



# Expression

NEWSLETTER OF THE NATIONAL ADVISORY COUNCIL ON AGING

## Member's Editorial

### A Choice of Housing Lifestyle

Over the last 20 years federal and provincial governments have favoured the development of hospitals and long-term care facilities.

Only recently have they been devoting more attention to developing independent living options for seniors. Institutions, particularly hospitals, provide most services without charge. Home support

is not always available, and some people may not be able to afford extra services beyond those provided by the province. With more women in the workforce-women who have traditionally provided informal home care and volunteer services-there remains a temptation to rely on institutions.

Throughout Canada, provincial governments are proceeding with cuts in institutional services, emphasizing the importance of shifting services to community programs and housing options for seniors.

However, for the shift to be successful, financial resources have to be allocated accordingly. Up until now, a sufficient reallocation of funds has

not taken place. Housing is an important element in the maintenance of seniors' independence and well-being in the community. The National Advisory Council on Aging believes that Canada's



housing policies should meet the changing needs of an aging population. The whole issue of quality of life-not just shelter and medication-calls for much innovation. Seniors' housing must be safe, affordable, accessible and adaptable, allowing maximum freedom and continuation of a person's lifestyle. Seniors themselves must be involved in the development of designs and options.

The normal physical changes that occur as people age and the diseases or disabilities that affect some seniors have many implications for housing. A thorough understanding of the aging



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process is essential for planning services, programs and environments. New building designs and approaches can greatly improve mobility and independence. New technology means that many services previously available only in hospitals can now be provided in the home.

What exactly is 'quality of life'? At the most basic level it means meeting **physiological** needs, including health, nutrition, hygiene, mobility, shelter and safety. Housing design should also meet **psychological** needs such as autonomy, choice, competence, achievement, privacy and security. Finally, thought must be given to **social** needs-space for family and friends, recreation, leisure activities and intellectual pursuits.

A wide range of seniors' housing is just beginning to emerge. Smart houses are built with adaptability in mind-perhaps the walls of today's nursery and study can be removed down the line to provide living space for a parent. Though improved

technology, these homes may also 'know' when to turn lights on and off, how to keep the temperature at a maximum comfort level, and when there may be trouble with any electromechanical system.<sup>1</sup> Other options exist as well, such as the wellknown 'granny flats' that are added to existing homes.

**Independent seniors** have a range of help to choose from, such as visiting homemakers, Meals-on-Wheels, day programs, and both medical and nonmedical personal care. Alternative housing for independent seniors include living in a bed-and-breakfast or small residence during the winter, or sharing accommodations in warmer climes.

**Semi-independent** lifestyles can be maintained by house sharing, with or without personal care, and group homes with a hired housekeeper. 'Satellite homes' or 'group homes' provide the opportunity for seniors to live in carefully selected and supervised homes that allow seniors to live with a family and other seniors. Another living option for seniors is 'house' or 'home sharing'. It can be defined as two or more persons unrelated by blood or marriage, who pool their personal and financial resources and share living accommodations in which each has private space and shares some common areas, such as living room or kitchen. Finally, multi-level centres and/or retirement villages have accommodation for many levels of care.

When a senior can no longer remain independent, but is not in need of intensive nursing care, assisted living may be required. This can be provided in multi-level centre or institution facilities.

Freedom of choice is one of the most important needs in life. Without choice people are limited in their independence, self-esteem, creativity, achievement and continuity of social roles. It is only recently that we have discovered just how much a building's design can contribute to maintaining and enhancing that freedom.

