8 hours a month to management tasks. As well as sharing large scale decisions, residents work collectively on daily tasks such as shared evening meals, grounds keeping, and watching children. Benefits include savings on meal budgets, more leisure time, and interactive time with neighbours.

Unlike cooperatives and condominiums, the type of financing and ownership do not affect the structure of co-housing. Private or government sponsored, the residents manage and plan the community. Whether the units are owned or rented, each resident has a voice in all decisions.

The second characteristic of co-housing is that the residential design is used to emphasize community interaction. There is a recognition that design can enhance the social aspects of a living environment. "People need community at least as much as they need privacy" (McCamant & Durrett, 1989, p. 198). The goal is to create a balance between privacy and interaction with neighbours. The "intention is to strengthen the family by creating supportive social networks, and by sharing certain daily tasks" (Fromm, 1991, p. 15). Privacy is the focus of conventional residential design, whereas community is the focus in co-housing. A pedestrian orientation that

encourages informal contact is a common design program theme. The social interaction allows for both building relationships and a sense of security.

The common house is typically sited in a way that will engage the residents. In some co-housing developments, it is placed at the entrance to the site. On other sites, the common facilities are placed central to the living units. As residents approach the site or go to and from their private dwelling, they typically move into the area surrounding the common facility. In this way, the activities associated with the common house are in view and co-residents are greeted.

The third characteristic of co-housing is extensive common facilities that provide additional space for the private dwellings. These facilities are planned to be an intrinsic part of daily living that enable the private space and possessions to be down sized from those found in conventional residences. "The common house, which supplements the individual dwellings and provides a place for community activities, is at the heart of a cohousing community. It is a place for common dinners, afternoon tea, children's games on rainy days, a Friday night bar, crafts workshops, laundry facilities, and numerous other organized and informal activities... These facilities provide both practical and social benefits" (McCamant & Durrett, 1989, p. 38). The space designed into the common facilities are often shared with the town for meetings or special interest clubs. While community centre spaces are typical in many condominium projects, they do not have the range of use that is found in co-housing developments. The co-housing common house is meant to be integrated into daily living.

The common space eliminates the need for particular forms of dedicated space in private dwellings by as much as 10-15%. Private dwellings have reduced kitchen, dining room, and living room areas. "The individual dwellings and the common amenities have a symbiotic relationship. So that the common space may exist, the dwellings give up some space and are redesigned smaller and tighter" (Fromm, 1991, p. 9). One shared workshop makes such individual spaces unnecessary. Tools can also be shared, providing savings in this way as well. Also, space for teenagers, office areas, recreational facilities, guest rooms, and cafes are often included in common areas. Many of these resources would not be affordable by individual households, but can be sustained by a larger group.

Most developments are new construction of "attached dwellings clustered around pedestrian streets or courtyards" (McCamant & Durrett, 1989, p. 43). A few projects have adapted existing structures. One development reused an abandoned factory building and another adapted a school. Jerngarden renovated row housing at an inner city site. Low rise housing is more typical, but in Denmark and Sweden high rise projects have been converted into co-housing. The results indicate more involvement and less vandalism in these communities. "The urban neighbourhood is a way to tie cohousing to the larger community, enhancing both" (Fromm, 1991, p. 34).

Background

The concept of co-housing is based on preindustrial village life (McCamant & Durrett, 1989). It is an attempt to reconstruct a community that shares talents and resources by working together to resolve daily living needs. Examples of a community coming together to build a school or raise a barn are used to highlight accomplishments that occur by pooling resources. Community is seen as a way to strengthen the networks needed to support the nuclear family, particularly with the dislocation of the extended family and the stresses of two working parents and single parent families. The deliberate attempt to recreate the values of this type of community is described in this report as neighbourhood intentionality.

The design of village communities focused on private dwellings surrounding community life with a church or school providing a centre for activity. Green space was prevalent and the scale was

comfortable and human. Another feature of preindustrial village communities was the integration of work into the setting. People would trade and barter their skills. The collective effort embraced by co-housing advocates revives this approach.

The earliest documented co-housing community was developed in 1972 near Copenhagen, Denmark (McCamant & Durrett, 1989). In the 1970s, residents were typically professionals. The units averaged 98-155 square meters (1,054 - 1,668 square feet). During the 1980s, residents were from white collar fields and units were reduced in size to 65-116 square meters (700-1250 square feet) per unit (Fromm, 1991). "Another change, mirroring the change in architectural styles, has been an evolution from housing loosely placed around a shared area to housing ordered around streets, squares, and plazas" (Fromm, 1991, p. 23).

In many European countries there has been a proliferation of co-housing projects since the 1970s. Fromm (1991) states that there are almost two hundred co-housing communities in Denmark, Holland, and Sweden. As of 1991, there were ninety such projects which housed over 6,000 people in Denmark. Over a hundred communities exist in Belgium, Switzerland, Austria, France, and Germany, but unlike the Scandinavian model they do not usually include dining as part of the common facilities.

The North American development of co-housing began at the same time, but was independent of the European experience with a tendency for fewer activities in the common house. On the other hand, the reasons people are drawn to co-housing in North America are similar to those in European communities (Donahue, 1993). A survey found that housing satisfaction correlated with increased social interaction with neighbours.

Design Considerations

Design is an important factor in creating a sense of community. The co-housing goal is to create environments where interaction between residents becomes commonplace. Since privacy is usually taken into consideration in design programs, the emphasis here is on social interaction. "Yet, of the hundreds of cohousing residents we interviewed, not one complained of a lack of privacy, while many could point out design features that discouraged sociability" (McCamant & Durrett, 1989, p. 172). Proximity is a factor, but in itself does not lead to the type of environment sought by these groups. Typically condominiums are placed in close proximity, but resultant ties between neighbours do not necessarily exist.

Since social interactions are encouraged through a pedestrian oriented approach, circulation becomes the foundation around which the site is organized. A limited number of paths lead into the site with vehicles limited to the perimeter, increasing opportunities for resident contact. This design creates opportunities for interaction with other residents and safer environments for children. Small courtyards contain meeting places, with sandboxes and picnic tables, patios and gardens.

Interiors of the private dwellings are zoned to provide levels of privacy. Usually, the kitchen and dining room face the common space to encourage interaction. The bedrooms, living rooms, and patios are oriented to the back for more privacy. Dwellings range from 50-122 square meters (538 to 1313 square feet), averaging a 14% reduction over conventional residences. Varying the sizes of private units within a co-housing community permits diversity in household sizes.

A hierarchy of spaces with "transitions between private, common, and public realms affect the residents' ease in moving from one to the other, and defines the relationship between the community and the surrounding neighbourhood" (McCamant & Durrett, 1989, p. 177). In order for the points of transition to be effective, they must be clearly marked by details such as changes

in planting and surface treatments.

Informal seating areas placed in the transitional areas, such as at the front of a private dwelling (a semi-private zone), provide a soft edge. McCamant and Durrett (1989) contend that a 2.4 meter (8 foot) depth provides a successful transition, while a front yard of 4.5-6 meters (15-20 feet) will inhibit interaction between the dwelling and the common areas. They cite a study by Gehl (1987) on clustered housing that revealed a soft edge increased front yard usage. In properties with a soft edge, residents spent 68% of their outdoor time in the front yard, compared to 12% with no soft edge. In their own work, they found that 80% of outdoor time near a co-housing resident's dwelling was spent in the front.

Recent trends are focusing on ways to overcome the tendency of co-housing communities becoming too insular from the surrounding neighbourhood. Shared facilities, public paths and public squares are being developed as ways in which to integrate and transition between the co-housing community and the larger neighbourhood. Some groups are encouraging community groups to hold their meetings in the common house, while others are designing the site to more carefully consider the adjacent neighbourhood. A few groups have made a commitment to the urban environment and have chosen sites that needed to be revitalized. Their goal was to develop affordable homes, as well as to add value to the surrounding community.

To plan the private dwellings, there are usually a few basic design types from which residents can choose or there is a core plan with alternative additions (McCamant & Durrett, 1989). The core plan has the advantage of being easily altered as the household needs change. Construction techniques can increase this flexibility. Fromm (1991) favours a basic core type as a way to keep costs down, while still providing flexibility to alter spaces as the family needs evolve.

Examples of Urban Co-Housing Developments

Co-housing has developed in different regions with differing expressions while using the same general principles. For example, Holland has focused on rental units within a clustered plan, such as in Hilversumse Meent, where there is a common kitchen/dining room for every 5 units (Fromm, 1991). In contrast, Sweden has renovated high rise buildings into co-housing communities, with certain floors designated as common areas.

The first co-housing community in North America, Muir Commons in Davis, California (Fromm, 1993; Tarnay, 1994) developed duplexes and triplexes around courtyards along a pedestrian walkway. WindSong in Langley, British Columbia, finished in 1996, is considered the third generation of co-housing design, having a glass covered pedestrian path with enclosed meeting areas, play spaces, and gardens connecting the dwellings to the common facilities.

N Street in Davis, California is an example of a co-housing community that was developed from existing tract housing in an established neighbourhood (Fromm, 1991; Spreitzer, 1992). They began with nine detached houses on one street. In order to increase the number of houses in this co-housing community, members attempt to get a first option to buy or arrange long term leases on surrounding homes.

The differences between co-housing communities throughout one country, much less world wide are seemingly endless. At the sametime, the issues of active participation, developing commitment and bond between neighbours through neighbourhood intentionality, and shared common areas are clear and unequivocal in each example.

Summary

Co-housing can take many forms, from low rise to high rise, detached or attached, new construction or renovations. The number of units or ownership structure do not define co-housing. What links these diverse projects is a commitment to resident involvement, neighbourhood intentionality, and common areas integrated into daily living. It is these commonalities that provide the potential for co-housing as alternative living arrangements for people with disabilities. The next section explores the possibilities of disability integrated co-housing.

3: MODEL OF DISABILITY INTEGRATED CO-HOUSING

Benefits for People with Disabilities

The three defining characteristics of co-housing, resident involvement, neighbourhood intentionality, and common facilities that augment private space, are ideally suited to meet the housing needs for people with disabilities. Resident involvement responds to the trend toward empowering people with disabilities to have choices, make decisions concerning their lives and lifestyles, and participate in community decision making. Neighbourhood intentionality can be seen in terms of inclusion and developing natural supports. And finally, the emphasis on common facilities provides opportunities for social interaction and natural supports. "That given the opportunity, everyone, disabled or not, would prefer a lifestyle that offers not only choices, but also a sense of belonging, that is, a sense of being a meaningful part of all that is taking place in any physical location." (Lifchez & Winslow, 1979, pp. 16-17).

Discussions with thirty-four people (twenty-five consumers with disabilities, seven family members, and two service providers) in a Collective Design Process concerning long term housing for people with severe disabilities (The Prairie Partnership, 1996), confirmed the importance of these issues. In defining an appropriate living environment, people described a situation where the fundamentals of the independent living philosophy were crucial. These fundamentals were having choices, making decisions, and being responsible for the decisions made. In terms of the overall configuration, the participants felt that private space needed to be augmented by significant common areas. They also wanted to live in an integrated setting within an established residential neighbourhood in proximity to services. Without understanding the concept of co-housing, the participants described many of its key features. These findings duplicated many of the conclusions in a U.S. Department of Housing and Urban Development study which interviewed 64 people with disabilities, as well as a survey by Fanning, Judge, Wiebe, & Emener (1991) with 250 people with physical disabilities.

Range of Disability and Support Configurations

The issue of disability will not be dealt with in a typical fashion that specifies type or range of disability, but rather examines possibilities and abilities. While traditional needs surveys direct attention at deficits rather than abilities, inclusion into the community requires focusing on the capabilities and assets within individuals and organizations (Kreztman & McKnight, 1993).

People with disabilities have often been institutionalized as a result of focusing on their negatively associated labels and often resulted in isolating the person with the disability. "A true community is only able to grow and strengthen itself by including all of its members and finding room for them to develop their capacities within its own pattern of growth. Disabled people have been marginalized and forced to the edges of their society because they have been looked at exclusively in terms of their deficiencies" (Kreztman & McKnight, 1993, p. 69).

The inclusion model, promoting integrated community living for people with developmental disabilities, is the most recent step in a series of paradigm shifts concerning this population. Previously, the segregated model, which was dominated by large institutions, lasted over a hundred years evolved to a model that proposed smaller community-located facilities which was more short lived. These community based congregate care facilities were still seen as too isolated and removed from community life. Forest and Pearpoint (1992) and Snow and Pearpoint (1992) described the concept of inclusion in which the social environment is enjoined to welcome, include and support people in spite of their disabilities. In the manual, *PASSING - Program Analysis of Service Systems: Implementation of Normalization Goals* (Wolfensburger & Thomas, 1983), Wolfensburger proposed that it is imperative to use "culturally valued means in order to enable, establish and/or maintain valued social roles for people."

