

SUPPORTIVE HOUSING IN SUPPORTIVE COMMUNITIES

The Report on the Supportive Housing Review



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Introduction

The number of seniors in British Columbia is increasing, and many communities are facing the challenge of providing alternative housing for their older citizens. Supportive housing is a type of housing that combines independent living spaces with support services. It is being looked at by many communities as a housing option that enables older adults to remain living in the community for as long as they are able and wish to do so.

In 1997, twelve British Columbia municipalities asked the provincial government to research possible barriers to supportive housing and to clarify the part that the Province and local governments should take in encouraging this kind of housing. As a result, the Supportive Housing Review Steering Committee was formed, made up of provincial, municipal and regional government and health authority representatives. The intent of the review was to design a policy and legal framework within which communities could develop both market and non-market supportive housing for seniors in British Columbia.

The committee gathered information and opinions on supportive housing from groups of people across the province throughout 1998. This report of the committee's findings was prepared by the Housing Policy Section of the Ministry of Social Development and Economic Security and the Ministry of Health & Ministry Responsible for Seniors, who co-chaired the Review.

The report will be of interest to local government staff and elected officials. Other partners and interested individuals and groups such as health authorities, non-profit organizations and the general public will also find it useful.

Although the focus of this review is on seniors, supportive housing can also meet the needs of others, such as individuals with physical or mental illnesses or addictions.

What is supportive housing?

The term “supportive housing,” as used in the consultations and in this report, is defined as follows:

Supportive housing combines building features and personal services to enable people to remain living in the community as long as they are able and choose to do so. It is *housing* with a combination of support services, including, at a minimum:

- a private space with a lockable door
- a safe and barrier-free environment
- monitoring and emergency response
- at least one meal a day available, and
- housekeeping, laundry and recreational opportunities.

Nursing and other health-related services are delivered by the local health authority through special arrangements or as they would be to any other individuals living independently in the community.

When asked what they thought were the most important services, seniors living in supportive housing in Winnipeg said:

- *emergency help*
- *24-hour security, and*
- *weekly cleaning.*¹

Supportive housing is a supportive, but not a health-care environment. It is different from assisted living, where care services are offered on site, usually on an as-needed, flexible basis. While assisted living is a form of care that takes place in a housing-type setting, supportive housing is first and foremost *housing* that reduces day-to-day demands on residents, and who continue in most respects to take care of their own affairs. Supportive housing is not regulated as a care facility; assurance of quality is provided through consumer protection measures, primarily the contract or occupancy agreement between the resident and the housing provider.

Supportive housing can be *self-contained*, with full, private living units in combination with common dining and social spaces. It can also be *shared*, with private rooms but shared kitchen, dining and social areas. It can exist within a variety of housing settings, ranging from apartment buildings to shared houses to manufactured home parks. (Appendix 1 has a glossary of terms to describe various types of supportive housing.)

A person living in supportive housing can:

- own, i.e., a condominium (strata title)
- rent
- lease, or
- be a member of a housing co-op.

Supportive housing may be purpose-built, or it may be existing housing that has been modified, such as a renovated hotel, large house or manufactured home park. Services may be provided on site or in the surrounding community. Residents who live in supportive housing usually participate in both the small community of their housing complex and the wider community of which they are citizens.

Seniors might choose to live in a supportive environment for several reasons:

- a central location
- health and safety considerations
- opportunities for company and recreation
- reduced housekeeping and home maintenance tasks, and
- improved nutrition.

They might move in as the result of an immediate need, or as a way of planning for the future when their needs might change.

Although supportive housing has appeal for many seniors, it can be of particular benefit to those who:

- have difficulty with tasks such as meal preparation, grocery shopping and regular home cleaning and maintenance
- have little social contact, causing a negative effect on mental and physical health
- have safety or security concerns
- are living alone.

While home support and home nursing services exist to help older persons remain in their homes longer, some seniors have needs that home support and home nursing services cannot meet. Others prefer to receive the services in a more sociable environment. Supportive housing can offer seniors companionship and a stronger sense of security than they might have living alone.

“Everybody is so friendly; the staff are wonderful,” is how Marjorie Adamson described her congregate housing development on the eve of her 95th birthday. She enjoys her large one-bedroom apartment in Princeton. “Many of my friends in the Lower Mainland have a much smaller place with a much higher rent.” After living there for two years, she remains one of its most vocal fans: “I like the atmosphere of this place.”

As with independent housing in the community, residents pay for supportive housing through the combination of private and public resources available to them, e.g., pensions, savings and the Shelter Aid for Elderly Renters (SAFER) rent supplement. As well, if support or care services are needed, the individual pays for them directly, receives them through the home support/home care system, or both.

Supportive housing enables people to remain living in their community. It follows that the community must also be supportive in the sense that residents can easily reach stores, banks, community centres, parks and entertainment, and that friends and relatives can easily visit them. This means that supportive housing is generally centrally located and that both pedestrian routes and public transportation are accessible and well maintained.

Further information on supportive housing is available through the Ministry of Social Development and Economic Security and the Ministry of Health web sites:
www.sdes.gov.bc.ca and www.hlth.gov.bc.ca/seniors/index.html

The Supportive Housing Review

The Supportive Housing Review Steering Committee was made up of representatives of the following agencies:

- Housing Policy Section, now located in the Ministry of Social Development and Economic Security
- Ministry of Health & Ministry Responsible for Seniors, Office for Seniors and Senior Citizen Counsellors
- Ministry of Health, Regional Programs
- Ministry of Attorney General, Consumer Policy and Program Development Division
- City of Burnaby, Planning and Building Department
- Capital Region Housing Corporation
- Capital Regional District, Health Facilities Planning
- Capital Health Region, Geriatric Programs

The committee gathered information and opinions on supportive housing from groups of people across the province. Participants in the groups included representatives from local government planning departments, health professionals, senior citizen counsellors, representatives of community-based organizations, and housing

providers, both private and non-profit.

One set of meetings focused on local government planning issues, such as building, land-use and development regulations, safety, accessible design and local government powers and responsibilities. These municipal consultations were held in Burnaby, Cranbrook, Kelowna, Terrace, Victoria and Courtenay.

A second set of meetings looked at seniors' perspectives on supportive housing, and

"Food is one important element that brings people together in Dania," said Margaret Douglas-Matthews of the Dania Society, a congregate housing development that's been in Burnaby for 50 years. "Meals are offered family style, on platters, so people can choose how much they want. We find people are healthier through the socializing that this brings." Room service from the adjacent long-term care facility is available for any of the 120 people living in Dania's three buildings who may be recovering from a short-term illness. Residents also have a choice of a wide variety of activities – some run by volunteers, and others arranged by staff.

what may be needed to help residents make sure that the housing and services they are paying for meet their requirements. These “consumer” consultations were held in Cranbrook, Prince George, Saltspring Island, Penticton, Vancouver and Abbotsford, with an additional session focusing on First Nations’ views held in Victoria.

This consultation was not separately funded, but was carried out within the regular workload and budgets of the provincial ministries involved.

The purpose of the consultations was to find out:

- whether communities around the province were interested in supportive housing
- what challenges they were facing in planning and setting up supportive housing.

The information gathered is being used in provincial planning for supportive housing.

In addition to consulting with people across BC, the committee researched the need for supportive housing and to what extent it might reduce the need for facility care. A group of professionals who provide services to seniors in Greater Victoria and an expert group assembled at the Simon Fraser University’s Gerontology Research Centre were brought together to comment on this issue and on the consultation findings.

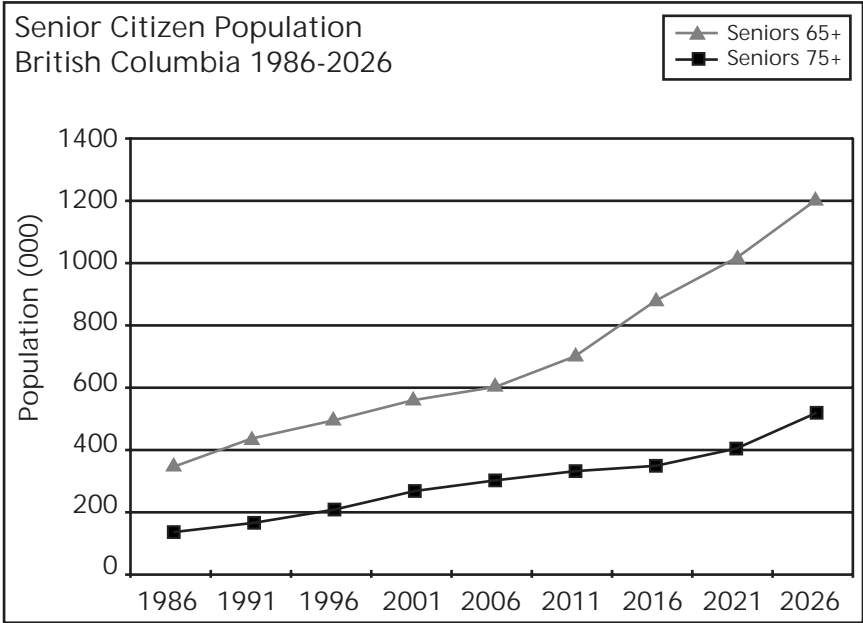
At the same time as the Supportive Housing Review, the Ministry of Health has been reviewing continuing care services in British Columbia. The purpose of that review is to make recommendations to the Ministry of Health & Ministry Responsible for Seniors on how best to govern, manage and deliver continuing care services within the general health care system. The two committees have kept each other informed of the work they are doing and their recommendations.

What the Committee Heard

The need for supportive housing ²

The Canadian Medical Association, the National Advisory Council on Aging and the BC Seniors' Advisory Council have all stressed the importance of providing supportive housing options for seniors. A 1996-97 national study confirmed the demand and showed that people who lived in such housing tended to be very satisfied with it³.

Studies show that supportive housing would appeal to seniors in all age groups, but primarily to those aged 75 and over. The accompanying graph shows the past and projected growth of this population in British Columbia from 1986 to 2026. There are currently 240,000 people aged 75 and over in BC, and this number is projected to rise to 408,000 by 2021. The number of individuals who are 75 and over will grow by 70 percent in this time period, while the total BC population will grow by only 40 percent.



Only a small portion of people in the 75-plus age group would choose supportive housing. Many would continue to live in their own homes, with or without home support or home care, or live in care facilities.

"It's wonderful here," said Robert Smith, 80, a resident of Victoria's Glenshiel. "It's not quite like having a wife who you love dearly, but it's the next best thing. The people here are kind, and I can live with dignity." The converted hotel offers common dining, as well as housekeeping and laundry services. Television and local telephone charges are part of the basic package. "It's a central location, and lovely and clean. I like the fact that there's no profit element in the charges, and the price is modest enough that I have spending money every month."

The following statistics show the current use of services among this population:

- 7 per cent receive home nursing⁴
- 15 per cent receive home support⁵ (assistance with everyday tasks)
- 5 per cent receive community rehabilitation services⁶ such as physiotherapy
- 12 per cent are living in care facilities⁷.

Some individuals are receiving services in more than one of the above categories.