*Doug Rapelje  
NACA member  
for Ontario*

## The First Principles

"Canadian seniors are taking an increasingly active role in the decision-making process... HABITAT is a glowing example of the value of this participation. We see the potential of this new empowerment as a most positive contribution to our country."<sup>2</sup>

When the Canada Housing and Mortgage Corporation (CMHC) announced a conference on housing options for older Canadians, seniors' networks across the land decided to speak up. The HABITAT project, born in 1988 under the direction of several national seniors' organizations, was supported financially by the federal Seniors Independence Program. Ten **First Principles** emerged as fundamental to the future of seniors' housing. They include involvement, independence, affordability, accurate information, choice, adaptability, quality of life, effective intergovernmental working relationships, including cooperation on funding, by-laws and zoning, and housing/service packages with holistic, coordinated planning.

## The Range of Options

One of the greatest challenges lies in sorting out definitions of group living alternatives. Arrangements vary in size, level of privacy, common services and amenities, cost, sponsorship, staffing and resident input. Options include retirement villages or communities, congregate housing, sheltered housing, the

'Abbeyfield Model', residential care or group homes, as well as assisted living and multi-level care facilities.

*Canadian Nursing Home Magazine*<sup>3</sup> says that seniors' housing involves a 'community without walls'-the core being those who live independent lives- the community radiating outward toward group or foster homes, day hospital or day support, assisted living facilities and institutional care. Primary elements of quality housing for seniors include accessibility, public participation, technology, safety, health promotion, and cooperation at many levels.

The amount of care provided to residents in long-term facilities is increasing. This is due not only to declining health status of existing residents, but also to an increase in the number of frail seniors being admitted. As levels of dependence increase, the amount of space required increases proportionately. Many long-term care facilities were not designed to accommodate highly dependent residents, and to 'correct' a building with inadequate space is difficult and costly.

## Congregate Living

Congregate living - also referred to as supportive or enriched housing- in the community allows seniors to maintain their independence by providing opportunities for socializing and friendship and access to extra services such as meals and housekeeping. This way of life is rooted in a well-established tradition-that of the residential hotels and boarding houses of years past.

People choose this option because they want to live alone

but also have a stimulating social life. If they need privacy they can close their doors, but if they want companionship they can pop into the activity room to see who is around. Continued involvement of family and friends helps foster independence.

Congregate living appeals to a different portion of the population than does traditional single-family housing. Each resident must have a desire to get along with others and a desire to remain independent. This is not a stopping point on a one-way street from independence to dependence in fact the number of people who have voluntarily left nursing homes to move into congregate dwellings is surprisingly large and seems to be growing. A high proportion of men and nevermarried persons choose this form of housing.<sup>4</sup>

## Adult Communities

Over the past 10 years we have seen the development of retirement communities. The 'adult communities', 'retirement villages', an appealing option for an increasing number of seniors, can take the form of small communities with streets, small specially designed homes that can be purchased and supported often by a recreation/wellness centre, commercial and professional space for the use of the community. Other models may offer self-contained apartments or condominium style apartments that can be purchased, rented or life leased. These communities usually offer recreational/wellness centres, commercial and professional space, and more are providing other support services and a

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long-term care facility which allows them to market a 'continuum of care' model.

## The Abbeyfield

"Mrs. Cianci no longer eats standing up at the kitchen counter as she did when she lived alone, because now Mr. Jones carries her plate to the dining room table while she follows with her walker. On weekends, they eat together."<sup>5</sup>

The Abbeyfield Society of England began as a result of two people observing the need of some lonely people for companionship, and responding with the simple solution of providing them with a house. A large organization of associated societies has become committed to one set of goals and an established formula for delivering housing to small groups of seniors. The Society's purpose is to provide seniors with their own homes within the security and companionship of a small household that is a focal point for goodwill and friendship in the community.