From the inclusion perspective, the 'problem' of disability lies primarily within the social environment, which has not been encouraged to include individuals with disabilities. The inclusion model has some similarities with the independent living philosophy. This approach promotes the right of people with disabilities to have choices and make decisions concerning their lifestyle, the right to take risks, and to maximize participation in the community. Through this approach, people with disabilities are empowered to actualize their rights and capabilities. Difficulties are seen as a result of the social and environmental context. The way to remove the negative effects of disability consists primarily of assisting the social and environmental context to adapt to and include all members of the community, and in particular, to recognize and maximize the contributions which the person makes to the community - the 'valued social role' indicated by Wolfensburger.

If this argument is followed to its conclusion, access to ordinary settings should be independent of the person's present level of disability. In the inclusion model, the primary service design question focuses on the nature and amount of support required by the person and by the social environment at a given point in time. Services are then individualized, mobile, and are constantly reconfigured according to the current needs of the person and the environment.

As models promoting integrated community life are implemented, the limitations in a number of culturally typical environments become apparent. Families soon discover that the North American pattern of the isolated nuclear family is not large enough or strong enough to provide a base for inclusion for the child with disabilities. They learn to enlist extended family members, friends, and neighbours in creating circles of support around themselves and their children (Snow, 1994). As well, adolescents and adults with disabilities often find that the fragmented urban neighbourhood is not present, friendly, or coherent enough to provide a base for inclusion or for the identification and welcoming of individual gifts. John McKnight (Kretzmann & McKnight, 1994) states:

"Once we have learned to understand that a community is composed of a series of partnerships which unlock the potential of each of the participants, we can begin to look creatively at ways to incorporate even the most excluded and "marginalized" individuals into the process of community building... 'disabled' individuals just like everyone else have deeply felt, personal needs for dignity, for pleasures, for friendship, for hope for the future, and for a useful place within the community. When these needs to give are denied, their lives become sad and empty. . .

In order to understand the gifts that disabled people can bring into the community, we must learn to think inclusively in the language of genuine community and not exclusively in the language of social service systems that label certain individuals and isolate them from the process of community building."

The conscious cooperative community has the potential to become the place where individual gifts (of people with and without disabilities) can be recognized, valued, and engaged. In her book, Does She Know She's There (Schaefer, 1992), Nicola Schaefer writes about the cooperative community which surrounds her daughter, Catherine. From the point of view of the segregated paradigm, Catherine is the person for whom the institutions were built, and are defended. If she were described in terms of her disabilities, she would be defined as:

- multiply handicapped
- profoundly mentally handicapped
- severely physically handicapped
- severely communication impaired
- medically fragile

- spastic quadriplegic
- doubly incontinent

However from the point of view of her community, Winnipeg's Prairie Housing Cooperative, she is the 'glue' that holds the community together. Catherine's house is a place of hospitality and welcome for her friends and neighbours. Catherine is seen as a full-time teacher, and a generator of physical and social inventions. She is a patient listener, and is someone around whom the community regenerates itself.

Catherine's house, a three unit cooperative in an urban neighbourhood, is a step in the direction of a co-housing community. Although the people who live in Catherine's cooperative are expected to be actively involved in her life (and the lives of the people who live with and assist her), the house is not a large enough community to accommodate the times when one of the units is occupied by someone who lacks commitment to the community. Except for a small front hallway, there is no common place in the house, and therefore there are few natural opportunities for members to share casual social time with each other. Presently, Prairie Housing Cooperative members are developing some new social structures - occasions which are intended to draw members into stronger connections with each other. The co-housing literature indicates that physical, social, and management structures of a co-housing community would lend themselves even more readily to forming inclusive, intentional communities with people like Catherine Schaefer.

Integrated housing creates situations in which people with disabilities can become active members of the community. Opportunities to decide on the type and location of housing is fundamental to independent living. Taylor, Bogdan, and Racino (1991) stated that housing issues important to the disability field were initially size, type, location, reaction of neighbours, and funding, but is now seen as broader issues. "Housing is primarily a social issue, not a disability issue (p. 85)."

The issue of configuration of supports cannot be addressed separate from the individual who requires assistance. The housing and support approach (Racino & Taylor, 1993) focuses on the person, unlike the service delivery approach which looks at the program. In this model, supports are separated from housing, allowing the person to contract services as needed. The advantage of such an approach is that services adapt to individuals, rather than forcing the individual to adapt to program delivery. Individuals would have more choice in type, location, and form of housing with opportunities for home ownership, cooperative membership, or leasing. Assistance could be individualized to meet needs as requested with the individual having a choice as to who delivers these supports.

As well as supports from service delivery programs, non-service oriented community networks must be considered as valuable options to create an inclusive, supportive environment. Supports are developed through community involvement in daily tasks and an interactive environment. Co-housing's premise of neighbourhood intentionality and participation provide a housing option with natural supports built into the structure and includes values compatible with the inclusion and independent living philosophies.

The types of supports that could be provided by co-residents (in fact by all informal support networks, including neighbours, extended family, and friends) fall into two main categories: affective and instrumental supports.

Affective supports are present when people know and value each other, and express that valuing through:

- Positive social interactions at a personal level
- Spending time with the other person; sharing leisure; visiting

- Sharing details about one's personal life, history, cares, thoughts
- Sharing relationships; introducing someone to other friends
- Listening; sharing experiences; empathy
- Taking the other person into consideration when making plans
- Including the other person in the work of the community
- Including the other person in the design, development, celebrations, successes, failures, and renewal of the community

Instrumental supports include a variety of practical, day-to-day assistance such as:

- Helping with minor tasks and errands (house maintenance, shopping, transportation, communication, occasional meal preparation, etc.)
- Sharing equipment, food, recreational supplies, books, records
- Helping with physical care (lifting, increased care during illnesses, 'spelling off' primary caregivers in order to free them for errands or periods of respite, etc.)
- Representation and advocacy (spokesmanship), etc.

In A Home of My Own (Association for Community Living, Manitoba), support options are outlined. They may include formal and informal supports. It also outlines the role agencies should take in providing assistance. Further, the ways in which to form support circles is described which may offer people with disabilities a structure to be able to move from protected, segregated environments to empowered, independent living settings. Support circles are created by and with a person requiring assistance. Individuals from the community join to develop a personal relationship with the person requiring assistance and provide support and facilitate other relationships. This implies working through difficulties, learning together, and sharing successes.

The language describing the needs of people with disabilities can readily be translated into the language of co-housing. The co-housing model is based on providing the requirements for inclusion and natural supports to all co-residents without considering disability issues. For example, independent living assumes conditions which allow for choice and participation in decision making, which is equivalent to co-housing's resident involvement. To examine the suitability of co-housing for people with disabilities, it is important to focus on what the model can provide and how it can be adapted - not on the limitations of the individual or generalized service configurations. The example of Catherine illustrates the potentials of inclusive living arrangements when a community works together focusing on abilities, the individual, and partnerships.

Attributes of Co-Residents

One of the prospective advantages of co-housing is that the community will tend to attract members who have already made a conscious commitment to the idea of 'community'. As in any cooperative community, it is important to inform, educate, and sometimes re-direct individuals who are merely looking for cheap rent or who think of the community as primarily providing for their needs (as opposed to providing a balance of opportunities to contribute and receive value). On the other hand, it appears that many successful co-housing communities have been developed by tapping into the desire which many people have for a meaningful community life, for opportunities to be good friends and neighbours, for context in which their children can grow to value friendship and community, etc.

Ideally, healthy cooperative and co-housing communities are based on open and careful planning, which educates and informs their members, discerns and elicits the personal capacities of all members, and maintains a conscious direction. In practice, many cooperative communities fail to maintain their original sense of community, and become merely an alternative to rent or home ownership. It is anticipated that the co-housing model (because of the extensive use of shared facilities, etc.) will more readily and regularly bring people back to discussing and working on the

original vision and mandate of the community.

Discussions with people residing at the Prairie Housing Cooperative, an integrated urban apartment building with a number of smaller satellite sites throughout the city, centred on the difficulties of developing relationships with their neighbours. The group meeting used the PATH process for collective dialogue developed by Jack Pearpoint, John O'Brien, and Marsha Forest (1993, also see Appendix 6.1). Participants stressed their desire to create a more cohesive micro-community within the cooperative structure. Involvement would provide a vehicle to address a number of the issues raised. Through involvement, neighbours would come to know one another, resulting in increased feelings of safety and security. Involvement would be facilitated through shared management of the living environment, social activities, and mutual reliance in daily living activities. The experience of the residents of Prairie Housing Cooperative is that the inclusion of individuals who required a high level of support benefited the micro-community. Rather than just receiving, there was also giving, which resulted in mutual support for all the residents.

The PATH process was also the instrument used to collect information concerning a hypothetical co-housing community with five people who were interested in this model for themselves (see Appendix 6.1). The focus group was held in Winnipeg, in conjunction with this project. Participants were selected from a public co-housing information meeting. An interesting result from this discussion was the commitment for diversity within the co-housing community. The participants stressed the importance to have co-residents of differing ages, abilities, interests, incomes, and careers. There were no problems foreseen in having an integrated setting. In fact, inclusion was accepted as a way of adding strength to the concept of co-housing. Some months later Kathryn McCamant (personal communication, May 8, 1996), a pioneer of the co-housing movement in the United States, expressed similar views. Ms. McCamant believes disability integrated co-housing holds great potential, in part, because of the tendency of co-housing residents to accept and celebrate diversity.

A co-housing community with a commitment to include people with disabilities will:

- Make special efforts to educate prospective and current members about the concept of co-housing and the special focus of this community.
- Continuously educate members about the social dynamics affecting people with disabilities, and the roles that they can play in reversing those dynamics on behalf of their neighbours.
- Take the time to introduce and get to know members with disabilities, and pay conscious attention to discerning and utilizing their capacities and gifts to the community.
- Clarify expectations about members' responsibilities to the community, educate members about the range of affective and instrumental supports which can be provided by friends and neighbours, and openly recognize and value the contributions which members are making to each others' lives.

Fromm described the collaborative attitude as a necessary component to forming a positive co-housing community. "A sense of community encompasses *membership*, a feeling of belonging to the group; *contact*, that members are in proximity and available to each other; *influence*, where each person can have some effect on the group; *fulfilment of needs*, knowing that the group can help meet each member's needs; and a *common history* and sharing experiences" (McMillan, 1986, p.159). These attributes of typical co-housing will be even more important in a disability integrated co-housing community.

In a perfect world, co-housing community members would enter the community with maturity, understanding, commitment and disciplined action. In practice, these things grow as we live and work together, as we bring ourselves and others to account, as we admit and forgive our

shortcomings, and as we renew our vision.

Extension of Common Facilities

In order to provide opportunities for inclusion, social interaction, and the development of natural supports, common areas and facilities must be an intrinsic part of community life. Since co-housing defines itself by maximizing common areas and community activities, unlike condominiums, and to a lesser extent cooperatives, this adaptation will require only slight alterations from typical co-housing.

Issues raised in the meeting with Prairie Housing Cooperative, discussed earlier in this report, highlighted the difficulties of creating and maintaining relationships with other residents. A feeling of 'disconnection' from neighbours and the environment was frequently mentioned. Some of the reasons for this may be related to the limited amount of common areas and shared activities. Both programming and the physical design must be considered to avoid this 'disconnection' and to create opportunities for socialization.

Figure 1 graphically demonstrates the positive activities and interactions that can occur in a common house within a co-housing development. Shown are people cooking together, eating meals, and socializing. As well, the spaces surrounding the building become extensions for these activities. The common house illustrated is on one level to facilitate access for all residents (see Universal Accessibility).

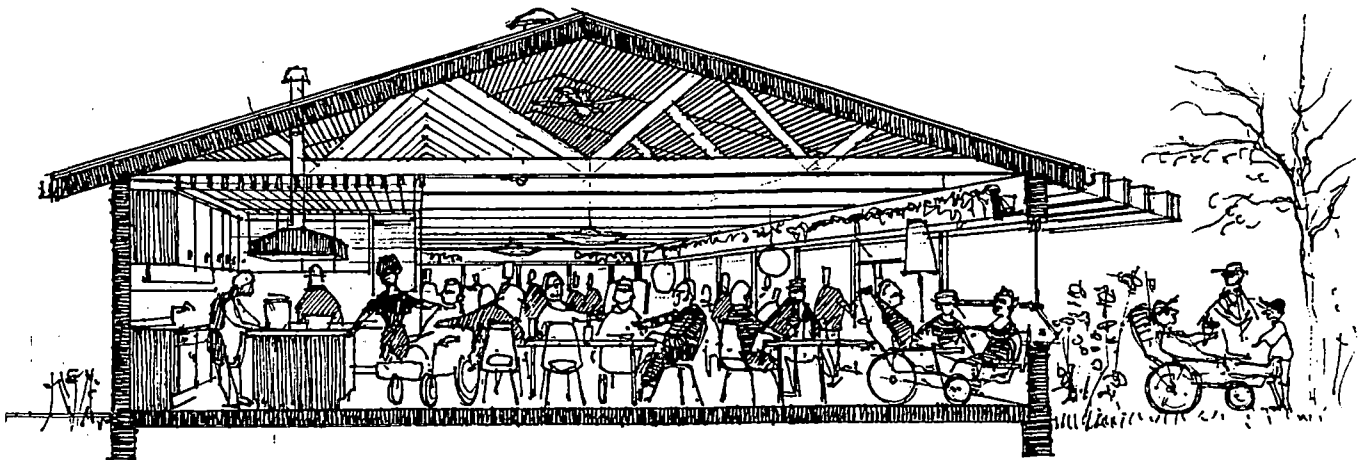


Figure 1. Universally accessible common house.