The group of people who might choose supportive housing would include both those currently living in their own homes and residents of care facilities who could live more independently if they had the choice and the supports they need.

At present, it is estimated there are 21,000 seniors in British Columbia who could benefit from supportive

housing. This is a gross estimate and includes seniors who are already living in supportive housing. At currently projected growth rates, the estimate for the year 2021 is roughly 36,000. This estimate is based on the findings of several researchers and is discussed in more detail in Appendix 2.

Local government and community views

The aim of the consultation process in the Supportive Housing Review was to find out what selected groups of people thought of supportive housing. Virtually all participants in the consultations felt that supportive housing could address real needs in their communities. They agreed that the services provided should be limited to those of a non-medical nature. The major themes discussed were:

► Definition

The working definition presented at the beginning of this report reflects the consensus on what supportive housing is. Meals were not included in the working definition presented at the consultations, but it was finally agreed that at least one meal a day should be

available for residents in order for a development to be considered supportive housing. It was also pointed out that the definition should include existing housing that can be made more supportive, as well as new residences built for the purpose. Many housing developments that already exist, such as non-profit and private rental buildings with caring managers and neighbours, are in fact a form of supportive housing.

► **Affordability**

Affordability, that is, cost to the occupant, is a major issue. Seniors with higher incomes can find good supportive housing, at least in urban areas, but many low-income seniors have no access to supportive housing at all. People who took part in the consultations were concerned that if government applied unnecessarily high standards to buildings and services, supportive housing would be less affordable, and therefore less accessible to many seniors. In particular, there was strong agreement that supportive housing should not be required to meet facility licensing standards, both because these standards add to costs and because they make a building look and feel institutional. On the other hand, participants recognized that a reasonable standard of quality must be maintained.

In smaller communities, there is often little supportive housing available even for those with higher incomes. This raises the need to consider mixed-income developments in which some units are subsidized but others are available at a higher cost, so that all members of the community have access to them.

Another aspect of affordability is the ongoing cost of services. Although residents of supportive housing pay for certain services out of their own resources, participants felt that such developments provide an opportunity for regional health authorities to coordinate the provision of home support and home care services to reduce costs for recipients.

► **Needs of local governments**

Local governments expressed a need for planning tools and changes in regulations to help them deal with proposals for supportive housing developments. Requirements under the Building Code and Fire Code, or the way the codes are interpreted, might discourage the development of supportive housing. As well, local governments need to ensure that developments meet standards and conditions that reflect community concerns, and that these are enforceable once developments have been

completed. These concerns have to do with:

- the level, quality, continuity and cost of support services
- continued access of the residents to amenities (lounges, craft rooms, etc.) that developers claim to be providing
- ensuring that if concessions are made for supportive or affordable developments, the intended group actually receives the promised benefits on a permanent basis.

► Information and resources

Local governments, community groups and developers need to have useful information about supportive housing and enough resources to help them plan, build and manage it.

► Relationship between housing and health care services

Participants in the consultations frequently mentioned the need to look at the relationship between health care services and housing. They believed that supportive housing could play a role in maintaining and promoting the health of seniors and that care providers and housing providers should work together for this purpose. They saw the need to review how such services as help with activities of daily life, such as bathing, could be provided in non-licensed settings (i.e., housing).

There is a widely held belief that provision of supportive housing would reduce public health care costs and that needed services could be more efficiently and effectively provided in supportive housing settings.

► Consumer protection

Adequate measures should be in place to make sure that supportive housing meets the needs and expectations of residents. Consultation participants preferred a consumer protection model comparable to tenancy laws and other consumer legislation rather than facility licensing regulations. They felt that the licensing and inspection model reduces the self-sufficiency of older adults within their own living environments, adds to cost and creates a more institutional feel. However, participants saw a need to address gaps in existing laws regarding issues such as the marketing of housing and support services together, and the sale of life leases. At present, such matters are regulated under laws that did not envision a middle ground between independent housing and a licensed care facility.

"It's fun being here," said Linda Baird, the director of the Glenshiel, a congregate housing development across from Victoria's Beacon Hill Park. The building has had many lives, including a transient hotel. Now, it's home to 68 seniors. "Our rooms are small, but I encourage our residents to get out of their rooms. We have an active social program; we offer three meals a day; there's lots to do in our neighbourhood." The afternoon and evening tea breaks are some of the most popular times at the Glenshiel. People get together and chat about the weather, or anything else that's on their minds. "The friendships are genuine, and both residents and staff really care about how someone is doing," said Baird.

► Aging in place

Varying opinions were expressed on the concept of "aging in place." Some members of the consultation groups felt that supports should be available to seniors wherever they choose to live and that individuals should not be required to move if their support or health care needs increase. Others were concerned that if more services were provided to residents, a supportive housing development could gradually come to resemble a care facility. This shift would make the development less appealing for seniors who desire a more independent lifestyle.

Briefly put, there is agreement that people should be able to age "in their community." There is a wider range of opinion regarding whether they should be able to remain in a particular residence regardless of their care needs.

► First Nations' elders

First Nations elders who attended a special consultation in Victoria offered the following views:

- Most elders have a strong resistance to large collective housing, given their history in residential schools.
- Most elders want to live with or near their families, but do not wish to be a burden to their adult children. They felt that a well-designed housing development could accommodate a mix of age groups, allowing for both separation and interaction with families.
- Program and design standards for subsidized housing should allow for a family member to live with a senior and provide support and assistance. The arrangement should be flexible enough to allow periodic vacancies and changes of family members.
- Supportive housing for aboriginal elders should be operated by First Nations groups who share the elders' cultural perspectives.

Professionals' views

A group of service providers who work with seniors in the Capital Health Region was brought together to look at the local need for supportive housing and the role that the Regional Health Board could play in meeting this need.

The major points arising from the discussion were:

- A gap exists in the choices available to seniors between independent living in the community and long-term care facilities. Many seniors could benefit from a supportive housing option.
- Supportive housing can delay or prevent placement in a facility and could also be an option for people now in facilities whose health has improved since their admission.
- The people who could benefit from supportive housing are primarily low- and moderate-income seniors who live alone.
- Among the most important benefits supportive housing could offer to individuals are those that promote mental health, such as:
 - opportunities for socialization and friendship
 - a secure living environment, and
 - regular contact with staff and other residents who would be aware of changes in a resident's well-being.
- Communities should look at how support services can be delivered in buildings and neighbourhoods where many seniors live.
- More information is needed to determine who could benefit from supportive housing and to analyze potential costs and benefits.

Another group, made up of gerontologists, local government and health region representatives, housing providers and others, met at the Simon Fraser University's Gerontology Research Centre to discuss the findings from the consultations. Their comments included:

- Many people, even with mild levels of dementia, can remain living in the community if both housing and the surrounding neighbourhood are supportive.
- Support services should be attached to the individual and not the housing.
- Supportive housing should be part of a three-pronged approach which also includes home adaptation programs and home support services.
- A number of other countries and provinces have good models to look at.

They suggest:

- Examine newer forms of tenure (e.g., life leases) and devise appropriate laws to protect residents.
- Develop standards and guidelines for supportive housing covering location, services, design, tenure and staffing.
- Develop a resource centre to provide education and advice to groups who are considering developing supportive housing.
- Initiate and evaluate trial projects.

Literature review

Although the main activity of the Supportive Housing Review was the consultation meetings, the committee also reviewed international literature for further information about the role and effectiveness of supportive housing. The major findings of the literature review were:

- Potential residents of supportive housing tend to:
 - be 75 and over
 - live alone with inadequate supports
 - have a moderate disability
 - have a low income (assuming housing subsidies are available), and/or
 - be renters.

Four of Tabor Manor's units are offered on a life-lease. "The tenure in the other 34 is really a matter of what tenants want when they move in," said Sandra Henry, manager of the Abbotsford congregate housing development. "Right now, we've got a mix. It just depends on whether someone wants to put a lump sum down, or pay by the month." Residents, regardless of tenure, are offered the opportunity for a mid-day meal, as well as a wide variety of activities. "The best part of Tabor Manor is the atmosphere. Our residents share time together and watch out for each other, yet everyone still maintains their own life."

- Supportive housing can be useful for respite and recovery from illness of seniors living in private housing, in addition to housing permanent residents.
- Several studies in Europe and the United States found that supportive housing had lower costs than nursing homes.
- Supportive housing would be less expensive than institutional care only if those receiving assistance would otherwise have moved to a care facility. A new option such as supportive housing might also attract a new group of individuals who would otherwise receive few care services, and possibly live at risk (known as “the woodwork effect”).
- Studies in the United Kingdom and the Netherlands found that supportive housing prevents placement in nursing homes. These studies also found that those living in supportive housing reported greater well-being.
- If supportive housing is continually adapted to take care of the increasing frailty of residents who age in place, “institutional drift” can occur, making it difficult to attract new residents and raising costs toward the levels of facility care.
- The average length of residence in “very sheltered housing” (a form of supportive housing in the UK with relatively high levels of support services) is five years.
- A large number of seniors are able to stay in supportive housing until death, without experiencing lengthy illnesses that require them to be hospitalized or receive institutional care.

Benefits of supportive housing are:

- individual – increasing seniors’ security, peace of mind, opportunities for nutrition and social interaction
- societal – providing savings in health care expenditures, and
- familial – reducing stress for family caregivers.

The references cited in the review are included in the bibliography in Appendix 3.

In reviewing these findings, it is important to remember that several of the studies were carried out in the 1970s and 1980s. During this period, seniors who were living in care facilities tended to be younger and less frail than is true today. Because of changes in the health care system, seniors are now likely to remain in their homes longer, even though they may be frailer. This might be the group most interested in supportive housing.

Family living in a house is a defining characteristic of an Abbeyfield House. "Each of the seven residents can enjoy company in the living room, and we all get together in the dining room for lunch or dinner every day," said Connie Bailey of the Kelowna Abbeyfield. "Everyone respects the privacy of a closed bedroom door." The Kelowna Abbeyfield, one of the oldest in the province, is in a renovated old house, with shared bathrooms. "We look like many other houses on the street, complete with a flower garden maintained by a board member with help from our residents."

The Committee's Findings

The role of supportive housing

The committee finds that the role of supportive housing in a community is best expressed in terms of the social model of health, that is, health is primarily a function of being a participating and respected member of the community. To maintain and improve the health of our elderly citizens, we must look at their place in the community and support them as adults who still have a positive role to play. In order to give this support, we need to look first at the environment they live in to see how it helps or hinders them in carrying out their daily activities both inside and outside the home. The following aspects need to be considered:

- physical structure of the community (sidewalks, streets, steps, etc.)
- suitability of the home environment (safety, accessibility and ease of use)
- possibility of maintaining active social and cultural connections
- availability of services such as transportation, shopping, banking, and medical care.

There are many ways of making environments more enabling for individuals in the community, one of which is to combine housing, social opportunities and services in a supportive housing setting. After studying the information gained through research and consulting with people across BC, the committee concludes that:

- supportive housing is a practical housing option that can help seniors maintain their independence and links to the community
- supportive housing should be available alongside other housing options in every community
- a supportive housing environment promotes health by minimizing environmental demands, providing social opportunities and making specific services available as needed.