Abbeyfield Societies and affiliates have been established in Ireland, South Africa, the Netherlands, Australia and Canada. The Canadian National Abbeyfield Society is headquartered in Toronto. The first Canadian Abbeyfield House, built in 1987 in Sidney, BC, is a purpose-built house for nine residents, all of whom live on the main floor. The second floor has a housekeeper's suite, guest room and additional residents' storage space. The housekeeper manages the house and sees that two meals are served in the common dining room each day. Residents have their own

private bed-sitting and powder rooms. Everyone has free use of two sitting rooms, the dining room and the kitchen. After settling in, the residents declared they were "most fortunate to have a comfortable home, among a group of new and warm friends."<sup>6</sup>

## Assisted Living

When a person can no longer remain independent, but is not in need of institutional care, assisted living may be the answer. Assisted living, sponsored by either voluntary or for-profit groups, can be provided either in remodelled existing buildings or in structures built for the purpose. Residents do not require the 24-hour skilled medical care of a nursing home. They pay an inclusive fee that varies widely but can be comparatively modest, for which they receive room, board and help with eating, bathing, dressing, walking, meals, medication, transportation, shopping and laundry.

Assisted living places emphasis on a home-like atmosphere, with all residents enjoying complete privacy, in their own quarters, furnished if they wish with their own possessions. In recent years the Abbeyfield Society has developed 'Abbeyfield Extra Care Homes'. Slightly larger than regular congregate homes, they house 20 instead of 10 residents.

They provide a modest amount of health care with one resident professional nurse and two or three paraprofessional assistants.<sup>7</sup>

## Dealing with Dementia

Residents with Alzheimer's disease and other dementias need a calm, safe and secure environment. Since they may hallucinate, lose their way within a facility and wander into the community at large, it is important to consider location, signage, safety, comfort and security of everything from bathrooms to arts and crafts areas. Items that might break, areas where a person could trip, objects that could cut or burn and location of harmful substances that could be eaten or drunk need to be taken into consideration in designing and furnishing the residence.

People with dementia may tend to become more agitated with their awareness of declining abilities and new limitations. An environment that is well-lit, tranquil and comforting will help the resident adapt. Although moving about and socializing is encouraged, it is necessary to pay close attention to security. To control wandering and access to things that are harmful, locks, gates, partial doors and silent alarms should be studied carefully.<sup>8</sup>

There is a great deal of interest across the country in designing and building small facilities that would enhance the quality of life and environment for people with Alzheimer's disease. Concerned with the problem of wandering, practitioners with the **Regional Niagara Senior Citizens Department** developed the concept of therapeutic parks, adjacent to their long-term care facilities, and the concept has been introduced in many long-term care facilities in Canada. The

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## Physiological Needs

### *Climate Control*

Since seniors may experience difficulty in maintaining body temperature, special attention should be paid to temperature control. In general seniors prefer a warmer environment, between 24°C and 27°C. Room temperatures should not drop below 22°C and not rise higher than 30°C. Clean, filtered, conditioned and humidified air must be available all year round, with at least 10% fresh air to maintain a healthy moist skin, and to minimize health problems. All areas should be draft-free.

Clean, cold drinking water should be available in all common areas and individual units. The attractiveness of cold water encourages drinking and offsets dehydration, particularly in summer and during dry winters.

### *Safety*

To prevent burns, hot water for resident use should not exceed 48°C, with a high temperature limit control. Appliance controls should light up when they are on. Mechanical equipment, fixtures and controls should be accessible to those in wheelchairs, but all dangerous equipment or controls, to be used exclusively by staff, should be secure. Hazardous areas should be clearly identified by large colour-coded signs of no more than seven letters.

Light quality should be excellent in all bathing, dining, living and food preparation areas, and of the highest quality in therapeutic or caregiving areas. Levels in all corridors, passageways, staircases, elevators and ramps

should be free of shadows and glare, but contrast should be reduced when coming out of the bedroom. Night lights should be included in all resident areas.

Extension cords should be banned in resident areas, and smoke detectors are necessary everywhere. All resident areas should include an emergency call and/or central communications link.

### *Furniture and Fittings*

Furniture and fittings, including mattresses, seating, bathroom fixtures, cupboards and shelving should be designed for use by those with reduced physical strength, and should be accessible to those in wheelchairs. Technology has provided for kitchen design that benefits the physically challenged by providing cupboards and counters that adjust for people in wheelchairs. Materials should be flame-proof.