In the study done by The Prairie Partnership (1996) concerning housing issues for persons with disabilities, also described previously, participants stressed the importance of common areas, how they should be connected to the private spaces, and the types of functions needed in the common areas. For people with severe disabilities who require assistance, isolation and segregation are typical problems. Common areas that are easily accessible and used by people with and without disabilities provides an ideal environment for socialization and integration. Opportunities to share, develop friendships, new skills and interests become available through interacting with co-residents within the common area. The common house should have a communal kitchen, dining area, laundry, and guest rooms. If the space is designed to be flexible, it can easily accommodate other functions such as meetings and small and large group gathering places. Other areas that may be designed into the common house are a small home office and craft or woodworking space.

Østerhøj 1 and Kilen, neighbouring co-housing projects in Denmark, designed the common spaces differently with differing results. Østerhøj 1 reduced private areas by 5% to develop the common areas and have found less cohesion and resident satisfaction than Kilen, which designated 15% of private space to the common areas. Østerhøj 1 rarely have shared meals, while Kilen has shared meals 6 days a week. The commitment to common areas must be clearly defined and understood by the co-residents in order to develop the physical areas, as well as the programming opportunities.

For people with limited mobility or who are frail and tire easily, the common areas must be in close proximity to the private spaces and accessible throughout the year. In the case of Winnipeg, with its severe winters, an enclosed pedestrian walkway would facilitate the use of common areas. This walkway should have small gathering places along its length and connect the private units to the common house. Soft edges in front of the private dwellings should be developed to facilitate interaction.

Universal Accessibility

Universal accessibility refers to environments that pose no barriers to people regardless of their age, or physical, sensory, or cognitive limitations or abilities. This differs from barrier-free design, which is usually focused on disability specific solutions. Universal accessibility also implies accessibility to the greatest possible extent, rather than meeting minimum requirements. Environments which incorporate these principles have proven to be better design for all people - more comfortable, easier to use and enabling abilities.

Access should include three areas: physical accessibility, functional accessibility, and psychological accessibility. Physical accessibility refers to meeting dimensional requirements such as those that allow a wheelchair to pass through a doorway, or ramps with an incline that makes them usable by persons with limited strength. Functional accessibility includes issues such as marking a path in order for people with visual impairments to locate the entrance to a building, and lettering large enough to be read by people with low vision. Psychological accessibility considers how space and design is perceived. A person with limited stamina may perceive a building as too large or someone with a cognitive disability may find a building too complex to navigate.

Research indicates that a barrier free environment can enhance the opportunities for people with disabilities to participate in community life and decrease the need for services. In a study by Dunn (1990), accessible environments had the greatest influence on enabling people to complete specific activities for living independently. They also proved to have a strong impact on reducing the time spent in bed and increasing time in the community.

All common areas and routes through the site must be universally accessible. To maximize the potential for resale, all one storey units should be accessible and most units should be designed without stairs. In cases where there are two or more levels, the main floor should be accessible and have an accessible washroom. Multi-level units can also be designed to be easily adapted to accommodate a residential elevator or stair lift at a later date should it be required

Good design for all people, universal design, should also be aesthetically pleasing design. The warmth and charm that people want in a residential environment need not be sacrificed to remove barriers for people with disabilities. For example, entries to dwellings should provide level access with gently sloped grades, rather than designing ramped entrances.

Accessibility needs for the frail elderly and people with disabilities are more cost effectively incorporated in new construction, rather than in later renovations (Fromm, 1991). Therefore, it is

important to begin to address these issues early in the project. As well, it is not only the person with the disability who will benefit from accessible sites. As members age, the likelihood of another resident requiring barrier-free design increases. Most features of accessible design cost little or no more than conventional design. Where there are additional costs, particularly those relating to the common areas, they need to be subsidized by all households.

Universal accessibility and social interaction design features are illustrated in Figure 2. Entrances provide level access with accessible routes throughout the site. The common house shown to the left is on one level and has windows set at a comfortable height for either standing or sitting. All aspects of accessibility are integrated into a residential design that accentuates warmth and socialization. Interaction is encouraged through the pedestrian orientation and the narrow yards facing the common areas. Dutch doors and benches facilitate contact between neighbours. Different paving surfaces and green spaces are used to delineate semi-private and public areas.

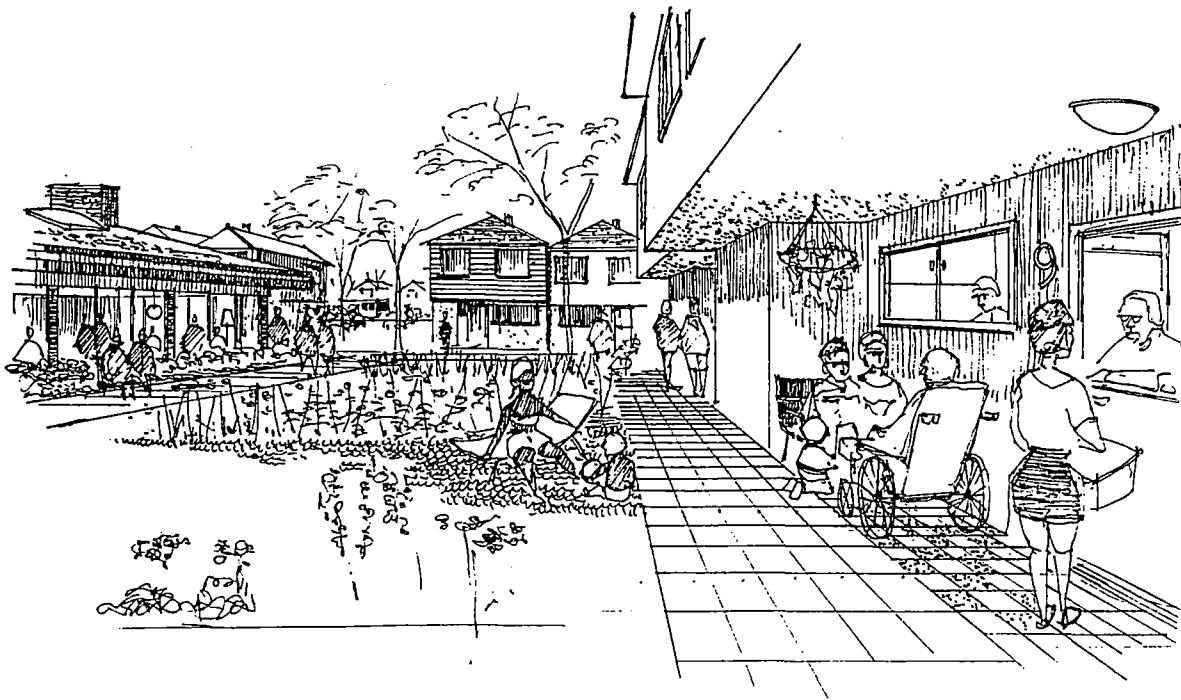


Figure 2. Universal accessibility and social interaction design features.

Though the specifications to create universally accessible environments are too numerous to list in their entirety, some of the specifics to consider include:

- no thresholds higher than 13mm (1/4")
- colour contrast to mark handles, doorways, etc.
- doorway openings 900mm (36") wide
- incorporating wiring for environmental controls and visual/audio smoke/fire detectors
- barrier free path of travel
- drop off and pick up points suitable for accessible transportation vehicles
- entries with enough space to accommodate a wheelchair turning radius
- pathways marking dwellings' entrances with colour, resiliency and texture contrast
- kitchen counters that can be raised or lowered
- clear knee space under counter sinks

Some valuable sources detailing design solutions include:

- Design Options for Barrier-free and Adaptable Housing-Draft, PE 0185, CMHC, 1995.
- Home Technology to Support Independent Living-Draft, PE 0184, CMHC, 1995.
- Housing Disabled People, CMHC, 1990.
- CAN/CSA-B651-M90 Barrier-Free Design: A National Standard of Canada, Canadian Standard Association, 1990.
- Beautiful Barrier-Free: A Visual Guide to Accessibility, Leibrock, Van Nostrand Reinhold, 1993.
- Supplement to Universal Design Guidelines: Focusing on the Needs of People with Visual Impairments, Prairie Partnership, 1995.

Groups planning to develop universally accessible residential communities should plan on enlisting specialist support. This expertise would augment the involvement of people with disabilities into the design process and act as a check to ensure that resolving barriers to one disability group's requirements does not create obstacles for others. It is also important to ensure that a universal approach is taken, rather than looking to disability specific solutions, so that someone moving into the community at a later date or a current resident with changes in their abilities could be accommodated readily. If the site or units were not universally accessible, individuals in such circumstances could incur great expense, or might be placed in a situation where they would have to move out of the co-housing community.

Parameters of Community Setting

In determining appropriate siting for a co-housing community, the concepts of Normalization (Wolfensburger, 1974) and Social Role Valorization (Wolfensburger, 1983) incorporate a number of observations and related guidelines which should be included in site selection criteria for any setting which serves individuals with disabilities. These guidelines flow from two major observations.

First, people with disabilities are at risk of being viewed negatively by members of mainstream society. Therefore, every attempt should be made to connect, or juxtapose, vulnerable persons with as many positive images as possible, and avoid connection or juxtaposition with negative images.

Second, people with disabilities are at risk of becoming, or remaining, socially isolated. As a result, every effort should be made to encourage and support connections with relationships, activities, and settings which offer the potential for social inclusion, skill development, and development of valued social roles.

Wolfensburger and his colleagues have developed two widely used instruments for planning and/or evaluating settings and programs which serve persons who are at risk of social rejection or social devaluation. PASS (Program Analysis of Service Systems - III) and PASSING (Program Analysis of Service Systems Integration and Normalization Goals) each contain a number of ratings which apply to physical site selection. The PASSING instrument supersedes PASS in many respects, and is a somewhat more 'user friendly' instrument. Particularly relevant PASSING ratings include the following:

- **Setting-Neighbourhood Harmony**

Risk of devaluation is increased if there is a significant discrepancy between the basic architectural scale of the neighbourhood (e.g. single family, low rise, high rise) and the architectural scale of the setting (often low rise residential, in the case of co-housing developments). Care should be taken

to locate residential developments in neighbourhoods where the development will not 'stick out like a sore thumb', from the standpoint of scale and general design.

- Program-Neighbourhood Harmony

Risk of devaluation is increased if there is a significant discrepancy between the basic function of the neighbourhood (e.g. industrial, agricultural, residential) and the basic function of the setting (residential, in the case of co-housing developments). Care should be taken to locate residential developments in neighbourhood settings, which are clearly identifiable as being residential in nature.

- Service-Neighbourhood Assimilation Potential

Risk of isolation is increased if there is only a sparse population base which provides the potential for connection and inclusion. Risk of isolation is also increased if there are already present a large number of other individuals who are themselves at risk of isolation and/or social devaluation. Care should be taken to locate inclusive co-housing developments in neighbourhoods which have not already been overwhelmed by the presence of unassimilated, socially marginalized people.

- Setting Accessibility-Public, Clients and Family

Risk of social isolation is increased if it is difficult or dangerous to reach the setting by public or private transportation. When access is difficult, or perceived to be unsafe, vulnerable people are at risk of 'hiding out' in their own homes, and visits from friends and family members become rare events.

- Availability of Relevant Community Resources

Risk of social isolation is increased if there are few or no potentially integrative community resources within easy walking distance, or available by frequent public transportation. In a residential context, relevant community resources include such things as shopping and service establishments, restaurants, churches, schools, libraries and community centres, banks, postal outlets, and other commonly accessed public environments. Care should be taken to locate inclusive co-housing projects in neighbourhoods where opportunities for social interaction and role development exist, and are readily available.

- Image Projection (cluster of ratings)

Risk of social isolation and devaluation is increased if the physical setting, the immediate neighbourhood, or other features are generally viewed by the public as being negatively imaged, since there is a (perhaps unconscious) 'spillover' of negative imagery between any individual and his/her surroundings. It is sometimes remarkable how often this relatively simple principle is violated in constructing and operating human services. Examples are senior citizens' housing situated near cemeteries, day programs for adults with disabilities located in 'skid row' sections of town, programs for people with developmental disabilities located in close proximity to programs for other socially devalued groups such as people in conflict with the law, drug users, and psychiatric patients. In order to facilitate observation and analysis, Wolfensburger has identified eighteen distinct types of sources of negative image projection, four of which are particularly relevant to the selection of sites for integrated co-housing projects.

- Image Projection of Setting-Physical Proximity

Example: In Winnipeg, a large scale residence for senior citizens is located directly adjacent to a cemetery and funeral home.

- Image Projection of Setting-History

Example: In Macon, Georgia, a day program for people with disabilities was built on the site of a quarry which has a long and well-known history of murders,

lynchings and rapes. Promotional material actually stated, “Nothing good has ever happened on this land.”