Good supportive housing can also help to reduce specific health problems associated with social isolation, such as depression, inadequate nutrition and poor hygiene. It can prevent accidents and provide short-term and long-term assistance to prevent temporary or

minor illnesses from escalating. However, it is important to emphasize that supportive housing is not a substitute for long-term care, and there will continue to be a need for high-quality hospital and residential care.

In recognizing and promoting the valuable role of supportive housing, there is a danger that individuals who need residential care might be kept inappropriately in supportive housing developments that cannot meet their needs, or that medical services might be offered in an unlicensed and inadequate environment. In other words, the purpose of supportive housing is to help individuals maintain independence, not to provide care. Mechanisms for timely transition from housing to care when required must be developed.

Supportive housing should be widely accessible to seniors in the province. It should be:

- affordable for seniors at all income levels, not only for those with higher incomes, as is the case with most existing developments
- available within local communities, so that residents are able to maintain their family and social connections.

Finally, the committee finds that local groups and individuals are most aware of the needs and preferences of their older citizens, and the form of supportive housing that would best meet their needs. The committee has therefore not set out to prescribe a single model for the whole province, but recognizes that there could be a variety of supportive housing developments, each suited to local characteristics and conditions.

Key policy issues

The committee found that there are several key policy issues that need to be explored further:

► Supportive communities

Factors in the environment can limit the ability of seniors (and others) to function independently and remain part of the community. To make a community more supportive for a senior, we need to:

- look at the person's residence to remove hazards and barriers to mobility

- ensure that the senior has easy access to community resources and services
- enable the person to maintain a social life in whatever way they prefer.

Improving the existing environment of seniors to accommodate their needs should be the first step. If needed improvements cannot be done successfully, moving to housing with fewer barriers in or near a more supportive community should be considered. A move to a supportive housing development may be the best alternative in some situations.

► Role of health care and home support services

Several aspects of the link between supportive housing and health care need to be examined:

- Support services may be offered to help people remain in regular housing, but they may also be provided in types of housing that are in themselves more supportive. Health professionals should be able to consider client needs holistically: looking at health, social and housing needs together. Referrals to supportive housing should be a viable option.
- Health services, whether temporary or long-term, need to be flexible and provided in a timely way in response to a person's changing needs wherever they live. There is a need to review the way in which these services are now being provided. In particular, we need to look at the current licensing and regulatory system which, we were repeatedly told, creates barriers to effective, affordable supportive housing.
- In many communities, it is possible to combine supportive housing with an assisted living development or a care facility on the same site. This, sometimes called the campus model, has many advantages: it makes it possible to share amenities such as dining room, bathing and emergency response; and if a person, or one member of a couple, does require residential care, there is no necessity for a disruptive move. Current admission and waitlist procedures, and policies about providing care services outside of facilities, need to be examined to make these shared developments work smoothly.

- The literature review suggests that supportive housing can reduce public costs by preventing or delaying a move to a care facility. In order to find out to what extent this would be true in British Columbia today, further research is needed. The research needs to take into account factors such as changes in health care delivery and the size and characteristics of the senior population. Those who took part in the Capital Region focus group also felt that supportive housing could be an option for some seniors who now live in facilities, but who no longer need all of the medical services being provided. It seems likely that good supportive housing could, for some, be an alternative to long-term institutional care, and this question should also be part of further research.

► Consumer protection

The statutes that regulate the relationship between residents and providers of independent housing recognize residents as consumers who are making a housing choice using the resources available to them.

The *Residential Tenancy Act*, for instance, sets out the rights and responsibilities of landlords and tenants and a procedure for resolving disputes. The key tenant protections are rights of quiet enjoyment and security of tenure. However, the Act was not written with supportive housing developments in mind and its application to them needs to be reviewed.

On the other hand, the licensing model used to regulate care facilities was also not developed to apply to supportive housing. One of the objectives of supportive housing is to help seniors maintain their independence. For that reason, a type of consumer protection model would appear to be more suitable for ensuring the protection of rights than one that directly regulates operators with little involvement of the residents.

It should be recognized that some residents are more dependent on supportive housing operators than occupants of housing where no services are provided. Others might need more support because of health considerations. More protective measures may therefore be justified, but it is important to make sure that the degree of regulation recognizes the professionalism of the housing providers and does not reduce the autonomy of the residents.

Another consumer protection issue is that, where large sums of money are paid in advance (e.g., life leases or advance fees for support services), it is essential to ensure that these funds are protected. They must be used for their intended purpose to benefit the resident and be subject to fair refund policies.

► Aging in place

The principle of aging in place means that seniors should be able to stay in their preferred living environments for as long as possible. This principle must be kept in mind when a senior is considering a move to supportive housing and what to do if their health fails while they are living there. Adjusting services to changing needs would be more helpful than requiring a person to move to new settings, i.e. care facilities, where the services are provided centrally. Moving to a new location demands changes in lifestyle and disturbs links with the larger community. These changes can seriously affect how individuals feel about themselves and reduce their sense of well-being.

However, if seniors are to age in place, all the necessary support services must be available. Each supportive housing operator will have to decide what type of supports to offer, and whether and how they should require residents to leave if their needs go beyond those that can be met by the operator and through home care. Some providers may aim to maintain an environment that is primarily housing, by establishing a clear requirement that a person must move if care needs increase beyond a certain point. Others may choose to support residents to a much greater degree. In either case, the consumer is entitled to a contract that clearly specifies the provider's exit policy. "Campus" models are one solution to the issues raised by the concept of aging in place.

► Affordability

Affordability, or cost to the occupant, is perhaps the major barrier preventing access to supportive housing. With a few exceptions, the monthly charges for congregate supportive housing in British Columbia begin in the \$1,200 range. It is estimated that the total incomes of about 43 per cent of elderly British Columbians fall below this level. Many more would have to spend very high proportions of their incomes to obtain supportive housing at this lower end of the

market. For instance, if we assume that supportive housing costs should not exceed two-thirds of income, 66 per cent of seniors could not afford to pay even the median cost of a studio suite in congregate housing (\$1,470)⁸.

Three-quarters of seniors in BC are homeowners, and many could use their equity for supportive housing. However, a large segment of the elderly population still could not afford it. This group includes renters, whose incomes tend to be lower than homeowners' incomes, and owners with limited equity, or monthly incomes too low to pay for services.

If the benefits to seniors of this form of housing are to be realized, ways to make it more affordable for lower- and middle-income seniors need to be explored. This exploration includes finding ways to lower the cost of development and looking at what income support is available to seniors.

► Planning and development assistance

The consultations indicated that many individuals and groups are interested in developing affordable supportive housing in their communities. Although many of these individuals and groups are capable and dedicated, they need additional resources, advice and help in planning and developing their projects, rather than having to “reinvent the wheel.” Many local governments are also looking for information and guidance on building and planning decisions in order to assist supportive housing initiatives and address community concerns.

► Emergency housing

Gaps have been identified in the services available for elderly persons who find themselves without housing because of emergency situations resulting from abuse, mental illness or personal crisis. Seniors sometimes find it difficult to access shelters and other assistance that are intended primarily for other groups. Most elderly persons in these situations could be helped if resources were available or mandates broadened to provide limited assistance that meets their immediate needs.

Recommendations for a Provincial Strategy for Supportive Housing

The Supportive Housing Steering Committee has five key recommendations to help make supportive housing a realistic option for seniors across the province. Some require action by the lead ministries responsible for housing and health, but others will require the participation of other ministries, agencies, local governments, regional health authorities and community groups. These recommendations are presented as a first step toward the creation of partnerships and coordination of efforts among all the parties that can contribute to a solid supportive housing plan.

1. Assist local governments to address market and non-market supportive housing initiatives in their communities.
 - 1.1 Review the *Municipal Act* to ensure that local governments have the powers and planning tools they need both to encourage supportive housing and to ensure that providers satisfy the commitments they make on application. This review requires the preparation of a discussion paper, further consultation with local governments and other interested parties, and drawing up final recommendations.
 - 1.2 Review the Building Code and Fire Code to make clear what the requirements are for supportive housing intended for use by frail elderly persons. This review could result in recommendations for revisions to the codes and/or guidelines to advise local governments on how to apply the codes to supportive housing.
 - 1.3 Develop a resource centre with information for local government officials and interested citizens on housing options suitable for seniors with various levels of abilities and resources. Information would include demographic information, best practices, sample bylaws and design and planning guidelines for non-licensed settings.

- 1.4 Develop educational material and models that local governments can adopt (e.g., a model zoning bylaw, model housing agreement, locational criteria, design guidelines, sources of development assistance, and strategies for improving affordability and neighbourhood acceptance).
- 1.5 Provide information to local governments on ways they can help to make supportive housing affordable for their senior populations through contributions of land and other resources.

Work accomplished to date:

- A resource centre has been established in the Housing Policy Section of the Ministry of Social Development and Economic Security. Lists of resources and references on supportive housing and supportive communities, including publications, web sites and organizations, have been compiled and linked to the web pages of the housing ministry⁹ and the Ministry of Health & Ministry Responsible for Seniors¹⁰. Several fact sheets for local governments, community groups and individuals interested in supportive housing have been produced, and several more are planned.
 - A supportive housing policy and bylaw guide for local governments was published in July 1999.
 - In 1999-2000, changes to the *Municipal Act* by the Ministry of Social Development and Economic Security will address planning and land use. This process will provide an opportunity to review issues related to supportive housing.
 - A review of the Building Code and Fire Code has begun.
2. Coordinate health and housing policies and practices to define the role of supportive housing.
 - 2.1 Review the licensing and regulation of certain services, such as assistance with activities of daily living and emergency assistance, within the continuing care system to find out if they could be delivered more effectively in supportive housing settings. The objective of this review is to look at ways that seniors could receive required services in supportive housing, rather than having to move into a licensed setting. Consideration should be given to including these services within a consumer protection model, rather than requiring licensing (see section 4 on page 27).

- 2.2 Develop policies for the efficient and flexible delivery of home care services in supportive housing (e.g., coordinating the delivery of services within the building). Likewise, improve the links between care facilities, assisted living developments and supportive housing, especially where they are on the same site. In particular, remove barriers that may prevent staff of care facilities from assisting residents of nearby supportive housing.
- 2.3 Set up pilot projects, including a well-structured evaluation component, to find out how supportive housing could prevent or delay the need for long-term care, and what cost savings the prevention or delay might realize.
- 2.4 Encourage health authorities and provincial ministries to consider directing resources (both capital and operating) to supportive housing in partnership with housing providers, as a health promotion strategy. Gather and make available material on projects that have been successful.
- 2.5 Create strong links between health and housing to ensure that staff are well informed about one another's roles, and are working effectively together.

Work accomplished to date:

- The Continuing Care Review will include recommendations addressing the contributions that supportive communities and supportive housing can make to seniors' health.
- The co-chairs of the Supportive Housing Review have met with the licensing staff in the Ministry of Health & Ministry Responsible for Seniors and set up a way of working together on common issues relating to care and housing.
- British Columbia has been leading a discussion with federal, provincial and territorial ministers responsible for seniors regarding the need for consumer protection and the availability of home care services in supportive housing.