All floor finishes, stairs and ramps should be non-glare and non-slip. Floors and wall finishes should be selected to minimize accidental falls or abrasions, and all carpeting should be securely fixed.

Safety systems, including fire extinguishers, should be located where residents can reach them easily and operate them safely; alarms should be both visual and auditory, and ventilation systems should shut down automatically in case of fire.

parks allow the mentally frail to enjoy the outdoors in a place that is secure and welllandscaped, without feeling caged in.

## A Barrier-free Environment

NACA has already recommended that architects and designers should aim for a barrier-free environment, one that enables those who may suffer from some degree of impairment do continue to perform activities of daily life. Barriers are both physical and psychological. For instance, although a long corridor may be wide enough to manoeuvre a wheelchair, it may also look forbidding to someone who feels too frail to make that seemingly endless trip to the lounge!

In a barrier free environment, for instance, doors are wide enough for wheelchairs. Light switches or plugs are placed waist-high to eliminate the need to bend, and cupboards are designed for easy reach. Of course, stairs are avoided and replaced with ramps.

*A barrier-free design and construction process can take from one to three years.*

*Remodelling can be done in a few months, but renovating an existing building and designing and constructing a facility from scratch take much longer.*

*Barrier-free design is not a major cost issue if implemented at the design stage. In fact, barrier-free design avoids problems before they occur.<sup>9</sup>*

Here are just a few of the considerations needed to provide a healthy, attractive living space for seniors.

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## Psychological Needs

### **Independence**

There is no excuse for designing a sunken living room, a tiny bathroom or narrow doorways

Independence and self-respect depends to a large extent on one's ability to get around throughout the home without help.

In a semi-independent setting, residents should be able to make snacks, boil water for tea or coffee, or use vending machines at all times of day and night.

### **Comfort**

Apartments should include individual temperature controls, and residents should be able to use their own humidifiers or other CSA-certified equipment.

Institutional equipment noise should be minimal and all areas should have good sound insulation.

Lighting should be warm (incandescent) rather than cold (fluorescent). A variety of spaces, room designs, colours, textures and materials contribute to a homey look. A colourful, well-lit and stimulating environment can provide the cues needed by those adapting to sensory losses. Residents should be able to furnish and decorate as they require, provided no safety hazard is created.

Where possible, people should have the choice of a private room or shared space, either as a couple or two friends, but each person should be able to close off personal space. Radio and television headsets are handy when one person wants Benny Goodman and the other prefers Bach!

Residents should be able to lock their own areas and have at least one secure storage unit. There should be a quiet room or space set aside to meet spiritual needs.

## Social Needs

Like everyone else, seniors enjoy leisure, recreation and intellectual pursuits with family and friends. The first impression of a seniors' residence should be one of activities, not of retreat.

Activity areas should be heated and ventilated appropriately, have access to hot and cold water, and be near toilets and kitchenettes. Family and friends should be able to visit at all times. Where possible, a private guest room or suite should accommodate out-of-town visitors.

Location of activities strongly influences participation. Residents gather where there is action, such as the lobby, outside a dining room or across from an elevator. Participation increases when such natural gathering areas are in or near to recreational areas. Common wall space should be available for art and bulletin boards, and a smaller room arranged as a library and music room.

## The Outdoor Life

Transportation is an essential service, maintaining a resident's contact with the community and a wide range of services and facilities. On-site parking and loading areas are desirable for facility-owned vehicles and public transportation should be available near the facility. Waiting areas should be sheltered.

Apartments should have access to the outdoors or at least a balcony to read, entertain or grow container plants. Gardens, trees, pools and sheltered seating, including areas to eat *al fresco* should be available to all. Fragrant flowers and plants are particularly attractive to those with impaired vision, and garden plots for residents' use are very popular. Areas should also be developed for outdoor activities—perhaps miniature golf, shuffleboard or Tai Chi and for picnics and barbecues. In urban areas screens, fences and plantings provide privacy and security. All pathways should be even and slip-resistant, well lit and wide enough for a wheelchair to turn around.