- Image Projection of Program to Program Juxtaposition

Example: In Winnipeg, a day program for young adults with developmental disabilities is located in the same building as a shelter for alcohol abusers and homeless men.

- Agency, Program, Setting, and Location Names

Example: In Winnipeg, a day program for older men and women is located in a building known as “Bleak House”.

Using nine of the ten mentioned PASSING ratings (the team ignored the Setting-Neighbourhood Harmony rating since we were not working with a specific housing configuration), a team of four observers visited and rated two potential co-housing sites in urban Winnipeg. The first was a site in an older neighbourhood in the Point Douglas area of the city; the second was a riverbank property owned by the City of Winnipeg on the outskirts of the Osborne Village area. In each case, team members made independent notes of their observations regarding all nine ratings, then met to share their observations, arrive at a conciliated rating and make notes of the impact on potential residents stemming from each of the nine issues addressed.

The rating outcomes were as follows:

RATINGS: PARAMETERS OF COMMUNITY SETTINGS

	<u>Point Douglas</u>	<u>Osborne Village</u>
Program-Neighbourhood Harmony	-13	+13
Service-Neighbourhood Harmony	-22	+22
Setting Accessibility-Public	-22	+22
Setting Accessibility-Clients and Families	-36	+5
Availability of Relevant Community Resources	-22	+22
Image Projection of Setting-Physical Proximity	-16	+11
Image Projection of Setting-History	-7	+5
Image Projection of Program to Program Juxtaposition	0	0
Agency, Program, Setting, and Location Names	<u>+11</u>	<u>+11</u>
TOTAL SCORE (Range -165/+165)	-127	+ 111

Several times during the conciliation, team members remarked, “This is the same set of issues we would look at if we ourselves were planning to build or move into a neighbourhood.” In some respects, the entire process of observation, rating, conciliation and analysis reflected a single question: “Would you live there?” Related questions, raised by team members, included, “Would you want to raise your children there?”, “Would you feel safe walking home from work late in the evening?”, and “Would you find yourself isolated in that setting?”

One conclusion reached by all team members was that the co-housing process itself can provide a safeguard against making a disastrous site selection: ordinary, valued citizens will not readily choose a site that is negatively imaged, dangerous, inaccessible, or which is distant from relevant resources. It is true that a co-housing community can, to some degree, make up for deficits in the surrounding neighbourhood - a good intentional community provides some built-in features of safety, welcoming, and supportive relationships, and offers some internal resources, but there are limits to how insulated a co-housing community could be (or would want to be) from its environment. Again, the hallmark question remains: “Would you live there?”

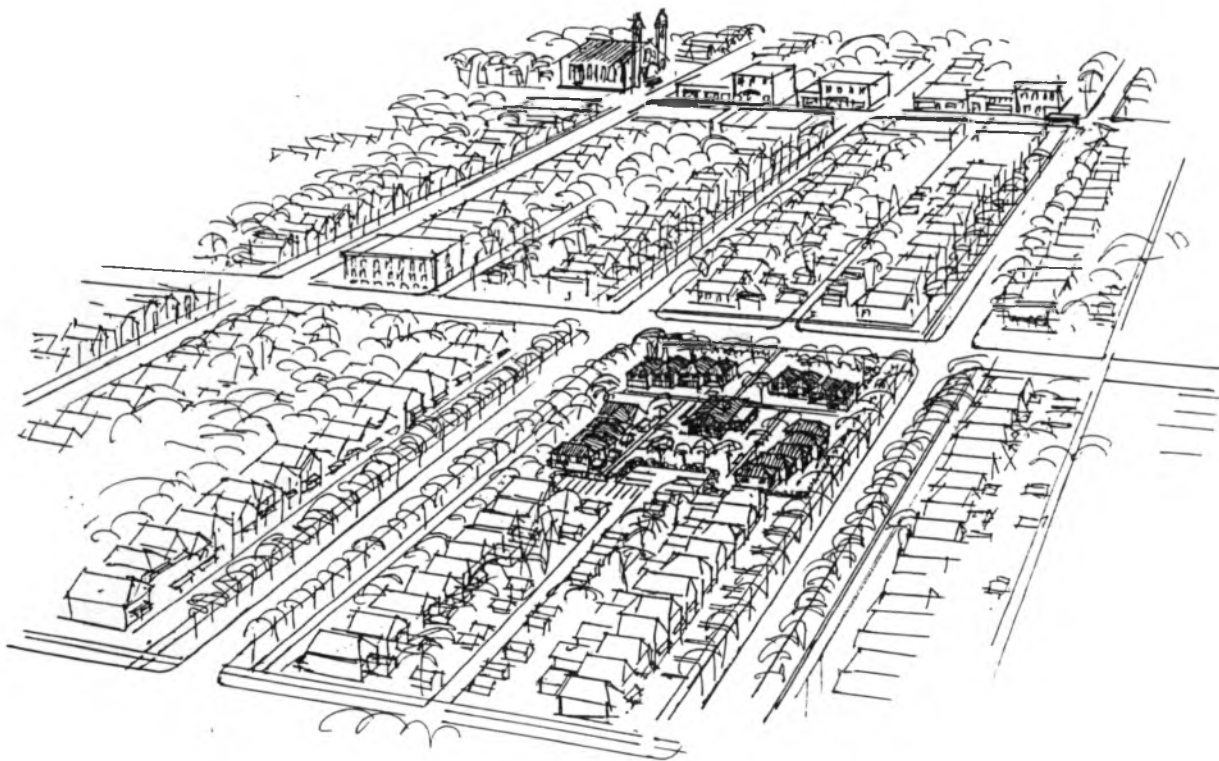


Figure 3. Parameters of community setting.

Models for Development

Urban sites offer some distinct advantages for the developing co-housing community. “The urban neighbourhood is a way to tie cohousing to the larger community, enhancing both” (Fromm, 1991, p.34). There are the benefits of existing services, and the proximity to existing business and

commercial spaces can create a village market atmosphere. "Making an abandoned, dead place live again rather than disturbing a (more or less) virgin landscape is basic ecology. It is also a brave act which may create affordable housing if CoHousing groups themselves can successfully 'add value' to sites by dint of their own perseverance" (Coldham, 1993, p.12).

Two sites in Ballerup, Denmark are developing plans for such facilities. The program includes a city based on co-housing principles. Housing will be integrated with shops and small businesses along pedestrian streets, which will open into squares and parks. Housing will include a variety of designs and ownership types. It is intended that the elderly and people with disabilities be integrated into the community. Row housing will be avoided in favour of enclaves of 20 to 50 households surrounding green space. Vehicles will be kept to the edge of the development.

Fromm (1991) presents four possible options for North American development. They include an apartment building with a vertical street, renovated commercial, industrial or school buildings, interconnected clusters, and tract housing modelled into a co-housing scheme.

Inner city apartment buildings provide a great potential environment for a co-housing community, Figure 4. Design possibilities include common facilities on the first floor with roof top gardens. Combined stairways, landings, and elevator lobby areas would become interactive common spaces, acting as a vertical street. Typically, these areas are little used except as points of passage. Within a co-housing community they could take on a new social role. Fromm describes these spaces as vertical common areas, jointly furnished and used as meeting places. Private entrances could be renovated with Dutch doors promoting conversation and a view into these vertical common areas. Such a project could have cooperative or condominium ownership structures.

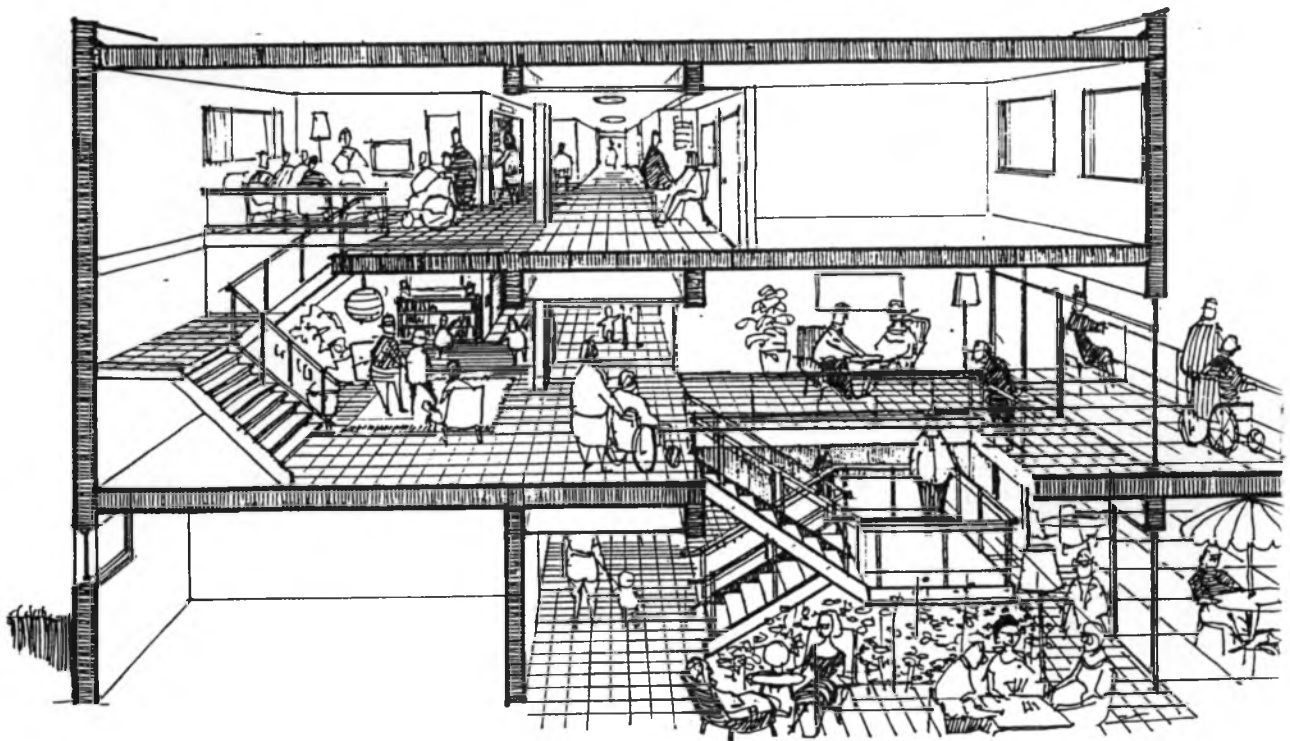


Figure 4. Apartment building renovated for co-housing with a vertical street.

A second option is to renovate a commercial site or vacant school. Given the parameters of a community setting mentioned earlier in this report, a vacant urban school will, in all likelihood, be a more appropriate residential location. If there are a number of buildings on the site, one could be renovated into the common house with the others renovated into residences. A courtyard between the common house and private residences would accommodate common space for activities and interaction. If it is a large school building, an indoor street design could be developed (Figure 5). The gymnasium could be converted into the common house with a mezzanine added for craft areas, music or teen rooms, or small home businesses.

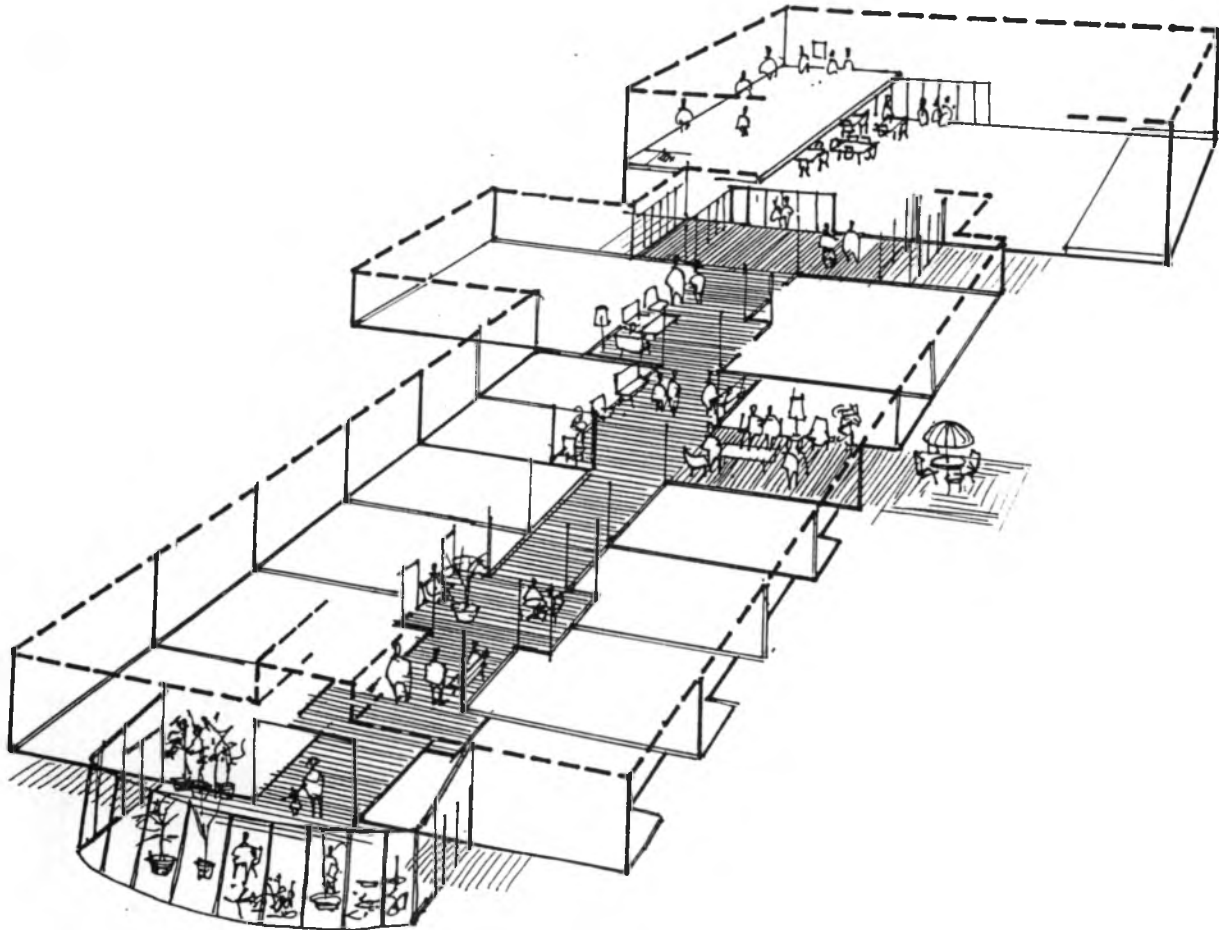


Figure 5. Converted school building with indoor street.