3. Develop strategies to make supportive housing more affordable for low- and middle-income seniors.
 - 3.1 Consider subsidizing both the shelter and support components of supportive housing as a preventive health measure that could reduce longer-term human and financial costs.
 - 3.2 Provide technical advice to groups, especially outside the Lower Mainland, who are trying to create affordable supportive housing in their communities but lack sufficient knowledge of the planning and development process.
 - 3.3 Encourage partnerships among government agencies, such as BC Housing, health authorities and community and local government groups that are prepared to help finance supportive housing projects.
 - 3.4 Work with BC Housing to look at the lessons which can be learned from its Sunset Towers Demonstration Project, a program designed to provide outreach to seniors and to improve the overall coordination of services in the building. Identify ways in which such a project may be possible in other parts of the province.
 - 3.5 Ensure that good evaluation plans are in place for subsidized supportive housing developments.

Work accomplished to date:

- In June 1999, the provincial government announced that HOMES BC, the Province's housing program, will assist non-profit housing groups to enter into partnerships with health authorities, local governments and community groups to provide supportive housing for seniors. A minimum of 200 affordable supportive housing units will be subsidized through these partnerships. This program will be evaluated as it proceeds.
- The BC Housing pilot project at Sunset Towers is under way and includes an ongoing review.

4. Introduce consumer protection measures that recognize seniors living in supportive housing as consumers who make decisions on their own behalf, as in other types of housing.
 - 4.1 Identify gaps and issues in current legislation and regulations and develop appropriate measures to address three major topics:
 - issues of tenure relating to the purchase, rental and leasing of accommodation and the contractual relationship between residents and supportive housing providers
 - issues relating to the physical quality and design of structures, units and social areas
 - issues relating to the stability and quality of supportive housing services.

Proposed measures might include legislation and regulations, non-legislative options such as voluntary standards, models and guidelines, or a combination of both. This recommendation will require working with the supportive housing industry, both for-profit and non-profit, to develop standards and guidelines. It will also require an intensive and thorough process of consultation and policy development.

- 4.2 Develop a regulatory framework appropriate for life leases, a tenure option that is gaining in popularity but is not completely addressed by existing legislation.
- 4.3 Promote awareness of consumer issues related to supportive housing through educational activities targeted toward seniors, service providers and various levels of government.
- 4.4 Compile educational material on consumer issues that will be helpful to providers of supportive housing (e.g., best practices guide), and make it available through publications and the ministries' web sites.

Work accomplished to date:

- The Consumer Policy and Program Development Division of the Ministry of Attorney General is reviewing the possible expansion of the *Residential Tenancy Act* to clarify issues which it does not currently address, including life leases. The Housing Policy Section of the Ministry of Social Development and Economic Security has been reviewing the regulation of life leases, including:
 - a review of current BC legislation affecting life leases
 - research to identify consumer protection and other issues, and
 - a survey of initiatives being taken in other provinces in this regard.

The two ministries are coordinating their efforts. Initial work on developing standards and guidelines for supportive housing is also under way.

5. Develop measures to address the housing and support needs of seniors in emergency situations.
 - 5.1 Work with the Ministries of Social Development and Economic Security, Health (Adult Mental Health Division and Women's Health Bureau) and Women's Equality, BC Housing, health authorities, local governments and service providers to formulate and implement ways to help seniors through crisis situations and to find longer-term solutions to their shelter and support needs.

Work accomplished to date:

- This issue has been referred to an interministry committee within the provincial government that addresses special needs housing.

Appendix 1 - Glossary

- *Abbeyfield housing* is a type of shared supportive housing based on a model developed in Great Britain, which is becoming common in British Columbia. Usually, an Abbeyfield resembles a large house. Residents have a private room, and perhaps their own bathroom, but other living spaces are shared with 10 to 12 other residents. A housekeeper usually provides meals, cleaning and other support. Variations on the Abbeyfield model, with a different housing form or perhaps more residents, are more generally called *group homes*.
- *Assisted living* is a term commonly used in the United States to refer to supportive housing. In the US health care system, assisted living units may include levels of personal and intermediate care. In Canada, assisted living that offers personal care services is beginning to be available.
- A *care facility* is a residence where health services and assistance with activities of daily living are provided by health care and rehabilitation staff. Residents have private or shared rooms; a common dining room and program space are also provided. To qualify to live in a publicly funded care facility, residents are assessed as requiring this level of continuing care. Whether publicly or privately funded, care facilities must be regulated under either the *Community Care Facility Act*, or the *Hospital Act*. Some residential care settings are not required to be licensed because of the small number of residents and/or the type of care provided.
- *Congregate housing* is a type of supportive housing in which each household has a self-contained unit with at least a small kitchen. A dining room and other recreational areas are usually found on site.
- *Home support* and *home nursing* are personal and medical services provided to individuals in their homes to prevent their having to move to a care facility. Individuals who receive these services may live in detached homes, apartments or supportive housing. These services are offered by regional health authorities, community health councils, community health service societies and by private service agencies.

- *Life lease* is a tenure agreement that permits a purchaser to occupy a dwelling unit for life through the payment of an entrance fee and monthly operating fees. The entrance fee may be equal to or less than the value of the unit if it were a condominium, and is usually refundable when the lessee dies or terminates the lease. Some, but not all, life lease projects offer support services.
- *Market housing*, which may be either independent or supportive housing, is provided by the private sector at rates that reflect market values.
- *Multilevel care* refers to care facilities that provide intermediate and extended care at several levels, in which residents can easily move from one level to another.
- *Naturally occurring retirement communities* are buildings or neighbourhoods where many seniors live, usually attracted by a convenient location, appropriate housing and the availability of services. These neighbourhoods often in fact provide supportive housing, but are rarely referred to as such.
- *Non-market seniors' housing* includes subsidized housing, as well as housing that is provided by housing societies, churches, service clubs, etc. without government subsidy but on a non-profit basis. It includes both independent and supportive housing.
- *Seniors' housing* is any type of housing that is restricted to residents over a given age, usually 55, 60 or 65 years.
- *Subsidized seniors' housing* refers to housing built through various federal and provincial programs for seniors who have relatively low incomes. Since the subsidies apply only to the physical housing unit, most such housing is intended for independent seniors, with no on-site services provided.

Appendix 2 - Estimating the need and demand for supportive housing

It is difficult to estimate the need and demand for supportive housing with any accuracy. The first source used for this paper is a 1990 study by Optimal Environments, Inc.¹¹, which defines the need group as seniors aged 75 and over who have moderate or severe functional impairment. In that study, the total number of individuals in British Columbia with impairments was obtained from the 1987 Health and Activity Limitation Survey and projected to 1990. This includes all those who require services, whether these services would be provided in their existing homes or in supportive housing. The next step is to separate out those who are currently receiving home support, and the remainder is considered the gross unmet need for supportive housing. Using this method, the 1990 gross unmet need for supportive housing was estimated at 10,984 or 2.6 per cent of the 1990 senior population. An unknown portion of this need was, in actual fact, accommodated by existing supportive housing.

This estimate was updated to 1999 using BC Stats population projections¹² and Ministry of Health statistics on home support recipients:

Estimated population aged 65 and over	525,400
Estimated population aged 75 and over	240,400
Estimated population 75+ requiring services	55,047
Population 75+ receiving home support	35,156
Estimated need for supportive housing	19,891 (3.8 per cent of population 65+)

In this estimation model, the availability of, and seniors' preferences for, home support services are key determinants of the need for supportive housing. Between 1990 and 1999, the proportion of seniors aged 75 and over who received home support services declined from 16.3 per cent to 14.6 per cent. This caused a rise in the need calculation for supportive housing, from 2.6 per cent to 3.8 per cent of the senior population. The assumption underlying this model is that supportive housing would be the most appropriate option for individuals with some impairment who do not currently receive home support. More

information about this population and about the delivery of home support services would be required to check the validity of these assumptions.

In many parts of the province, supportive housing is not available or affordable for large numbers of seniors. A change in these conditions may shift some of the demand for home support services to supportive housing. Similarly, some residents of care facilities would also be able to live in a supportive housing environment if it were a realistic option for them.

Adjusting for these considerations, the following scenario assumes that:

- supportive housing would be appropriate for two-thirds (rather than all) of those seniors with moderate or severe functional impairments not currently receiving home support services, if it were available and affordable
- supportive housing could draw 10 per cent of current home support recipients
- supportive housing could draw 5 per cent of care facility residents.

Seniors with functional impairments:	
Not receiving home support (2/3)	13,261
Home support recipients (10%)	3,516
Residential care recipients (5%)	1,471
Estimated need for supportive housing	18,248 (3.5 per cent of population 65+)

These refinements have only a small effect on the estimate. Further refinements could also be added, such as estimating the number of people between the ages of 65 and 74 with functional impairments. However, the overall methodology for deriving the estimate appears logical, and the results for 1999 are compared to the estimates of other researchers:

Toward a Better Age ¹³	1-3 per cent of elderly population (65+)
Murray ¹⁴	3-5 per cent
Heumann and Boldy ¹⁵	4-5 per cent
Kelly ¹⁶	10 per cent (need); 2.6 per cent (utilization rate)

As our estimate falls within the lower range of the other available estimates, the parameters of 3 and 5 per cent of the senior citizen population (65+) appear to be a reasonable range for the purposes of this paper. The estimate for BC in 1999 is expressed as the midpoint of 4 per cent, or 21,000. The parameters of 3 and 5 per cent translate into a range of 16,000 to 26,000.

To project the estimate to 2021, it is necessary to adjust for the changing composition of the 65-plus age cohort. As the baby boom generation enters this age group beginning in the 2010s, it will swell the number of younger seniors. Using parameters based on the current composition of the population aged 65 and over to project to 2021 would result in an overestimate of the population that may be attracted to supportive housing, which is predominantly aged 75 and over. The estimate is therefore based on the projected growth rate of the 75-plus cohort from 1999 to 2021 (70 per cent), rather than that of the entire senior population (93 per cent). This produces a mid-point estimate of 36,000, with a range of approximately 27,000 to 45,000.

There is relatively little supportive housing available, and affordability is a strong intervening variable. For this reason, no attempt has been made to assess how the estimate of *need* for supportive housing might translate into a future *demand* for market or non-market supportive housing.

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- 2 Data sources for this section are BC Stats population forecast 98/03 and the Ministry of Health Information Management Group.
- 3 Gloria Gutman, Mary Ann Clarke Scott and Nancy Gnaedinger, *Housing Options for Older Canadians: Case Studies and User Satisfaction*. Ottawa: Canada Mortgage and Housing Corporation (forthcoming).
- 4 Services include in-home nursing care for clients requiring chronic, acute, palliative or rehabilitative support.
- 5 Home support services include personal assistance with activities such as bathing, dressing and grooming and meals.
- 6 Community rehabilitation services include physiotherapy, occupational therapy, speech pathology and audiology.
- 7 A care facility is a residence where health services and assistance with activities of daily living are provided by health care and rehabilitation staff. More information about care facilities can be found in Appendix 1.
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Introduction

The number of seniors in British Columbia is increasing, and many communities are facing the challenge of providing alternative housing for their older citizens. Supportive housing is a type of housing that combines independent living spaces with support services. It is being looked at by many communities as a housing option that enables older adults to remain living in the community for as long as they are able and wish to do so.