## Special User Groups

Facilities with a significant number of seniors from particular religions or cultural groups should have the capacity to prepare and serve appropriate food, and there may be a need for specially designed areas of worship.

## The Ideal Neighbourhood

The neighbourhood isn't what it used to be. With all these drifters hanging around the plaza, sometimes I'm afraid to go out."<sup>10</sup>

Everyone has ideas about the 'ideal' neighbourhood. For a young family 'it may mean access to freeways, schools, work and perhaps restaurants. Seniors may be more concerned with bus stops or easy walking distance to the bank, supermarket and pharmacy, church, doctor, senior centre and beauty shop. Cleanliness, landscaping, lack of pollution and quiet and safety are important to everyone.

## The Challenges

Economics remain the greatest challenge to providing appropriate housing for seniors. Although there has been a general increase in seniors' incomes, poverty is still an issue for a large group, mainly women. The cost of institutional care is rising, and dignified, realistic alternatives must be found.

Therapeutic parks should be available in all long-term care facilities to encourage physically and mentally frail residents, as well family and friends and staff to enjoy a safe outdoor environment.

Financing, re-zoning, municipal by-laws, even community resistance are just a few of the challenges that must be addressed. If a broader range of seniors' housing options is to be successful, all levels of government will need to recognize the concepts and become actively committed to supporting their development.

Regulations that limit operating flexibility, 'fix' building design and restrict the selection of residents must be reviewed. Close cooperation among housing, health, social service agencies and seniors themselves is essential to reach the goal of safe, affordable,

accessible and adaptable housing throughout the nation. The importance of locating all types of housing for seniors to assure that it blends with community life cannot be over-emphasized.

## Fact File

- In Canada some 10% of seniors are institutionalized. In the United States, where only 5% are in nursing homes, it is estimated that 40% do not need that level of care.

<sup>4</sup>Murray, C.C. MRAIC. The Small Congregate Home. In *Housing the Very Old*. Gutman, G. and K.N. Blackie (eds.). Gerontology Research Centre, Simon Fraser University. Burnaby, B.C., 1988.

- With an aging baby-boomer population, some 276,000 additional beds will be required by the year 2021, at a cost of \$12 billion.

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- Even with increased fear of crime, nearly three quarters of senior women who live alone would not, in an ideal neighbourhood, locate a police station within a block of their homes. Nearly half would put one

within walking distance, but for most, the noxious effects of noise, traffic, 'dangerous people' and 'unresidential appearance' override the obvious safety factor.

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- Along with higher educational levels there are increased expectations for quality of life and an increased desire to remain independent as long as possible.

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- 2 Woodsworth, J., President, **One Voice** - The Canadian Seniors Network. *HABITAT- A National Seniors Housing Consultation, Final Reapportioned Recommendations*. Ottawa, 1989.
- 3 Phillips, D.E. The Community Concept in Long Term Care. *Canadian Nursing Home*, 5, 3, (1994): 14.
- 4 Welch, P., V. Parker and J. Zeisel. *Independence Through Interdependence: Congregate Living for Older People*. Boston, 1984.
- 5 *Ibid.*, p. 67.
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- 9 National Advisory Council on Aging. *Housing an Aging Population - Guidelines for Development and Design*. Ottawa: Supply and Services Canada, 1992.
- 10 Personal communication with a 79 year-old widow.

*Expression* is published four times a year by the National Advisory Council on Aging, Ottawa, Ontario K1A 0K9, Tel.: (613) 957-1968, Fax: (613) 957-7627.

The bulletin is also available on Internet: [seniors@hpb.hwc.ca](mailto:seniors@hpb.hwc.ca)

URL: <http://hpbl.hwc.ca/datahpsb/seniors/senpage.html>

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ISSN: 0822-8213