Third, clustered housing could be developed on a large tract of land, Figure 6. Sites of closed schools with sufficient green space may prove to be viable choices for this option. Pedestrian streets provide walkways through the clusters and tie them together. The exterior walkways should be covered or enclosed to ensure universal accessibility year-round. A number of common houses could be designed into the scheme, one centrally located for each cluster, or one common house for the entire facility. If car parking is placed at the perimeter of the site, vehicle drop off points will have to be accommodated. Common open space should be provided in the centre of the

site. The housing design and scale should be in context with the neighbourhood surrounding the site. The green space and large common house could be available to the neighbourhood.

Figure 6 demonstrates a portion of a residential block that has been converted into co-housing. The common house is located central to the clusters of residential units with the parking at the periphery of the site. An open walkway joins the dwellings with the common house. Play areas and outdoor meeting areas are arranged along the walkway and are also designed in the central open space. The clustered housing at the top of the illustration suggests an alternative for converting detached homes into a number of interconnected units, increasing the number of dwellings and reducing the total area per individual unit. This method would create more affordable housing.

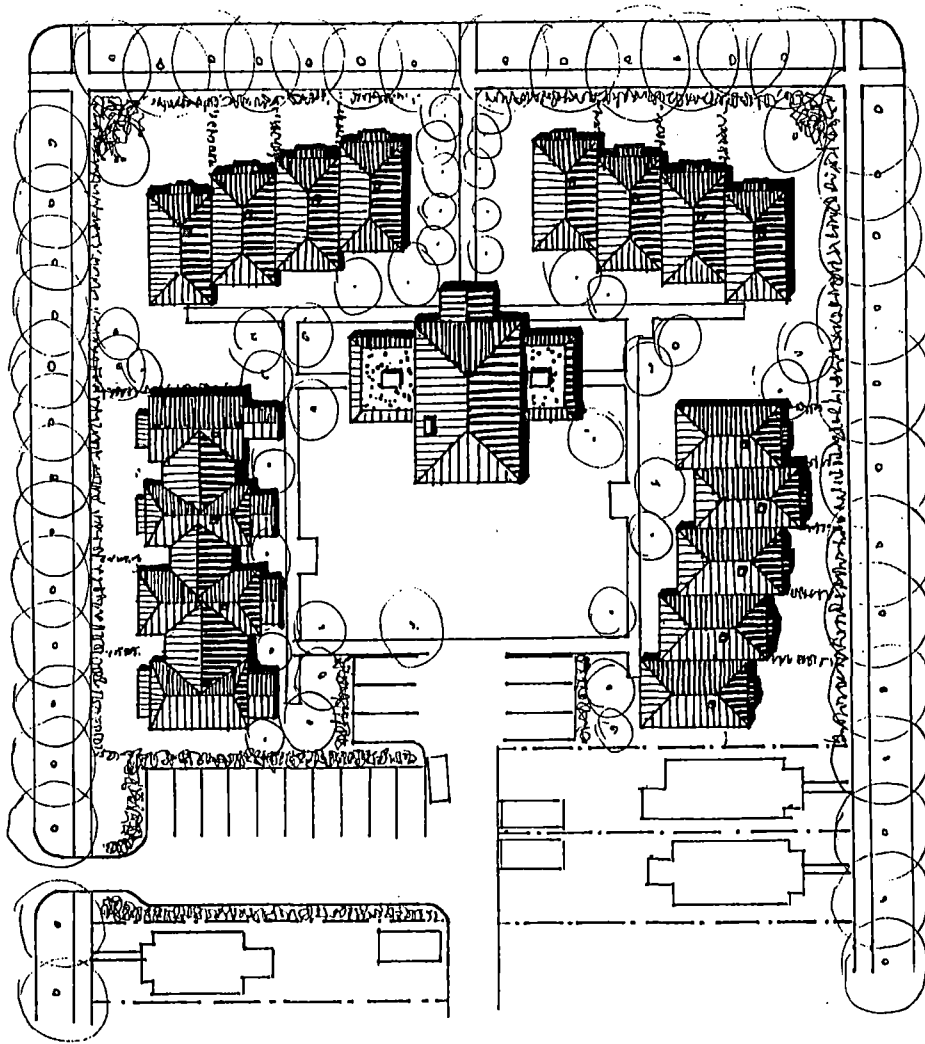


Figure 6. Clustered housing with a central common house.

Fourth, detached housing in an established neighbourhood offers opportunities for co-housing communities, as shown in Figure 7. Removing fences and converting the centre space into common green space allows the features of co-housing to coexist with existing detached homes by allocating 10% or more of the private yard to the common area. This drawing includes a covered walkway to connect the private dwellings and the common house to facilitate access in inclement

weather. The path is enlarged at a number of points to accommodate seating arrangements and play areas. The top centre of the illustration demonstrates either a home or homes in the centre of the block converted into the common house or some of the detached dwellings converted to house extra units to make the homes more affordable. With new construction, the design of the detached homes could be reduced by 10% (scaling down the kitchen, dining room, and living room) to construct the common house.

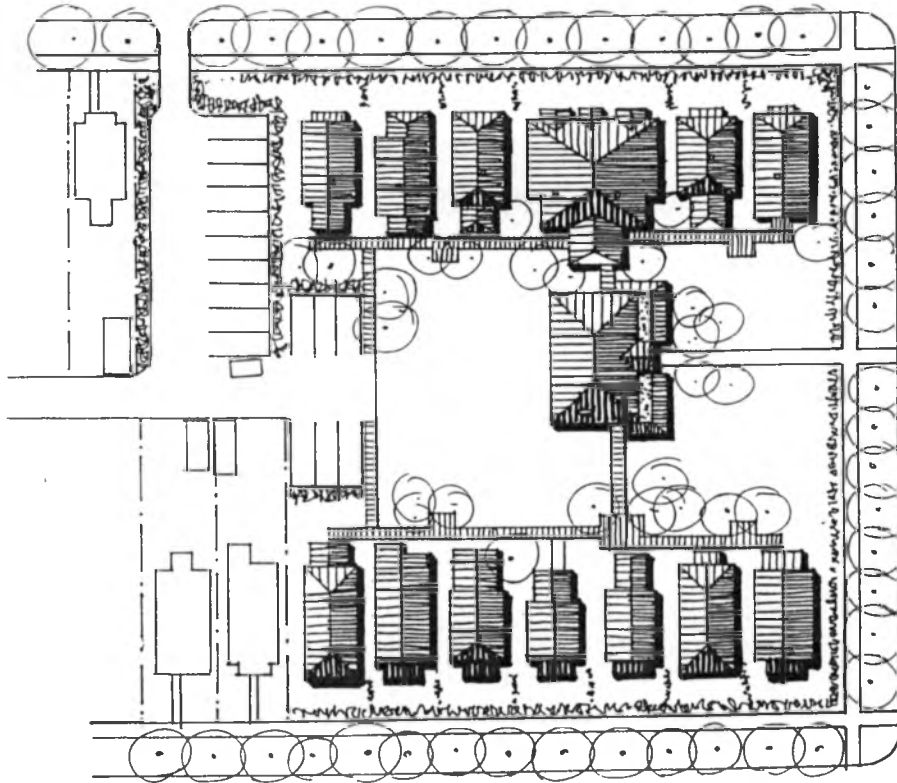


Figure 7. Established detached housing converted into a co-housing community.

Building Codes, Zoning, Licensing

The following information was obtained in conversation with the Zoning Administrator, City of Winnipeg (A. Franklin, personal communication, July 3, 1996). For zoning purposes, it was assumed that the development would be based on a condominium ownership structure. In Winnipeg this implies a RM multi-family zoning designation. Within this classification, it is further assumed that the development would be low density. Many areas of the city which would be appropriate for this type of development are classified R2. As a result, the group would have to apply for a zoning variance if such a designated area were chosen as the proposed site.

Other than the multi-family zoning issue, co-housing does not necessarily pose any special difficulties in meeting zoning or building code requirements. In the last number of years, many projects have been approved by city officials which have common areas that include a kitchen, as well as the usual private areas. Ownership structure and density are the two factors that will need

to be addressed to comply with zoning regulations. Building codes and permits, as is typical for all construction and renovations, must be followed.

For people with disabilities who require care and supervision, a residential care licence may be required. The tenants of Creekview 202 in Vancouver, a cooperative described in more detail in the next section, were considered as individual cooperative members sharing one unit to employ supports and did not fall under the Community Care Licensing Act. Liability was carried by the agency providing assistance to the individuals.

Costs Compared to Traditional Residences

There appears to be little quality information on this topic. While the independent living model is gaining acceptance at the same time as government budgets are being restrained, research into cost comparisons have focused on divergent factors dependent on the view of the researcher. Quality of life issues tend to take a back seat to cost cutting concerns, and financial statements are viewed in isolation from community issues.

A cost comparison that exclusively examines financial expenditures must address the challenges of comparing a number of categories of expenditures that are difficult to define and inherently different. For instance, in such a cost comparison the capital and maintenance costs of an institution must be related to rent or mortgage payments in an independent living environment. All capital and maintenance costs may prove elusive. One year there may be minor repair costs, while in another there could be extensive construction. Maintenance personnel costs, as well as supplies and contracted-out services, must be documented. Another issue that is important to consider is the cost comparisons for individuals requiring different types of services. Government cost estimates place individuals into categories of service, while service needs are actually unique. Institutional or congregate living environments ease these differences, while independent living arrangements exacerbate the challenge.

Further to these types of expenditures, the methodology must be able to accommodate ways to quantify quality of life factors into a cost analysis. Typically, reports focus on either cost analysis or quality of life issues, without integrating both elements. Proponents of independent living believe that factors relating to quality of life have too often been dismissed. Issues such as increased community participation, involvement in decision making, and lifestyle must be considered when completing any comprehensive analysis of housing accommodations. For example, it is significant that a post-occupancy evaluation of seven Fokus housing units (Brattgård, 1977) found that 45% of the residents were students or employed. Previously, only 10% of this population were in school or working while living in an institutional environment. Further, they found that 36% of the tenants were married, compared to only 8% before moving into the Fokus program. The implications of including quality of life factors in assessments will complicate the cost analysis. Increased community participation and empowerment tends to lead people to demand more services, such as accessible transportation and attendant care. On the other hand, both volunteer and paid employment provide economic and social benefits for the community.

The Creekview 202 Project (Ryan & Wiggans, 1987) was evaluated by eliminating some of the variables just described, but did include sufficient information to compare the tenants' previous institutional setting to their present community living environment. Creekview 202 is described as a cooperative apartment in an accessible neighbourhood in Vancouver. Six men with high spinal cord lesions moved into this setting after living from 2 to 17 years in a hospital setting. Five of the six men are ventilator-dependent (British Columbia Rehabilitation Society, 1990). When living, clinical, medical, equipment, and administration costs were compared, there were significant savings in the community environment. The difference of \$80.00 per day (\$222.37 per diem in

the hospital setting; \$141.56 in the community) was attributed to more costly administration and support services in the institutional environment. Health status and standard of care were also evaluated and found to be the same or better in the new setting. While level of satisfaction with the living environment was not a focus of this study, one question asked of the tenants provided insight into this issue. The participants rated their new home a 4.5 on a 5 point scale (with '5' as 'much better').

Examples of Integrated Co-housing

In Denmark, Egebjerg have I, II, III, and IV are rental co-housing projects in an urban context that have integrated people with disabilities (Fromm, 1991). Each development has its own common house with a kitchen and dining room with special facilities that can be used by residents from any of the four projects. These dedicated areas include facilities for the elderly, child care, laundry, and workshops. There are a number of special units designed with four studio bedrooms and a shared kitchen to house people who need extra support or as transitional housing for young people leaving their parents home.