In 1997, twelve British Columbia municipalities asked the provincial government to research possible barriers to supportive housing and to clarify the part that the Province and local governments should take in encouraging this kind of housing. As a result, the Supportive Housing Review Steering Committee was formed, made up of provincial, municipal and regional government and health authority representatives. The intent of the review was to design a policy and legal framework within which communities could develop both market and non-market supportive housing for seniors in British Columbia.

The committee gathered information and opinions on supportive housing from groups of people across the province throughout 1998. This report of the committee’s findings was prepared by the Housing Policy Section of the Ministry of Social Development and Economic Security and the Ministry of Health & Ministry Responsible for Seniors, who co-chaired the Review.

The report will be of interest to local government staff and elected officials. Other partners and interested individuals and groups such as health authorities, non-profit organizations and the general public will also find it useful.

Although the focus of this review is on seniors, supportive housing can also meet the needs of others, such as individuals with physical or mental illnesses or addictions.

What is supportive housing?

The term “supportive housing,” as used in the consultations and in this report, is defined as follows:

Supportive housing combines building features and personal services to enable people to remain living in the community as long as they are able and choose to do so. It is *housing* with a combination of support services, including, at a minimum:

- a private space with a lockable door
- a safe and barrier-free environment
- monitoring and emergency response
- at least one meal a day available, and
- housekeeping, laundry and recreational opportunities.

Nursing and other health-related services are delivered by the local health authority through special arrangements or as they would be to any other individuals living independently in the community.

When asked what they thought were the most important services, seniors living in supportive housing in Winnipeg said:

- *emergency help*
- *24-hour security, and*
- *weekly cleaning.*¹

Supportive housing is a supportive, but not a health-care environment. It is different from assisted living, where care services are offered on site, usually on an as-needed, flexible basis. While assisted living is a form of care that takes place in a housing-type setting, supportive housing is first and foremost *housing* that reduces day-to-day demands on residents, and who continue in most respects to take care of their own affairs. Supportive housing is not regulated as a care facility; assurance of quality is provided through consumer protection measures, primarily the contract or occupancy agreement between the resident and the housing provider.

Supportive housing can be *self-contained*, with full, private living units in combination with common dining and social spaces. It can also be *shared*, with private rooms but shared kitchen, dining and social areas. It can exist within a variety of housing settings, ranging from apartment buildings to shared houses to manufactured home parks. (Appendix 1 has a glossary of terms to describe various types of supportive housing.)

A person living in supportive housing can:

- own, i.e., a condominium (strata title)
- rent
- lease, or
- be a member of a housing co-op.

Supportive housing may be purpose-built, or it may be existing housing that has been modified, such as a renovated hotel, large house or manufactured home park. Services may be provided on site or in the surrounding community. Residents who live in supportive housing usually participate in both the small community of their housing complex and the wider community of which they are citizens.

Seniors might choose to live in a supportive environment for several reasons:

- a central location
- health and safety considerations
- opportunities for company and recreation
- reduced housekeeping and home maintenance tasks, and
- improved nutrition.

They might move in as the result of an immediate need, or as a way of planning for the future when their needs might change.

Although supportive housing has appeal for many seniors, it can be of particular benefit to those who:

- have difficulty with tasks such as meal preparation, grocery shopping and regular home cleaning and maintenance
- have little social contact, causing a negative effect on mental and physical health
- have safety or security concerns
- are living alone.

While home support and home nursing services exist to help older persons remain in their homes longer, some seniors have needs that home support and home nursing services cannot meet. Others prefer to receive the services in a more sociable environment. Supportive housing can offer seniors companionship and a stronger sense of security than they might have living alone.

“Everybody is so friendly; the staff are wonderful,” is how Marjorie Adamson described her congregate housing development on the eve of her 95th birthday. She enjoys her large one-bedroom apartment in Princeton. “Many of my friends in the Lower Mainland have a much smaller place with a much higher rent.” After living there for two years, she remains one of its most vocal fans: “I like the atmosphere of this place.”

As with independent housing in the community, residents pay for supportive housing through the combination of private and public resources available to them, e.g., pensions, savings and the Shelter Aid for Elderly Renters (SAFER) rent supplement. As well, if support or care services are needed, the individual pays for them directly, receives them through the home support/home care system, or both.

Supportive housing enables people to remain living in their community. It follows that the community must also be supportive in the sense that residents can easily reach stores, banks, community centres, parks and entertainment, and that friends and relatives can easily visit them. This means that supportive housing is generally centrally located and that both pedestrian routes and public transportation are accessible and well maintained.

Further information on supportive housing is available through the Ministry of Social Development and Economic Security and the Ministry of Health web sites:
www.sdes.gov.bc.ca and www.hlth.gov.bc.ca/seniors/index.html

The Supportive Housing Review

The Supportive Housing Review Steering Committee was made up of representatives of the following agencies:

- Housing Policy Section, now located in the Ministry of Social Development and Economic Security
- Ministry of Health & Ministry Responsible for Seniors, Office for Seniors and Senior Citizen Counsellors
- Ministry of Health, Regional Programs
- Ministry of Attorney General, Consumer Policy and Program Development Division
- City of Burnaby, Planning and Building Department
- Capital Region Housing Corporation
- Capital Regional District, Health Facilities Planning
- Capital Health Region, Geriatric Programs

The committee gathered information and opinions on supportive housing from groups of people across the province. Participants in the groups included representatives from local government planning departments, health professionals, senior citizen counsellors, representatives of community-based organizations, and housing

providers, both private and non-profit.

One set of meetings focused on local government planning issues, such as building, land-use and development regulations, safety, accessible design and local government powers and responsibilities. These municipal consultations were held in Burnaby, Cranbrook, Kelowna, Terrace, Victoria and Courtenay.

A second set of meetings looked at seniors' perspectives on supportive housing, and

"Food is one important element that brings people together in Dania," said Margaret Douglas-Matthews of the Dania Society, a congregate housing development that's been in Burnaby for 50 years. "Meals are offered family style, on platters, so people can choose how much they want. We find people are healthier through the socializing that this brings." Room service from the adjacent long-term care facility is available for any of the 120 people living in Dania's three buildings who may be recovering from a short-term illness. Residents also have a choice of a wide variety of activities – some run by volunteers, and others arranged by staff.

what may be needed to help residents make sure that the housing and services they are paying for meet their requirements. These “consumer” consultations were held in Cranbrook, Prince George, Saltspring Island, Penticton, Vancouver and Abbotsford, with an additional session focusing on First Nations’ views held in Victoria.

This consultation was not separately funded, but was carried out within the regular workload and budgets of the provincial ministries involved.

The purpose of the consultations was to find out:

- whether communities around the province were interested in supportive housing
- what challenges they were facing in planning and setting up supportive housing.

The information gathered is being used in provincial planning for supportive housing.

In addition to consulting with people across BC, the committee researched the need for supportive housing and to what extent it might reduce the need for facility care. A group of professionals who provide services to seniors in Greater Victoria and an expert group assembled at the Simon Fraser University’s Gerontology Research Centre were brought together to comment on this issue and on the consultation findings.

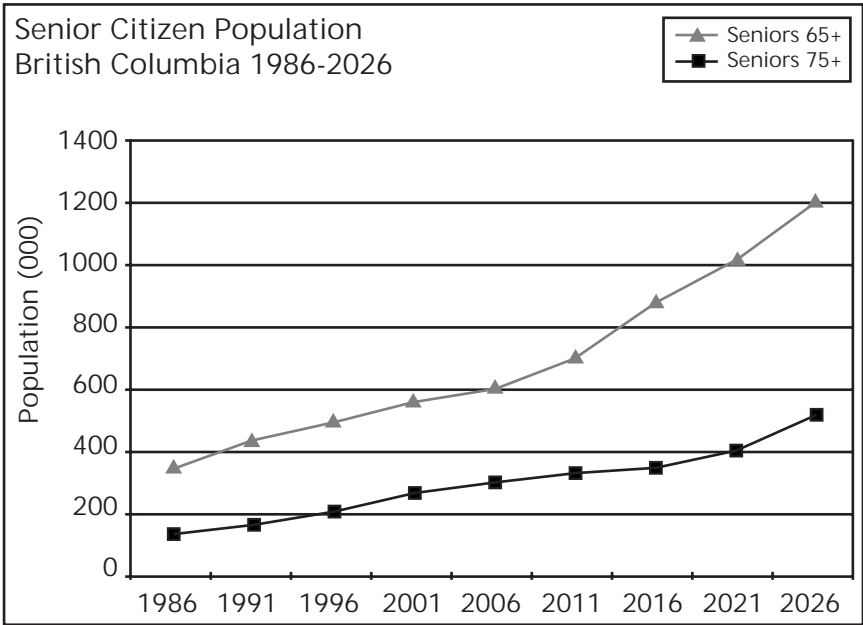
At the same time as the Supportive Housing Review, the Ministry of Health has been reviewing continuing care services in British Columbia. The purpose of that review is to make recommendations to the Ministry of Health & Ministry Responsible for Seniors on how best to govern, manage and deliver continuing care services within the general health care system. The two committees have kept each other informed of the work they are doing and their recommendations.

What the Committee Heard

The need for supportive housing ²

The Canadian Medical Association, the National Advisory Council on Aging and the BC Seniors' Advisory Council have all stressed the importance of providing supportive housing options for seniors. A 1996-97 national study confirmed the demand and showed that people who lived in such housing tended to be very satisfied with it³.

Studies show that supportive housing would appeal to seniors in all age groups, but primarily to those aged 75 and over. The accompanying graph shows the past and projected growth of this population in British Columbia from 1986 to 2026. There are currently 240,000 people aged 75 and over in BC, and this number is projected to rise to 408,000 by 2021. The number of individuals who are 75 and over will grow by 70 percent in this time period, while the total BC population will grow by only 40 percent.



Only a small portion of people in the 75-plus age group would choose supportive housing. Many would continue to live in their own homes, with or without home support or home care, or live in care facilities.

"It's wonderful here," said Robert Smith, 80, a resident of Victoria's Glenshiel. "It's not quite like having a wife who you love dearly, but it's the next best thing. The people here are kind, and I can live with dignity." The converted hotel offers common dining, as well as housekeeping and laundry services. Television and local telephone charges are part of the basic package. "It's a central location, and lovely and clean. I like the fact that there's no profit element in the charges, and the price is modest enough that I have spending money every month."

The following statistics show the current use of services among this population:

- 7 per cent receive home nursing⁴
- 15 per cent receive home support⁵ (assistance with everyday tasks)
- 5 per cent receive community rehabilitation services⁶ such as physiotherapy
- 12 per cent are living in care facilities⁷.

Some individuals are receiving services in more than one of the above categories.

The group of people who might choose supportive housing would include both those currently living in their own homes and residents of care facilities who could live more independently if they had the choice and the supports they need.