Fromm (1991) describes the service house, a co-housing system unique to Sweden that includes people with disabilities in which a social service organization plays an active role. There are seven large service model co-housing developments in Sweden. For example, Stolplyckan integrates apartments for the elderly and people with disabilities into the co-housing development. The intergenerational community consists of 141 co-housing apartments interspersed with 36 apartments designated for the elderly and 9 for people with disabilities.

The social service agency maintains a level of control, and in return offers services. The common space includes a professional kitchen managed by a chef. There is also a cafe, library, sewing room, workshops, gymnasium, guest rooms, music room, day care, and school. "The common amenities rarely sit unused. During the day, the older people and children use them, and in the evening, the other residents take over. Another benefit is the accessibility of the facilities through the extensive enclosed passageway, easy for children, the handicapped, and the elderly to negotiate" (Fromm, 1991, p. 83). Less supervision and support is required in this setting than in traditional housing for people with disabilities.

"The limitations and viewpoints of the elderly and disabled bring with them a different sense of time, responsibility, and notions of ability. Their acceptance asks for separation from expectations. There is a peace here that has eluded other communities. It is the feeling of people simply accepting the society of each other" (p. 86). While this model may work in Sweden, this 'separation from expectations' does not describe the preferences expressed by people with disabilities in surveys taken in North America. Furthermore, examples of conflict between the social service organization and the residents demonstrate that the level of resident involvement is limited and not within the co-housing philosophy. For example, in one service model co-housing development it took two years of negotiations for the residents to win the right to use the kitchen to cook for themselves. Such problems may be due to the administration and tenants being unaware of the philosophy of co-housing, the large scale of the development, limited participation in decision making, and/or a segregated model. In any case, this service house model is not recommended. This example highlights the notion that the impetus for disability integrated co-housing must be from the people who will live in the community, rather than an organization or agency on their behalf.

Summary

Co-housing offers a broad range of opportunities for people with disabilities that should be explored further. Given a collection of people seeking diversity, neighbourhood intentionality, involvement, and a place to share their talents and gifts, this type of community supplies natural

supports and networks which are important to people without disabilities, as well as for people with disabilities who require assistance. The person with a disability may need to actively engage a support network to assist in developing a plan to have needed services delivered in an individualized manner.

People with and without disabilities who find the concept of co-housing interesting must be actively involved in the process to develop such a community. To maintain this level of participation and interaction, the site must be universally accessible and designed for a pedestrian orientation with many informal meeting places. Residents in typical co-housing communities accept that the process of living cooperatively requires sustained commitment to the ideals that brought them together in the first place and are prepared to expend the needed energy. Disability integrated co-housing will be no different.

4: CONCLUSIONS AND RECOMMENDATIONS

1. Potential

Co-housing can offer a person with a disability much in terms of inclusion and natural supports. The strengths of co-housing, which lie in the neighbourhood intentionality, resident involvement and the extensive, integral common areas, will appeal to particular people with and without disabilities. The greatest potential of disability integrated co-housing would be in the form of a co-housing community that includes people with disabilities, but is not focused on disability. Rather, it would comfortably include people with differing abilities and celebrate diversity among its residents, while coalescing around the common values of co-housing principles.

2. Integration Rate

In order for this model to optimize opportunities for a person with disabilities, the co-housing development should be truly integrated. This means that there would be no more people with disabilities living at a particular site than should occur typically. Since approximately 15% of the population has a disability, no more than 15% of the population of any one co-housing community should have a disability. If there is more than one person with a disability at a particular site, they may or may not choose to share a dwelling. It may be more advantageous if they did not. Stereotypes and social role devaluation would be more easily dispelled if one particular unit could not be labelled as the "handicapped" or 'disabled' home.

3. Number of Units

Any co-housing community needs a minimum number of residents to maintain the energy of the original founders, to create social opportunities that do not rely on all residents participating at all times, and to complete shared responsibilities. While some sources felt that 8 to 12 units could be sufficient, 10 to 15 units would more likely prove an appropriate minimum number. On the other hand, there is also a point at which a co-housing community becomes too large to form the bonds and relationships sought in this lifestyle. Over 40 units would, in all likelihood, create micro-communities within a co-housing development. The potential for conflict between groups would increase and group decision making would prove difficult. These suggested numbers are based on the literature, but do not preclude other arrangements from being successful.

4. Process and Facilitation

Enlisting support will be critical to the success of a developing co-housing project. The strengths of the process are that it is a grassroots, consensus and community building process. On the other hand, these components of co-housing are also its drawbacks. Grassroots projects require a strong vision and leadership to be completed. Group decision making can be slow and cumbersome with many opportunities for conflict. In order to build on the strengths and minimize the weaknesses of this process, the core group initiating a co-housing development should hire an outside facilitator(s). This facilitator could be associated with a developer who will build the project, a co-housing specialist, or a disability advocacy group familiar with group processes. In fact, it may be useful to employ some or all of these at different stages of the project.

Presently, Winnipeg does not offer the services of a Community Development Corporation. It is recommended that such an organization be created as "a way of mobilizing the resources of a community to develop local, sustainable solutions to housing and other amenities...bridging the gap between community groups and housing providers,

regulators, and financiers” (Mawby & Harstone, 1996, p.1). A Community Development Corporation, as described by Mawby & Harstone, would focus on supporting small scale community based housing developments and have three areas of responsibility. It would create a Resource Centre with information and resources to assist grassroots groups developing housing projects. These resources would include the use of meeting rooms, seminars and workshops, mediation services, and a library and on-line service of relevant materials. Secondly, a Community Building Fund would be developed to provide supplemental financing for groups to work through rezoning the property. To be eligible, the community group must have invested significant equity (a combination of time and money) into the project, be able to show support from the municipality and neighbouring residents, and have commitments for a significant number of pre-sold units. Lastly, a Community Capital Venture Pool would facilitate partnerships between community groups and investors and create investment opportunities for citizens wanting to promote positive developments in their community while making a reasonable return on their investment. Traditional municipal and provincial agencies concerned with social housing could be refocused and create new partnerships to develop a Winnipeg Community Development Corporation.

5. Disability Related Issues

People with disabilities must be allowed the same rights as other citizens. This includes choices about their lifestyle. Options should not be based on the type or severity of disability, but rather on individual preference. Supports must be evaluated in terms of individual need, rather than being based on the program’s or living environment’s mandate.

Individuals want involvement in decision making that influence all aspects of their lives. Assumptions made by others about a person’s best interest does not equate with empowerment. For too long people have been adapting to systems, rather than systems having to adapt to individuals.

After needs are evaluated and personal goals set, plans need to be developed that will enable the person to move forward. Processes should be in place to maximize participation by the person for whom these plans will be formed. Resources and networks must be enlisted. They should include people with common interests and goals. It is helpful if some of these resources are familiar with disability related issues, such as advocacy groups and government representatives. Others should come from the general public and family members with the capacity to listen to, work with, and advocate for the person with a disability. In all cases, the focus should be on abilities and how to maximize potential in the directions set by the person with the disability.

6. Community Parameters

While many existing co-housing communities have been established in rural areas, urban sites offer features that can enhance the strengths within these developments. Neighbourhood intentionality, as described in co-housing principles, can strengthen an established community particularly if the project attempts to include the larger neighbourhood, rather than becoming insular. The group effort required to build and maintain the co-housing project can revitalize and add dimension and quality to the surrounding area. As well, the services available in an existing community offer convenience and increased marketability. For the person with a disability who may find limited available accessible transportation, it is vital to have services in close proximity. Other issues discussed in the body of this report, such as assimilation potential, accessibility, and image projection must also be considered. The fundamental issue is whether most citizens and their families would be comfortable at a particular site.

Considering the situation in Winnipeg specifically, there are many areas that could prove to be desirable locations for co-housing. Some of the potential areas are Wolseley, Osborne Village, Fort Rouge, Riverview, Lord Roberts, and Norwood Flats. These areas are in close proximity to the downtown with the skywalk system that connects much of the area, offer nearby services, and are established residential environments. The Exchange district, the area east of the Legislative Building, and a few of the blocks north of Portage Place (which is connected to the skywalk) are slowly developing a positive residential character. At present, they are not considered as safe as some of the others mentioned and it remains to be determined how they will develop over time.

In the neighbourhoods mentioned, a co-housing community could be situated within renovated apartment buildings, a city block of older multi-story homes, infill between and connected with existing buildings, renovated older commercial structures, or new construction on vacant lots. All of these options have merits and each particular group will have to analyze their goals and finances in light of these alternatives. Overall, the reuse of existing structures in established neighbourhoods can provide more benefits to the future co-housing development and the larger community, and if such buildings are already zoned for multi-family occupancy then variances may not be required.

7. Design

The design of the co-housing community can take a number of directions, but there are a few basic rules that should be followed. The first of these is that the entire site and all built areas should use universal accessibility principles. Excluding people with disabilities due to barriers in the built environment is unacceptable and this is particularly so if the issue has been raised and then not dealt with. A number of existing co-housing communities have expressed regret that they had not considered accessibility when designing their site.

Another issue that must be considered is that the design should reinforce neighbourhood harmony. There may be some concern by the existing neighbours to a new idea such as co-housing. If it can be shown that the design will enhance and support the community concept that already exists, some fears will be calmed. It is also important to bolster the character of the community and build on its strengths.

The common facilities should be planned with great care. Programming of the space and the subsequent design that will reinforce those decisions will require due diligence. All of the future residents should be involved and will, in all likelihood, want to be involved. The capacity of this space to support community ventures, such as shared meals, meetings, guest rooms, and social interaction will depend on decisions made early in the design process. Again, the issues of access by all residents and potential guests to all of the common areas require that this space be made universally accessible.

A key factor in the success of the co-housing community will be emphasizing design that encourages a social orientation through spaces that create a soft transition between the private and public areas and informally encourage interaction. A pedestrian orientation must be emphasized, rather than the vehicle orientation of typical suburban developments. The designer and developer selected for such a project must have a clear understanding of universal accessibility and the philosophy behind the co-housing movement.

8. Maintaining Community

From the information available from existing co-housing communities, it is clear that maintaining the values of community that brought these individuals together require

sustained effort. While the core group that initiated the idea and developed the project understand and are committed to co-housing values, new members must become acquainted with the responsibilities and objectives before joining. Established members may also need to renew their vision occasionally. Clarifying and documenting roles, responsibilities and objectives must be carried out initially and reviewed regularly to maintain the energy and commitment. As well, the community must maintain a high level of collective activities, for example shared meals, upgrading the site, entertainment, etc. Studies have shown that positive relationships grow most easily out of shared tasks and activities. Group decision making, without the shared activities, will not suffice in maintaining a high degree of neighbourhood intentionality.

9. Research

As more co-housing communities are developed, post-occupancy evaluations should be conducted to determine the strengths and drawbacks of such environments. To date, no such information appears to be available. In the Appendix of this document, post-occupancy evaluations have been included that could be used for co-housing communities that include people with disabilities. Building a body of knowledge on the subject will enable new groups to learn from previous communities' experiences.

Recommendations on the Initial Steps to Proceed

The following suggested steps have been prepared for individuals considering a change in their residential environment and for whom disability integrated co-housing may be the preferred option:

1. Vision

The first step is to dream about the future. There are a number of ways to define and refine dreams. For example, talking to a circle of supports and family, using a process such as PATH (Pearpoint, O'Brian, & Forest, 1993), and/or consulting publications like A home of my own (Association for Community Living-Manitoba, no date) are some of the possible options to develop a coherent and organized view of personal visions. The more time taken to clarify one's visions, the more likely a plan can be developed to realize this vision.

Clarifying personal goals concerning lifestyle and living environment will offer a yardstick to measure whether co-housing is an option to pursue. Co-housing implies interaction with neighbours, responsibilities to the community, private and shared spaces, and group decision making concerning the co-housing development. The relevant issue is whether this housing model offers opportunities to achieve the optimum lifestyle individuals envision for themselves. Once the vision has been crystallized and it is determined that co-housing is the vehicle by which to attain it, the next steps can be addressed.

The following is not presented in chronological order, since many of these items will occur simultaneously and/or come into effect a number of times throughout the process.

2. Core Group

Once co-housing has been determined as the housing model to pursue, like-minded people need to gather to form a core group. Informational meetings open to the public, contacting community groups, and placing notices on computer bulletin boards or the co-housing homepage (<http://www.cohousing.org/>) may prove useful to accomplish this task.

3. Facilitation process, resources, and network

At the same time as a core group is being established, begin to research the topic thoroughly. One way is through printed sources.

Two books that have become the standard for initiating people into co-housing are:

Fromm, D. (1991). Collaborative communities: Cohousing, central living, and other new forms of housing with shared facilities. New York: Van Nostrand Reinhold.

McCamant, K. & Durrett, C. (1989). Cohousing: A contemporary approach to housing ourselves. Berkeley, CA: Ten Speed Press.

Also see:

Cohousing Resource Guide. (1995). Toronto: The Collaborative Housing Society.

Recommended Journals:

CoHousing: Contemporary approaches to housing ourselves, the CoHousing Network, Berkeley, California.

Cohousing Ontario, Toronto.

Focus on Cohousing, Surrey, B.C., quarterly.

Western Canada Cohousing, Victoria, B.C., quarterly.

While European governments have provided technical assistance for co-housing developments, in Canada it may prove more difficult and costly to obtain appropriate resources. As an example, the Danish Building Development Council which is funded by the state and led by researchers from the Royal Academy, School of Architecture, in Copenhagen, builds mock ups, tests ideas, and helps resolve conflicts. In the United States and Canada, newly established groups must rely on grass roots organizations who provide assistance (Lindemann, 1992b). The Internet has become a vehicle by which many co-housing communities and groups and individuals interested in co-housing are networked. The co-housing homepage provides an wealth of information and potential contacts.

Through these resources, a number of specialists can be identified and contacted. Other sources may be found through disability advocacy organizations, community housing groups, co-operative associations, design firms, and developers. All resources should have a willingness to commit to the co-housing ideals, group processes, and resident involvement.

4. Financing

While there is little government support in the United States and Canada, the Danish, Dutch and Swedish governments provide financial support for cooperatives and rental co-housing. Without this support, co-housing developments have tended to be more expensive in North America. "Many of the people best served by this housing type - the elderly, single parents, the handicapped, and young couples with children - are shut out of this option" (Fromm, 1991, p.95). Given these limitations and more fiscal restraint on the part of governments, developing housing in the near future for individuals without significant financial resources is almost impossible.

The following describes how co-housing groups usually secure funding for projects. In the early stages, members of the group contribute small monthly payments after an initial membership fee. This seed money is used to hire consultants, get permits, as a downpayment for property, etc. and is repaid after the final units are sold. Most co-housing developments have prospective members prequalify for mortgages before acceptance. Some developments have used a blanket mortgage for the entire development, while others have each dwelling mortgaged separately. The blanket mortgage allows a few members in a higher risk category. With the majority of the members seen as an acceptable risk by the lending institution, a mortgage can be approved that enables the development to accept more diversity in income levels. A developer is usually hired to cover construction financing. The developer becomes interested in the project with costs secured with a percentage of the units pre-sold. This system seems to be the most suitable for the majority of cases.

5. Design Planning

Before the design phase begins, it is important for the members to familiarize themselves with some basics of design. In this way the selection of a designer can be based on a clear direction that the group has predetermined and some of the particulars as to how to get there. The designer should have extensive experience with encouraging client participation in the design process. Some of the most useful sources on accessibility were mentioned

earlier in the text. To ensure that the final design considers many of the complex issues of accessibility, the designer should also have experience in this field.

The sources mentioned in point 3 (Develop facilitation process, resources, network) cover the design topic as well and give examples of how existing co-housing communities resolved their design issues. Additional standard texts that examine the social aspects of design are:

Alexander, C., Ishikawa, S., Silverstein, M., Jacobsen, M., Fiksdahl-King, I., & Angel, S. (1977). A pattern language. New York: Oxford University Press.

Gehl, J. (1987). Life between buildings. New York: Van Nostrand Reinhold.

Marcus, C.C. (1986). Housing as if people mattered. Berkeley, CA: University of California Press.

6. Site Selection

The decision about the location of the co-housing community will depend on a number of factors and will ultimately be a group decision. Sites that are available at the time the group is ready to make such a commitment within an appropriate size and price will limit options. Each parcel that meets the initial parameters then must be evaluated by predetermined criteria such as the PASSING method presented earlier in this report. This provides a democratic process for the group to measure the appropriateness of each site within objective parameters.

7. Personal Supports

At the time of writing this report, 1996, Manitoba government services are undergoing a major restructuring. Family Services is conducting a review and future direction and processes are uncertain. Within the Health Department, regional boards will be replacing many current procedures and officials and as a result individuals and organizations will apply to these new bodies for funding supports within independent living environments. The process has yet to be determined, but it is proposed that the regional boards will get block funding for all health services within their area. Economics are the primary factor that will determine whether a setting is appropriate or not. An individual will have to prove that the setting they propose will cost no more than a congregate environment. Quality of life issues will most probably be of secondary consideration. Another issue that may be considered, but not necessarily noted officially, is whether the individual has a support system that can provide a safety net in case of unexpected budget cuts or extraordinary circumstances. Advocacy organizations will assist people to assess needs, develop proposals, and clarify the process. These organizations may also be able to identify allies that can assist in presenting proposals to government.

It is important that a complete and realistic assessment is made regarding the type of assistance that will be required. The more a person with disabilities can understand and explain their individual requirements, the more able they will be to direct these services. Support networks surrounding individuals may be very useful in facilitating this communication. Individual circumstances must be seen and personal goals and needs addressed. Advocacy organizations may provide a vital service in this regard.

The example of Catherine, presented in the body of this report, emphasizes what can be done. There are other examples of people overcoming social and medical labelling to achieve independent lifestyles, which can be used as precedents for others. Determination

to find solutions, an ability to listen to the person with the disability, and an openness to possibilities are more important than defining type or severity of disability.

8. Responsibilities

Once the co-housing community has been built and occupied, delegation of responsibilities becomes a major issue. It is important to accept the strengths of individual co-housing tenants and allow each to contribute based on their strengths. In Connecticut, an integrated co-operative has experienced tension over this issue (Ludlum, 1992). Some people with disabilities, who were unable to accomplish some of the physical tasks on their own, were made to feel that they were not contributing as much as the other tenants. Office work was not accepted as a legitimate form of contribution in lieu of more strenuous activities. This issue should be addressed well before the residents move into the dwellings, with an agreed process for ensuring an equitable form of task sharing.

Other issues that will need to be discussed include responsibilities to other tenants, setting boundaries to respect privacy, and a process to handle shared meals. It may become necessary for the members of a co-housing community to develop some awareness specific to disability issues. Advocacy groups provide this training. Other on-going educational sessions will in all likelihood focus on group decision making. As members change or their life circumstances change, these dynamics will alter and may require outside help to facilitate new roles and procedures.

9. Document the process and conduct post occupancy evaluations

It is suggested that any group that embarks on creating a co-housing community document the process for two reasons. First, the group will then have a history detailing the events for their community. This can serve to renew their vision and celebrate their accomplishments. The second reason is that other groups just forming can use this information to develop their own community. Learning from past experiences, evaluating strengths and weaknesses, and having documents that show how vision can become reality will enable other groups to move forward with more confidence.

As well as documenting the process, conducting post occupancy evaluations will add to the body of information that exists about co-housing in general and disability co-housing in particular. To assess the strengths and weakness of this model, more data must be gathered in a systematic way. Ideally, post occupancy evaluations will, in time, be collected from a number of sites. The strengths of the different methods to implement the co-housing philosophy can be analyzed and then used to develop other positive environments for people interested in this approach.

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6: APPENDICES

6.1 PATH Focus Groups

6.2 Post Occupancy Evaluations

6.1 PATH Focus Groups

As a function of this research project, two focus groups were held to collect participant opinions about collective living environments. The collection of data was organized around the PATH method (Pearpoint, O'Brien, & Forest, 1993) for group discussion. The first group, residents of Winnipeg's Prairie Housing Cooperative, focused on the strengths and weaknesses of their integrated environment. The second group, selected from a co-housing information meeting, worked on forming a theoretical integrated co-housing community.

PATH

PATH was developed by Jack Pearpoint, John O'Brien, and Marsha Forest as a tool for people from different backgrounds and viewpoints to focus on a common issue, share information, and develop solutions. It has been used to renew mission statements in the business and educational fields, develop action plans for community living situations for people with disabilities, and organize team approaches to resolve difficulties. The process was developed to empower the group and create cohesion among the members.

Commonalities and differences between participants are discussed in a non-threatening setting. There are usually 6-10 people in a group. The process initially provokes sharing and clarifying dreams and goals, and then develops options for effective problem-solving strategies. The objective is to make the participants aware of shared purposes, understand others' positions, and develop actions that will provide mutual support and learning.

PATH begins with a large sheet of paper, about 3 meters long and 1 meter high, placed on one wall of the room. Coloured markers are used to visually describe the process and then to record the discussion graphically. Eight sections are drawn which include;

- 1 - Dreams, shown as the North Star
- 2 - Goals
- 3 - Now
- 4 - Enrol
- 5 - Build Strength
- 6 - Next Few Months
- 7 - Next Month
- 8 - First Step

A two member team facilitates the focus group. One sits with the participants and leads the discussion by explaining the process and directs it by asking questions of the participants. The other member of the team records the comments made by the participants under the appropriate heading. The participants' own words are used to capture key comments. Ideas and key words generated by the discussion are graphically illustrated. The team member providing the illustrations usually provides a summary of the discussion at the completion of each step.

To begin the session, the participants are seated in a semi-circle facing the PATH graphic presentation and the process is explained. The participants introduce themselves to the group. The process starts with the graphic presentation at the far left side of the paper on the wall where the North Star is depicted. This is used to clarify dreams about the issue under discussion. The North Star is a guide by which the other areas to be discussed will be evaluated. To clarify complex situations and problems, it is often helpful to orient oneself by the dreams the group has in this regard. In the case of this research, participants were asked to tell of the ideals and values that they visualize when considering living in a co-housing situation (or a co-operative as in the case of the first focus group). Other prompts included: what is attractive about the concept; what are the images, colours, and sounds that give direction toward this ideal. Value judgments are not

placed on the comments.

The next phase in the discussion focuses on goals. The dreams previously expressed provide orientation and direction for the goals. This will clarify what the dream would look like after effectively moving in that direction. The group determines a time in the future at which the goals could have been accomplished. The participants are asked to imagine that they are now in that time and we are meeting again as we had in the past (which is in fact the present). Specific images are elicited from the participants as they describe what the situation looks like at this future time.

This discussion begins with the facilitator describing that they entered a time capsule and are now in the future. They have accomplished a great deal in the last year(s) with immense hard work. It is time to reflect how much has been accomplished. The participants are asked to describe the sights, sounds, and smells of what has been done. They are also corrected when they use future rather than present tense. A useful prompt is to ask the participants to describe what has happened since we met last. As they describe an event the participants are questioned to provide details such as when this is happening, who they were with, spoke to, what was eaten and with whom. Feelings about the accomplishments are also elicited and recorded. The facilitators guide the participants to describe events that are possible and positive.

At the completion of this phase, the participants are told that they have re-entered the present, with today's date announced to the group. They are directed to the third phase which is titled Now. The purpose of this section is to compare dreams and goals with the present situation. The tension that is created between the vision for the future and the current situation is useful to motivate the team to work for change and to clarify the important issues that need to be addressed. Upon completion of this phase the facilitator summarizes the comments and confirms that they have been accurately noted.

Phase 4 is used to identify resources that should be enlisted to attain the goals that have been described in the Now section. Participants are asked to identify the people that will strengthen their commitment and the people who need to be enlisted to accomplish their dreams. The role and commitment wanted from each person identified is clarified and noted. Specifics on who is named and how to access them are stressed.

Once this has been completed, Phase 5 is used to focus on ways to build strength. The issues addressed through the PATH process can be difficult to resolve. This point in the discussion is used to develop strategies that will assist in moving from the present situation to the future. Participants are asked to discuss what knowledge and skills are needed to direct their energies toward their goals and dreams. Other prompts include; what relationships are needed and what are ways to stay healthy through the process.

Phase 6 documents the action that should be taken in the next few months. Participants review the image of what they want to create and then consider the next three months. Actions are prioritized for each area that was identified as a goal. Comments noted that will require no additional resources are highlighted.

From this information Phase 7 documents what will be done in the next month and by whom. The facilitator attempts to focus the discussion on a possible timetable and course of action. The participants chart what is to be done.

The process ends with Phase 8, committing to the first step. After the participants identify what the initial step will be, the facilitator focuses on specifics to complete this action. The team clarifies the first step, identifies the people necessary to accomplish it and any barriers that may prevent its

completion.

Closure is done by summarizing the themes identified. There is discussion about the key words that have been documented and illustrated. Finally, participants are asked to sum up the process in one word and then given the PATH documentation with the notes and graphics.

Focus Group One

The group was comprised of tenants of the Prairie Housing Co-operative. It is an integrated co-operative that includes a large apartment house in urban Winnipeg and a number of satellite sites throughout the city. There were 14 participants for the first half of the session and 7 participants for the second half. There were two meetings: the first meeting lasted 3 hours and the second 1 1/2 hours. The meetings were held three weeks apart.

The following comments are transcribed from the notes and illustrations made during Focus Group One.