At present, it is estimated there are 21,000 seniors in British Columbia who could benefit from supportive

housing. This is a gross estimate and includes seniors who are already living in supportive housing. At currently projected growth rates, the estimate for the year 2021 is roughly 36,000. This estimate is based on the findings of several researchers and is discussed in more detail in Appendix 2.

Local government and community views

The aim of the consultation process in the Supportive Housing Review was to find out what selected groups of people thought of supportive housing. Virtually all participants in the consultations felt that supportive housing could address real needs in their communities. They agreed that the services provided should be limited to those of a non-medical nature. The major themes discussed were:

► Definition

The working definition presented at the beginning of this report reflects the consensus on what supportive housing is. Meals were not included in the working definition presented at the consultations, but it was finally agreed that at least one meal a day should be

available for residents in order for a development to be considered supportive housing. It was also pointed out that the definition should include existing housing that can be made more supportive, as well as new residences built for the purpose. Many housing developments that already exist, such as non-profit and private rental buildings with caring managers and neighbours, are in fact a form of supportive housing.

► **Affordability**

Affordability, that is, cost to the occupant, is a major issue. Seniors with higher incomes can find good supportive housing, at least in urban areas, but many low-income seniors have no access to supportive housing at all. People who took part in the consultations were concerned that if government applied unnecessarily high standards to buildings and services, supportive housing would be less affordable, and therefore less accessible to many seniors. In particular, there was strong agreement that supportive housing should not be required to meet facility licensing standards, both because these standards add to costs and because they make a building look and feel institutional. On the other hand, participants recognized that a reasonable standard of quality must be maintained.

In smaller communities, there is often little supportive housing available even for those with higher incomes. This raises the need to consider mixed-income developments in which some units are subsidized but others are available at a higher cost, so that all members of the community have access to them.

Another aspect of affordability is the ongoing cost of services. Although residents of supportive housing pay for certain services out of their own resources, participants felt that such developments provide an opportunity for regional health authorities to coordinate the provision of home support and home care services to reduce costs for recipients.

► **Needs of local governments**

Local governments expressed a need for planning tools and changes in regulations to help them deal with proposals for supportive housing developments. Requirements under the Building Code and Fire Code, or the way the codes are interpreted, might discourage the development of supportive housing. As well, local governments need to ensure that developments meet standards and conditions that reflect community concerns, and that these are enforceable once developments have been

completed. These concerns have to do with:

- the level, quality, continuity and cost of support services
- continued access of the residents to amenities (lounges, craft rooms, etc.) that developers claim to be providing
- ensuring that if concessions are made for supportive or affordable developments, the intended group actually receives the promised benefits on a permanent basis.

► Information and resources

Local governments, community groups and developers need to have useful information about supportive housing and enough resources to help them plan, build and manage it.

► Relationship between housing and health care services

Participants in the consultations frequently mentioned the need to look at the relationship between health care services and housing. They believed that supportive housing could play a role in maintaining and promoting the health of seniors and that care providers and housing providers should work together for this purpose. They saw the need to review how such services as help with activities of daily life, such as bathing, could be provided in non-licensed settings (i.e., housing).

There is a widely held belief that provision of supportive housing would reduce public health care costs and that needed services could be more efficiently and effectively provided in supportive housing settings.

► Consumer protection

Adequate measures should be in place to make sure that supportive housing meets the needs and expectations of residents. Consultation participants preferred a consumer protection model comparable to tenancy laws and other consumer legislation rather than facility licensing regulations. They felt that the licensing and inspection model reduces the self-sufficiency of older adults within their own living environments, adds to cost and creates a more institutional feel. However, participants saw a need to address gaps in existing laws regarding issues such as the marketing of housing and support services together, and the sale of life leases. At present, such matters are regulated under laws that did not envision a middle ground between independent housing and a licensed care facility.

"It's fun being here," said Linda Baird, the director of the Glenshiel, a congregate housing development across from Victoria's Beacon Hill Park. The building has had many lives, including a transient hotel. Now, it's home to 68 seniors. "Our rooms are small, but I encourage our residents to get out of their rooms. We have an active social program; we offer three meals a day; there's lots to do in our neighbourhood." The afternoon and evening tea breaks are some of the most popular times at the Glenshiel. People get together and chat about the weather, or anything else that's on their minds. "The friendships are genuine, and both residents and staff really care about how someone is doing," said Baird.

► Aging in place

Varying opinions were expressed on the concept of "aging in place." Some members of the consultation groups felt that supports should be available to seniors wherever they choose to live and that individuals should not be required to move if their support or health care needs increase. Others were concerned that if more services were provided to residents, a supportive housing development could gradually come to resemble a care facility. This shift would make the development less appealing for seniors who desire a more independent lifestyle.

Briefly put, there is agreement that people should be able to age "in their community." There is a wider range of opinion regarding whether they should be able to remain in a particular residence regardless of their care needs.

► First Nations' elders

First Nations elders who attended a special consultation in Victoria offered the following views:

- Most elders have a strong resistance to large collective housing, given their history in residential schools.
- Most elders want to live with or near their families, but do not wish to be a burden to their adult children. They felt that a well-designed housing development could accommodate a mix of age groups, allowing for both separation and interaction with families.
- Program and design standards for subsidized housing should allow for a family member to live with a senior and provide support and assistance. The arrangement should be flexible enough to allow periodic vacancies and changes of family members.
- Supportive housing for aboriginal elders should be operated by First Nations groups who share the elders' cultural perspectives.

Professionals' views

A group of service providers who work with seniors in the Capital Health Region was brought together to look at the local need for supportive housing and the role that the Regional Health Board could play in meeting this need.

The major points arising from the discussion were:

- A gap exists in the choices available to seniors between independent living in the community and long-term care facilities. Many seniors could benefit from a supportive housing option.
- Supportive housing can delay or prevent placement in a facility and could also be an option for people now in facilities whose health has improved since their admission.
- The people who could benefit from supportive housing are primarily low- and moderate-income seniors who live alone.
- Among the most important benefits supportive housing could offer to individuals are those that promote mental health, such as:
 - opportunities for socialization and friendship
 - a secure living environment, and
 - regular contact with staff and other residents who would be aware of changes in a resident's well-being.
- Communities should look at how support services can be delivered in buildings and neighbourhoods where many seniors live.
- More information is needed to determine who could benefit from supportive housing and to analyze potential costs and benefits.

Another group, made up of gerontologists, local government and health region representatives, housing providers and others, met at the Simon Fraser University's Gerontology Research Centre to discuss the findings from the consultations. Their comments included:

- Many people, even with mild levels of dementia, can remain living in the community if both housing and the surrounding neighbourhood are supportive.
- Support services should be attached to the individual and not the housing.
- Supportive housing should be part of a three-pronged approach which also includes home adaptation programs and home support services.
- A number of other countries and provinces have good models to look at.

They suggest:

- Examine newer forms of tenure (e.g., life leases) and devise appropriate laws to protect residents.
- Develop standards and guidelines for supportive housing covering location, services, design, tenure and staffing.
- Develop a resource centre to provide education and advice to groups who are considering developing supportive housing.
- Initiate and evaluate trial projects.

Literature review

Although the main activity of the Supportive Housing Review was the consultation meetings, the committee also reviewed international literature for further information about the role and effectiveness of supportive housing. The major findings of the literature review were:

- Potential residents of supportive housing tend to:
 - be 75 and over
 - live alone with inadequate supports
 - have a moderate disability
 - have a low income (assuming housing subsidies are available), and/or
 - be renters.

Four of Tabor Manor's units are offered on a life-lease. "The tenure in the other 34 is really a matter of what tenants want when they move in," said Sandra Henry, manager of the Abbotsford congregate housing development. "Right now, we've got a mix. It just depends on whether someone wants to put a lump sum down, or pay by the month." Residents, regardless of tenure, are offered the opportunity for a mid-day meal, as well as a wide variety of activities. "The best part of Tabor Manor is the atmosphere. Our residents share time together and watch out for each other, yet everyone still maintains their own life."

- Supportive housing can be useful for respite and recovery from illness of seniors living in private housing, in addition to housing permanent residents.
- Several studies in Europe and the United States found that supportive housing had lower costs than nursing homes.
- Supportive housing would be less expensive than institutional care only if those receiving assistance would otherwise have moved to a care facility. A new option such as supportive housing might also attract a new group of individuals who would otherwise receive few care services, and possibly live at risk (known as “the woodwork effect”).
- Studies in the United Kingdom and the Netherlands found that supportive housing prevents placement in nursing homes. These studies also found that those living in supportive housing reported greater well-being.
- If supportive housing is continually adapted to take care of the increasing frailty of residents who age in place, “institutional drift” can occur, making it difficult to attract new residents and raising costs toward the levels of facility care.
- The average length of residence in “very sheltered housing” (a form of supportive housing in the UK with relatively high levels of support services) is five years.
- A large number of seniors are able to stay in supportive housing until death, without experiencing lengthy illnesses that require them to be hospitalized or receive institutional care.

Benefits of supportive housing are:

- individual – increasing seniors’ security, peace of mind, opportunities for nutrition and social interaction
- societal – providing savings in health care expenditures, and
- familial – reducing stress for family caregivers.

The references cited in the review are included in the bibliography in Appendix 3.

In reviewing these findings, it is important to remember that several of the studies were carried out in the 1970s and 1980s. During this period, seniors who were living in care facilities tended to be younger and less frail than is true today. Because of changes in the health care system, seniors are now likely to remain in their homes longer, even though they may be frailer. This might be the group most interested in supportive housing.

Family living in a house is a defining characteristic of an Abbeyfield House. "Each of the seven residents can enjoy company in the living room, and we all get together in the dining room for lunch or dinner every day," said Connie Bailey of the Kelowna Abbeyfield. "Everyone respects the privacy of a closed bedroom door." The Kelowna Abbeyfield, one of the oldest in the province, is in a renovated old house, with shared bathrooms. "We look like many other houses on the street, complete with a flower garden maintained by a board member with help from our residents."

The Committee's Findings

The role of supportive housing

The committee finds that the role of supportive housing in a community is best expressed in terms of the social model of health, that is, health is primarily a function of being a participating and respected member of the community. To maintain and improve the health of our elderly citizens, we must look at their place in the community and support them as adults who still have a positive role to play. In order to give this support, we need to look first at the environment they live in to see how it helps or hinders them in carrying out their daily activities both inside and outside the home. The following aspects need to be considered:

- physical structure of the community (sidewalks, streets, steps, etc.)
- suitability of the home environment (safety, accessibility and ease of use)
- possibility of maintaining active social and cultural connections
- availability of services such as transportation, shopping, banking, and medical care.

There are many ways of making environments more enabling for individuals in the community, one of which is to combine housing, social opportunities and services in a supportive housing setting. After studying the information gained through research and consulting with people across BC, the committee concludes that:

- supportive housing is a practical housing option that can help seniors maintain their independence and links to the community
- supportive housing should be available alongside other housing options in every community
- a supportive housing environment promotes health by minimizing environmental demands, providing social opportunities and making specific services available as needed.

Good supportive housing can also help to reduce specific health problems associated with social isolation, such as depression, inadequate nutrition and poor hygiene. It can prevent accidents and provide short-term and long-term assistance to prevent temporary or

minor illnesses from escalating. However, it is important to emphasize that supportive housing is not a substitute for long-term care, and there will continue to be a need for high-quality hospital and residential care.

In recognizing and promoting the valuable role of supportive housing, there is a danger that individuals who need residential care might be kept inappropriately in supportive housing developments that cannot meet their needs, or that medical services might be offered in an unlicensed and inadequate environment. In other words, the purpose of supportive housing is to help individuals maintain independence, not to provide care. Mechanisms for timely transition from housing to care when required must be developed.

Supportive housing should be widely accessible to seniors in the province. It should be:

- affordable for seniors at all income levels, not only for those with higher incomes, as is the case with most existing developments
- available within local communities, so that residents are able to maintain their family and social connections.

Finally, the committee finds that local groups and individuals are most aware of the needs and preferences of their older citizens, and the form of supportive housing that would best meet their needs. The committee has therefore not set out to prescribe a single model for the whole province, but recognizes that there could be a variety of supportive housing developments, each suited to local characteristics and conditions.

Key policy issues

The committee found that there are several key policy issues that need to be explored further:

► Supportive communities

Factors in the environment can limit the ability of seniors (and others) to function independently and remain part of the community. To make a community more supportive for a senior, we need to:

- look at the person's residence to remove hazards and barriers to mobility

- ensure that the senior has easy access to community resources and services
- enable the person to maintain a social life in whatever way they prefer.

Improving the existing environment of seniors to accommodate their needs should be the first step. If needed improvements cannot be done successfully, moving to housing with fewer barriers in or near a more supportive community should be considered. A move to a supportive housing development may be the best alternative in some situations.

► Role of health care and home support services

Several aspects of the link between supportive housing and health care need to be examined:

- Support services may be offered to help people remain in regular housing, but they may also be provided in types of housing that are in themselves more supportive. Health professionals should be able to consider client needs holistically: looking at health, social and housing needs together. Referrals to supportive housing should be a viable option.
- Health services, whether temporary or long-term, need to be flexible and provided in a timely way in response to a person's changing needs wherever they live. There is a need to review the way in which these services are now being provided. In particular, we need to look at the current licensing and regulatory system which, we were repeatedly told, creates barriers to effective, affordable supportive housing.
- In many communities, it is possible to combine supportive housing with an assisted living development or a care facility on the same site. This, sometimes called the campus model, has many advantages: it makes it possible to share amenities such as dining room, bathing and emergency response; and if a person, or one member of a couple, does require residential care, there is no necessity for a disruptive move. Current admission and waitlist procedures, and policies about providing care services outside of facilities, need to be examined to make these shared developments work smoothly.

- The literature review suggests that supportive housing can reduce public costs by preventing or delaying a move to a care facility. In order to find out to what extent this would be true in British Columbia today, further research is needed. The research needs to take into account factors such as changes in health care delivery and the size and characteristics of the senior population. Those who took part in the Capital Region focus group also felt that supportive housing could be an option for some seniors who now live in facilities, but who no longer need all of the medical services being provided. It seems likely that good supportive housing could, for some, be an alternative to long-term institutional care, and this question should also be part of further research.

► Consumer protection

The statutes that regulate the relationship between residents and providers of independent housing recognize residents as consumers who are making a housing choice using the resources available to them.

The *Residential Tenancy Act*, for instance, sets out the rights and responsibilities of landlords and tenants and a procedure for resolving disputes. The key tenant protections are rights of quiet enjoyment and security of tenure. However, the Act was not written with supportive housing developments in mind and its application to them needs to be reviewed.

On the other hand, the licensing model used to regulate care facilities was also not developed to apply to supportive housing. One of the objectives of supportive housing is to help seniors maintain their independence. For that reason, a type of consumer protection model would appear to be more suitable for ensuring the protection of rights than one that directly regulates operators with little involvement of the residents.

It should be recognized that some residents are more dependent on supportive housing operators than occupants of housing where no services are provided. Others might need more support because of health considerations. More protective measures may therefore be justified, but it is important to make sure that the degree of regulation recognizes the professionalism of the housing providers and does not reduce the autonomy of the residents.

Another consumer protection issue is that, where large sums of money are paid in advance (e.g., life leases or advance fees for support services), it is essential to ensure that these funds are protected. They must be used for their intended purpose to benefit the resident and be subject to fair refund policies.

► Aging in place

The principle of aging in place means that seniors should be able to stay in their preferred living environments for as long as possible. This principle must be kept in mind when a senior is considering a move to supportive housing and what to do if their health fails while they are living there. Adjusting services to changing needs would be more helpful than requiring a person to move to new settings, i.e. care facilities, where the services are provided centrally. Moving to a new location demands changes in lifestyle and disturbs links with the larger community. These changes can seriously affect how individuals feel about themselves and reduce their sense of well-being.

However, if seniors are to age in place, all the necessary support services must be available. Each supportive housing operator will have to decide what type of supports to offer, and whether and how they should require residents to leave if their needs go beyond those that can be met by the operator and through home care. Some providers may aim to maintain an environment that is primarily housing, by establishing a clear requirement that a person must move if care needs increase beyond a certain point. Others may choose to support residents to a much greater degree. In either case, the consumer is entitled to a contract that clearly specifies the provider's exit policy. "Campus" models are one solution to the issues raised by the concept of aging in place.

► Affordability

Affordability, or cost to the occupant, is perhaps the major barrier preventing access to supportive housing. With a few exceptions, the monthly charges for congregate supportive housing in British Columbia begin in the \$1,200 range. It is estimated that the total incomes of about 43 per cent of elderly British Columbians fall below this level. Many more would have to spend very high proportions of their incomes to obtain supportive housing at this lower end of the

market. For instance, if we assume that supportive housing costs should not exceed two-thirds of income, 66 per cent of seniors could not afford to pay even the median cost of a studio suite in congregate housing (\$1,470)⁸.

Three-quarters of seniors in BC are homeowners, and many could use their equity for supportive housing. However, a large segment of the elderly population still could not afford it. This group includes renters, whose incomes tend to be lower than homeowners' incomes, and owners with limited equity, or monthly incomes too low to pay for services.

If the benefits to seniors of this form of housing are to be realized, ways to make it more affordable for lower- and middle-income seniors need to be explored. This exploration includes finding ways to lower the cost of development and looking at what income support is available to seniors.

► Planning and development assistance

The consultations indicated that many individuals and groups are interested in developing affordable supportive housing in their communities. Although many of these individuals and groups are capable and dedicated, they need additional resources, advice and help in planning and developing their projects, rather than having to “reinvent the wheel.” Many local governments are also looking for information and guidance on building and planning decisions in order to assist supportive housing initiatives and address community concerns.

► Emergency housing

Gaps have been identified in the services available for elderly persons who find themselves without housing because of emergency situations resulting from abuse, mental illness or personal crisis. Seniors sometimes find it difficult to access shelters and other assistance that are intended primarily for other groups. Most elderly persons in these situations could be helped if resources were available or mandates broadened to provide limited assistance that meets their immediate needs.

Recommendations for a Provincial Strategy for Supportive Housing

The Supportive Housing Steering Committee has five key recommendations to help make supportive housing a realistic option for seniors across the province. Some require action by the lead ministries responsible for housing and health, but others will require the participation of other ministries, agencies, local governments, regional health authorities and community groups. These recommendations are presented as a first step toward the creation of partnerships and coordination of efforts among all the parties that can contribute to a solid supportive housing plan.

1. Assist local governments to address market and non-market supportive housing initiatives in their communities.
 - 1.1 Review the *Municipal Act* to ensure that local governments have the powers and planning tools they need both to encourage supportive housing and to ensure that providers satisfy the commitments they make on application. This review requires the preparation of a discussion paper, further consultation with local governments and other interested parties, and drawing up final recommendations.
 - 1.2 Review the Building Code and Fire Code to make clear what the requirements are for supportive housing intended for use by frail elderly persons. This review could result in recommendations for revisions to the codes and/or guidelines to advise local governments on how to apply the codes to supportive housing.
 - 1.3 Develop a resource centre with information for local government officials and interested citizens on housing options suitable for seniors with various levels of abilities and resources. Information would include demographic information, best practices, sample bylaws and design and planning guidelines for non-licensed settings.

- 1.4 Develop educational material and models that local governments can adopt (e.g., a model zoning bylaw, model housing agreement, locational criteria, design guidelines, sources of development assistance, and strategies for improving affordability and neighbourhood acceptance).
- 1.5 Provide information to local governments on ways they can help to make supportive housing affordable for their senior populations through contributions of land and other resources.

Work accomplished to date:

- A resource centre has been established in the Housing Policy Section of the Ministry of Social Development and Economic Security. Lists of resources and references on supportive housing and supportive communities, including publications, web sites and organizations, have been compiled and linked to the web pages of the housing ministry⁹ and the Ministry of Health & Ministry Responsible for Seniors¹⁰. Several fact sheets for local governments, community groups and individuals interested in supportive housing have been produced, and several more are planned.
 - A supportive housing policy and bylaw guide for local governments was published in July 1999.
 - In 1999-2000, changes to the *Municipal Act* by the Ministry of Social Development and Economic Security will address planning and land use. This process will provide an opportunity to review issues related to supportive housing.
 - A review of the Building Code and Fire Code has begun.
2. Coordinate health and housing policies and practices to define the role of supportive housing.
 - 2.1 Review the licensing and regulation of certain services, such as assistance with activities of daily living and emergency assistance, within the continuing care system to find out if they could be delivered more effectively in supportive housing settings. The objective of this review is to look at ways that seniors could receive required services in supportive housing, rather than having to move into a licensed setting. Consideration should be given to including these services within a consumer protection model, rather than requiring licensing (see section 4 on page 27).

- 2.2 Develop policies for the efficient and flexible delivery of home care services in supportive housing (e.g., coordinating the delivery of services within the building). Likewise, improve the links between care facilities, assisted living developments and supportive housing, especially where they are on the same site. In particular, remove barriers that may prevent staff of care facilities from assisting residents of nearby supportive housing.
- 2.3 Set up pilot projects, including a well-structured evaluation component, to find out how supportive housing could prevent or delay the need for long-term care, and what cost savings the prevention or delay might realize.
- 2.4 Encourage health authorities and provincial ministries to consider directing resources (both capital and operating) to supportive housing in partnership with housing providers, as a health promotion strategy. Gather and make available material on projects that have been successful.
- 2.5 Create strong links between health and housing to ensure that staff are well informed about one another's roles, and are working effectively together.

Work accomplished to date:

- The Continuing Care Review will include recommendations addressing the contributions that supportive communities and supportive housing can make to seniors' health.
- The co-chairs of the Supportive Housing Review have met with the licensing staff in the Ministry of Health & Ministry Responsible for Seniors and set up a way of working together on common issues relating to care and housing.
- British Columbia has been leading a discussion with federal, provincial and territorial ministers responsible for seniors regarding the need for consumer protection and the availability of home care services in supportive housing.