Phase 1: The Dream

- safe, open door, trust, know everyone, considerate and clean
- nice friends, "my neighbour picked me up"
- people are helpful and involved
- good communication, approachable
- picnics and outings
- friends (mutual support, expect to help each other, reach out to each other, know each other
- fences coming down
- get along with each other
- have fun together
- laughter and crying, music, talking, scurry of cat feet, barking of dogs
- when can I move in
- caring, enduring, forgiving
- peace, belonging, security
- balance of gifts, sharing capabilities
- co-operation, doing one's share, participate in decisions
- ownership, pride, responsibility
- we feel like we belong
- people are clamouring to get in
- spirit of co-operation and friendship
- welcome hospitality
- people doing things, planting flowers, saying hello
- fears of getting involved and how to get started
- smiles
- if everyone gives a little, we have a lot

Phase 2: Goals, Date set 1996

- we're managing our own building
- everyone in Winnipeg knows about us and more people are moving in
- picnics in Juba Park
- some clusters have formed individual co-operatives
- folks who have moved are missed
- 60-70 people at the meetings, need a bigger room
- architect we know helped redesign the basement
- floor groupings
- no need for introductions at meetings

- newsletter is 8 1/2 x 11, 20 pages, every month
- our bikes are safe
- we accompany each other, we feel safer
- money is more available
- people are willing to give more time
- welcome wagon
- communication better between coops
- more people hearing the stories
- spring clean-up
- cabaret now a coop
- smaller communities
- Habitat for Humanity connection
- save money on management
- generous government money through lotteries
- movie company gave us money
- tri-lateral agreement helped

Phase 3: Now

- we are strangers to each other within and without coop
- we're worried about security (area and new people)
- lack of communication and co-operation
- maintenance person does a good job-conscientious, concerned about safety and does something about it, friendly
- we have gems as members, bringing cookies, reliable
- message board is point of communication
- more stability of finances, fewer vacancies and good management
- some cluster houses are difficult to fill, no one who needs support lives there

Phase 4: Enrol

- each person who lives in the coop
- local business in the neighbourhood
- facilitators for PATH
- Core area funding, safety connection
- people in the community, neighbourhood
- CMHC
- other coop in area
- invite owner of cabaret across the street

Phase 5: To Get Stronger

- belief we can make a difference
- talking to everyone we know about opportunity
- enlivening our spirit of community
- take the initiative to knock on someone's door and make an invitation
- floor party, open all doors and have a travelling party
- party in Juba Park
- work together like on the flower beds
- create opportunities for support and affection that includes challenges;
fun-trouble & welcoming
- build on membership interviews
- involvement
- be part of the solution
 - I get something out of it & helping out

- guilt
- one thing I can do to make a difference
- need help, feel part of the group, duty
- neighbourly aspect, people you can count on
- happy to participate
- emotionally connected
- fear of burn out
- will others do it?
- I enjoy making others happy
- affects of my activities
- see change and movement
- enjoy people I'm with
- like the people, community

Phase 6: A Few Months

- acknowledge birthdays, special events on marker board
- assign a birthday person
- possible by-law on member expectations for everyone to get involved
- members take on more little jobs

Phase 7: Next month

- acknowledge busy lives, ask if we can provide support
- system to hand out jobs
- welcoming committee
- committee structure, 2-3 people take on assignments
- set up get together in two weeks
- work up manageable concrete tasks when move in
- feeling and having more ownership
- board has schedule to follow
- street identity
- PATH on wall with a marker to add things to it
- add other members names on PATH to include everyone, as a gift to the coop
- place a poster up with all names of members on it and room to write their gifts/jobs they like to do
- start a newsletter
- notices on board in elevator with a sign up sheet
- inventory little jobs
- photo wall with comments

The themes that were discussed in this focus group stressed the desire of people to create a micro-community within the co-operative structure. People want to know their neighbours to feel more safety, security, and involvement. Safety and security were important for both protection of person and possessions.

Involvement had very complex overtones. This included the management of the living environment, connection with others, social activities, mutual reliance in daily living activities, and both reaching out and being called upon by others. Involvement could be initiated through the inclusion of individuals with support needs, shared tasks, decision making, and social activities. It was noted that it was important to have a range of activities from shared work to social situations to create lasting involvement within the co-operative.

Overall, people expressed that a living arrangement that focused on missions that included concern for the micro-community, individual needs could be met and enhanced and given depth. The

inclusion of individuals who require more support benefited the residents who did not require the same level of support. The feeling was that rather than just giving, there was mutual benefit.

Focus Group Two

There were five people who participated in this focus group. The participants were identified from a co-housing information meeting. At that meeting the participants were introduced to the concept of co-housing and shown video tapes of a number of examples. All members of this focus group expressed interest in the idea of integrated co-housing as a life style. This session lasted for two and one half hours.

The following documents the discussion as recorded on the PATH presentation.

Phase I: Dreams

- community that includes knowing and sharing
- shared tools and shared spaces
- balanced lifestyle
- personal and private space with own tools and own space and left alone a good part of the time
- a community that is not based on motorcars
- a community that is not based on speed
- let your no mean no and your yes mean yes
- compost
- children playing
- adults laughing
- cars outside living areas
- transition time for learning, practice, trust, flexibility, openness to change
- sounds of birds, frogs, and crickets
- accommodating all kinds of sharing that people want to do
- people take and share responsibility
- not isolated, desegregated with older people, kids, people with disabilities
- quieter, slower pace
- walk, bicycle, ski
- place to share information, community bulletin boards
- a community centre, the right kind of community building
- kids playing, the kids bring the adults together, the glue
- tool shed
- bartering
- behaviour a vehicle for building relationships
- community ownership of big stuff, freezer, lawn mower, piano, space for big entertaining, community van, pick-up truck
- bounded community by wild space
- inner garden, community garden, second floor balcony
- good proximity to stores
- very clean, people care
- the loving discipline of working on community
- collective effort to work in harmony with the environment, recycle
- home and employment more integrated
- people not running off to work

Phase 2: Goals, Date set 1999

- acceptance
- entertainment
- personality

- relief, release, security
- clean, cool air and sunlight
- walk by a river
- dinner in the lodge and when its over adults relaxing while kids are playing
- sitting around a fireplace in the lodge
- there are a variety of table settings and variety of foods in the common dining area
- no television or canned music in common areas
- silence, sound buffers
- composting
- hot tub
- atrium space connecting dwellings
- dwellings of different sizes and shapes with walkway in front and benches for meeting neighbours
- common guest rooms
- meeting spaces
- process to resolve grievances and conflicts
- affordable with renters and buyers
- small businesses on site that include a bookstore, bakery, and food store
- energy saving projects and discoveries that reduce energy consumption over time
- the age range of residents is from minus 8 1/2 months to 72 years

Phase 3: Enrol

- designer
- facilitator
- banker
- landscape architect
- carpenter
- solar energy expert
- accessibility expert
- outreach and promotion
- lawyer

Phase 4: To Get Stronger

- get together regularly
- take walk on land
- shared responsibility and commitment
- establish commonality in goals, dreams, values, and what doesn't have to be in common
- tolerance and diversity
- clarify intention
- support

Phase 5: First Steps

- finish CMHC report
- walk the site that has been suggested, meeting set to do this in two weeks

In this focus group, changes of lifestyle was reiterated a number of times. The micro-community was seen as a way to reduce the stresses of daily life in the larger community. Other important issues to this group included reducing a reliance on cars, a stronger connection to the environment, and a place where the strengths of both private and shared spaces were possible.

There was hope that co-housing would provide a healthy balanced lifestyle. Privacy was deemed important and necessary. Private spaces would have to be clearly marked and respected. As well,

shared spaces and activities could alleviate some of the pressures brought about by self reliance. Shared possessions could create opportunities that would be impossible for most isolated families.

These participants felt that whether in an urban, suburban, or rural environment, the housing design and functions need to respect the environment and remain closely attached to it. Cars should have limited access to the site and shared car pooling should be encouraged. Composting and energy saving techniques were mentioned as desirable and should be incorporated into the design and site.

Diversity in the age and abilities of the participants was seen as very important. There were no problems foreseen in having an integrated setting. In fact, inclusion was accepted as a way of adding to the strength of the concept of co-housing. Diversity was also seen in terms of interests, income, and careers. The options of home offices and stores on site run by the co-housing group members were also favoured. It was also noted that there should be options to both buy and rent property on site. The design of the housing should reflect the differences that will exist among the co-residents. There should be many places to meet and talk to neighbours both inside and outside dwellings.

Many of the participants favoured an urban site. It was felt that some connection to the larger community was beneficial. Having existing services conveniently located near the co-housing site made it more desirable. It was also felt that the positive energy of this micro-community could revitalize a potentially degenerating neighbourhood.

Summary

There was a desire for mutual interdependence while retaining privacy in both groups. There was dissatisfaction that their current immediate living environments did not meet the ideals stated in these participants' dreams. The discussion often mentioned disconnected feelings. This distance involved relationships with their neighbours and the environment.

Control over the management and structure of living arrangements was felt to be important. Participants felt that it would be difficult or even meaningless to attempt involvement in changing their immediate community as it is presently structured. There was a hope that co-housing was an alternative to this dissociation. There was great interest and enthusiasm for the potential to plan and implement such a community.

In both groups, there was a de-emphasis on the difficulties of including people with disabilities into the living arrangement. It was discussed as only adding richness and depth to community life. Diversity in residents' age, interests, and abilities was held as an ideal. Both the co-housing and co-operative models were felt to be conducive to inclusion. Co-housing offered some additional benefits in the amount of shared activities, spaces, and possessions.

There was pride expressed by the co-operative members in their particular environment. They felt they were pioneering a new lifestyle. This was also evident in the co-housing group. One of its attractive features was forging new ground. Participants were eager to start working for the ideals of caring for neighbours and creating relationships that are mutually beneficial. The participants in the co-housing focus group felt that this model offered a greater opportunity to become involved than co-operative living.

The use of the PATH process to promote discussion proved useful. The discussions were focused and enjoyable. At the conclusion of each session, the participants remarked that they were glad to have participated. As well as enjoying the time spent, they felt they had learned and gained something from the experience.

6.2: POST OCCUPANCY EVALUATIONS

6.2.1.CO-HOUSING POST OCCUPANCY EVALUATION

For individuals involved in the development of the project

General Questions

1. How many household units are included in the co-housing community?
2. How many people live in the co-housing community?
How many of these tenants are people with disabilities?
3. How large is the site?
4. Please describe the layout?
5. What is the total area of private built spaces?
What is the total area of shared built spaces?
6. How many years has this community been in operation?
7. Was this new construction or a redevelopment?
What was the cost per square meter (foot)?
8. Is it in an urban or suburban location?
9. Is the cohousing community accessible to people with disabilities?
In its entirety or selected areas? If selected areas, what percentage of the whole and which areas?
Was it designed to respond to disability specific requirements or universally designed?
Are any changes anticipated or needed? If so, what?

Planning Process

1. How many people were involved in the process?
Did any have disabilities?
Were they all future tenants or were any service organizations involved?
2. What was the timeframe from conception to occupancy?
3. What were the strengths and weaknesses of the process?

Financing and Ownership

1. What form(s) of ownership exist? What are the approximate costs?
2. Where there any additional sources beyond private financing?

Management/Membership

1. How is the co-housing community managed and by whom?
2. Were special efforts needed for inclusion of people with disabilities? If so, what?
3. Is there screening of new members? If so, what form does it take?
4. Do members have responsibilities/commitments to the community? If so, what and how are they defined and agreed to?

Common Areas

1. What is included in the common spaces?
2. Are there shared meals? If so how often and how organized?

Inclusion

1. Are there special attributes/characteristics needed in co-residents? If so, what are they?
2. What opportunities exist for developing relationships and inclusive activities?
3. Are special supports available or provided by co-residents? If so, what are they?
4. Do you have any information on the costs of this type of inclusive living arrangement compared to traditional residences for people with disabilities? Please detail.

5. What are the strengths and weaknesses related to including people with disabilities in the co-housing community?

Community Setting

1. What are the attributes or services of the larger community that add to the quality of life for people with disabilities?
2. What are the attributes or lack of services of the larger community that cause problems for people with disabilities?

Summary

1. Do you have suggestions based on your experience of obstacles to avoid in developing a disability integrated co-housing community?
2. Overall, what are the best features that another group should consider duplicating?

If you have any written information on your co-housing community, please forward it to:

6.2.2 CO-HOUSING POST OCCUPANCY EVALUATION

For co-residents with disabilities

Age: _____

Gender: _____

Disability type: _____

1. How long have you lived here?
2. Are you friends with any of the co-residents?
3. Are you involved with daily activities on site? Are they different kinds of activities compared to your last residence? Is it more or less? Please give examples:
4. Are you involved with activities in the neighbourhood? Are they different kinds of activities compared to your last residence? Is it more or less? Please give examples:
5. Are you involved in decision making about the cohousing community? Please give examples:
6. Are you involved in decision making about your supports?
7. Do you receive supports from co-residents? Please give examples:
8. Do you receive supports from service organizations? Please give examples:
Is this more or less than at your last residence?
9. What do you contribute to the co-residents and the cohousing community?
10. What are some of the best features about the physical design of the cohousing community?
11. What things would you change about the physical design of the cohousing community?
12. What would you change about the responsibilities within the cohousing community?
13. What would you change about the location of the cohousing community?
14. What are the best features about where you live?
15. What are the best characteristics of your neighbours?
16. Do you intend to move anytime soon? Why?
17. Would you recommend this type of residence to other people? Why?