3. Develop strategies to make supportive housing more affordable for low- and middle-income seniors.
 - 3.1 Consider subsidizing both the shelter and support components of supportive housing as a preventive health measure that could reduce longer-term human and financial costs.
 - 3.2 Provide technical advice to groups, especially outside the Lower Mainland, who are trying to create affordable supportive housing in their communities but lack sufficient knowledge of the planning and development process.
 - 3.3 Encourage partnerships among government agencies, such as BC Housing, health authorities and community and local government groups that are prepared to help finance supportive housing projects.
 - 3.4 Work with BC Housing to look at the lessons which can be learned from its Sunset Towers Demonstration Project, a program designed to provide outreach to seniors and to improve the overall coordination of services in the building. Identify ways in which such a project may be possible in other parts of the province.
 - 3.5 Ensure that good evaluation plans are in place for subsidized supportive housing developments.

Work accomplished to date:

- In June 1999, the provincial government announced that HOMES BC, the Province's housing program, will assist non-profit housing groups to enter into partnerships with health authorities, local governments and community groups to provide supportive housing for seniors. A minimum of 200 affordable supportive housing units will be subsidized through these partnerships. This program will be evaluated as it proceeds.
- The BC Housing pilot project at Sunset Towers is under way and includes an ongoing review.

4. Introduce consumer protection measures that recognize seniors living in supportive housing as consumers who make decisions on their own behalf, as in other types of housing.
 - 4.1 Identify gaps and issues in current legislation and regulations and develop appropriate measures to address three major topics:
 - issues of tenure relating to the purchase, rental and leasing of accommodation and the contractual relationship between residents and supportive housing providers
 - issues relating to the physical quality and design of structures, units and social areas
 - issues relating to the stability and quality of supportive housing services.

Proposed measures might include legislation and regulations, non-legislative options such as voluntary standards, models and guidelines, or a combination of both. This recommendation will require working with the supportive housing industry, both for-profit and non-profit, to develop standards and guidelines. It will also require an intensive and thorough process of consultation and policy development.

- 4.2 Develop a regulatory framework appropriate for life leases, a tenure option that is gaining in popularity but is not completely addressed by existing legislation.
- 4.3 Promote awareness of consumer issues related to supportive housing through educational activities targeted toward seniors, service providers and various levels of government.
- 4.4 Compile educational material on consumer issues that will be helpful to providers of supportive housing (e.g., best practices guide), and make it available through publications and the ministries' web sites.

Work accomplished to date:

- The Consumer Policy and Program Development Division of the Ministry of Attorney General is reviewing the possible expansion of the *Residential Tenancy Act* to clarify issues which it does not currently address, including life leases. The Housing Policy Section of the Ministry of Social Development and Economic Security has been reviewing the regulation of life leases, including:
 - a review of current BC legislation affecting life leases
 - research to identify consumer protection and other issues, and
 - a survey of initiatives being taken in other provinces in this regard.

The two ministries are coordinating their efforts. Initial work on developing standards and guidelines for supportive housing is also under way.

5. Develop measures to address the housing and support needs of seniors in emergency situations.
 - 5.1 Work with the Ministries of Social Development and Economic Security, Health (Adult Mental Health Division and Women's Health Bureau) and Women's Equality, BC Housing, health authorities, local governments and service providers to formulate and implement ways to help seniors through crisis situations and to find longer-term solutions to their shelter and support needs.

Work accomplished to date:

- This issue has been referred to an interministry committee within the provincial government that addresses special needs housing.

Appendix 1 - Glossary

- *Abbeyfield housing* is a type of shared supportive housing based on a model developed in Great Britain, which is becoming common in British Columbia. Usually, an Abbeyfield resembles a large house. Residents have a private room, and perhaps their own bathroom, but other living spaces are shared with 10 to 12 other residents. A housekeeper usually provides meals, cleaning and other support. Variations on the Abbeyfield model, with a different housing form or perhaps more residents, are more generally called *group homes*.
- *Assisted living* is a term commonly used in the United States to refer to supportive housing. In the US health care system, assisted living units may include levels of personal and intermediate care. In Canada, assisted living that offers personal care services is beginning to be available.
- A *care facility* is a residence where health services and assistance with activities of daily living are provided by health care and rehabilitation staff. Residents have private or shared rooms; a common dining room and program space are also provided. To qualify to live in a publicly funded care facility, residents are assessed as requiring this level of continuing care. Whether publicly or privately funded, care facilities must be regulated under either the *Community Care Facility Act*, or the *Hospital Act*. Some residential care settings are not required to be licensed because of the small number of residents and/or the type of care provided.
- *Congregate housing* is a type of supportive housing in which each household has a self-contained unit with at least a small kitchen. A dining room and other recreational areas are usually found on site.
- *Home support* and *home nursing* are personal and medical services provided to individuals in their homes to prevent their having to move to a care facility. Individuals who receive these services may live in detached homes, apartments or supportive housing. These services are offered by regional health authorities, community health councils, community health service societies and by private service agencies.

- *Life lease* is a tenure agreement that permits a purchaser to occupy a dwelling unit for life through the payment of an entrance fee and monthly operating fees. The entrance fee may be equal to or less than the value of the unit if it were a condominium, and is usually refundable when the lessee dies or terminates the lease. Some, but not all, life lease projects offer support services.
- *Market housing*, which may be either independent or supportive housing, is provided by the private sector at rates that reflect market values.
- *Multilevel care* refers to care facilities that provide intermediate and extended care at several levels, in which residents can easily move from one level to another.
- *Naturally occurring retirement communities* are buildings or neighbourhoods where many seniors live, usually attracted by a convenient location, appropriate housing and the availability of services. These neighbourhoods often in fact provide supportive housing, but are rarely referred to as such.
- *Non-market seniors' housing* includes subsidized housing, as well as housing that is provided by housing societies, churches, service clubs, etc. without government subsidy but on a non-profit basis. It includes both independent and supportive housing.
- *Seniors' housing* is any type of housing that is restricted to residents over a given age, usually 55, 60 or 65 years.
- *Subsidized seniors' housing* refers to housing built through various federal and provincial programs for seniors who have relatively low incomes. Since the subsidies apply only to the physical housing unit, most such housing is intended for independent seniors, with no on-site services provided.

Appendix 2 - Estimating the need and demand for supportive housing

It is difficult to estimate the need and demand for supportive housing with any accuracy. The first source used for this paper is a 1990 study by Optimal Environments, Inc.¹¹, which defines the need group as seniors aged 75 and over who have moderate or severe functional impairment. In that study, the total number of individuals in British Columbia with impairments was obtained from the 1987 Health and Activity Limitation Survey and projected to 1990. This includes all those who require services, whether these services would be provided in their existing homes or in supportive housing. The next step is to separate out those who are currently receiving home support, and the remainder is considered the gross unmet need for supportive housing. Using this method, the 1990 gross unmet need for supportive housing was estimated at 10,984 or 2.6 per cent of the 1990 senior population. An unknown portion of this need was, in actual fact, accommodated by existing supportive housing.

This estimate was updated to 1999 using BC Stats population projections¹² and Ministry of Health statistics on home support recipients:

Estimated population aged 65 and over	525,400
Estimated population aged 75 and over	240,400
Estimated population 75+ requiring services	55,047
Population 75+ receiving home support	35,156
Estimated need for supportive housing	19,891 (3.8 per cent of population 65+)

In this estimation model, the availability of, and seniors' preferences for, home support services are key determinants of the need for supportive housing. Between 1990 and 1999, the proportion of seniors aged 75 and over who received home support services declined from 16.3 per cent to 14.6 per cent. This caused a rise in the need calculation for supportive housing, from 2.6 per cent to 3.8 per cent of the senior population. The assumption underlying this model is that supportive housing would be the most appropriate option for individuals with some impairment who do not currently receive home support. More

information about this population and about the delivery of home support services would be required to check the validity of these assumptions.

In many parts of the province, supportive housing is not available or affordable for large numbers of seniors. A change in these conditions may shift some of the demand for home support services to supportive housing. Similarly, some residents of care facilities would also be able to live in a supportive housing environment if it were a realistic option for them.

Adjusting for these considerations, the following scenario assumes that:

- supportive housing would be appropriate for two-thirds (rather than all) of those seniors with moderate or severe functional impairments not currently receiving home support services, if it were available and affordable
- supportive housing could draw 10 per cent of current home support recipients
- supportive housing could draw 5 per cent of care facility residents.

Seniors with functional impairments:	
Not receiving home support (2/3)	13,261
Home support recipients (10%)	3,516
Residential care recipients (5%)	1,471
Estimated need for supportive housing	18,248 (3.5 per cent of population 65+)

These refinements have only a small effect on the estimate. Further refinements could also be added, such as estimating the number of people between the ages of 65 and 74 with functional impairments. However, the overall methodology for deriving the estimate appears logical, and the results for 1999 are compared to the estimates of other researchers:

Toward a Better Age ¹³	1-3 per cent of elderly population (65+)
Murray ¹⁴	3-5 per cent
Heumann and Boldy ¹⁵	4-5 per cent
Kelly ¹⁶	10 per cent (need); 2.6 per cent (utilization rate)

As our estimate falls within the lower range of the other available estimates, the parameters of 3 and 5 per cent of the senior citizen population (65+) appear to be a reasonable range for the purposes of this paper. The estimate for BC in 1999 is expressed as the midpoint of 4 per cent, or 21,000. The parameters of 3 and 5 per cent translate into a range of 16,000 to 26,000.

To project the estimate to 2021, it is necessary to adjust for the changing composition of the 65-plus age cohort. As the baby boom generation enters this age group beginning in the 2010s, it will swell the number of younger seniors. Using parameters based on the current composition of the population aged 65 and over to project to 2021 would result in an overestimate of the population that may be attracted to supportive housing, which is predominantly aged 75 and over. The estimate is therefore based on the projected growth rate of the 75-plus cohort from 1999 to 2021 (70 per cent), rather than that of the entire senior population (93 per cent). This produces a mid-point estimate of 36,000, with a range of approximately 27,000 to 45,000.

There is relatively little supportive housing available, and affordability is a strong intervening variable. For this reason, no attempt has been made to assess how the estimate of *need* for supportive housing might translate into a future *demand* for market or non-market supportive housing.

Appendix 3 - Literature review bibliography

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Endnotes

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- 2 Data sources for this section are BC Stats population forecast 98/03 and the Ministry of Health Information Management Group.
- 3 Gloria Gutman, Mary Ann Clarke Scott and Nancy Gnaedinger, *Housing Options for Older Canadians: Case Studies and User Satisfaction*. Ottawa: Canada Mortgage and Housing Corporation (forthcoming).
- 4 Services include in-home nursing care for clients requiring chronic, acute, palliative or rehabilitative support.
- 5 Home support services include personal assistance with activities such as bathing, dressing and grooming and meals.
- 6 Community rehabilitation services include physiotherapy, occupational therapy, speech pathology and audiology.
- 7 A care facility is a residence where health services and assistance with activities of daily living are provided by health care and rehabilitation staff. More information about care facilities can be found in Appendix 1.
- 8 Data from the BC Association of Private Care 1998 client fee survey.
- 9 www.sdes.gov.bc.ca
- 10 www.hlth.gov.bc.ca/seniors/index.html
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