JULY 2010

SENIORS AND SPECIAL NEEDS HOUSING IN CALGARY

PREPARED BY:

MK STRATEGY GROUP, INC.

AND

caresce inc.
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Acknowledgements

The Seniors and Special Needs Housing and Supports Strategic plan was a collective effort of funders, researchers, advisory participants, organizations and individuals who provided valuable contribution toward its formation and completion.

The Seniors and Special Needs Housing Sector Advisory Committee wishes to thank the following funders who made this study possible:

- Calgary Homeless Foundation
- Alberta Seniors and Community Supports
- Persons with Developmental Disabilities (PDD)

A special thanks to the advisory committee members, organizations and individuals who supplied essential information, perspectives, ideas for best practices and ways forward with regard to strategies for housing and supports for individuals served under this umbrella. Representatives from the following participant organizations/institutions made a significant impact on this study’s conclusions and recommendations:

Alberta Seniors and Community Supports
Trinity Place Foundation
Metropolitan Calgary Foundation
Kerby Centre Housing Department
Calgary Catholic Immigration Society
Accessible Housing Society
Aboriginal Friendship Centre Calgary
Alberta Mental Health Association
Sunny Hill Wellness Centre
URSA (Universal Rehabilitation Service Society)
SABIS (Southern Alberta Brain Injury Society)
Alberta Native Friendship Centres
ARBI (Assoc. for the Rehabilitation of the Brain Injured)
Calgary Alternative Support Services
Canadian Paraplegic Assoc. of Alberta
Calgary Drop-In Centre
Mustard Seed Ministries
New Age Services
Calgary SCOPE Society
Calgary Housing Company
Carewest
Alberta Health Services
Vibrant Communities Calgary
Treaty 7 Urban Housing Authority
Metis Urban Housing Corporation
City of Calgary
MS Society
Michelle Bellon, PhD – Flinders Univ.
Kehilla Residential Programme

Research for this project occurred in a staged and sequential format, with MK Strategies setting the framework and compiling essential initial discussion and demographic information. Further demographics, extensive research, community engagement, stakeholder consultations, as well as Strategic Planning sessions, conclusions and resultant recommendations were completed by Caresce Inc.
Executive Summary

Never has there been a more critical time to seriously consider the myriad of impacts of our ever-aging population. Likewise, never has there been a more critical time to seriously consider how current and future programs and policies will impact the aging demographic of today and tomorrow. More and more often, we see such headlines as Elderly Care Crisis Looms\(^1\) and Alberta Elders are Worried\(^2\) in local and national publications to describe significant concerns regarding the growing aging population.

Although Alberta is the province with the youngest median age of 35.6 years\(^3\), our aging population is growing quickly and some of our older seniors 75+ are the most vulnerable. Even more so, aging adults 50+ in special needs populations face complex and serious challenges. In order to provide for these groups, now and into the future, considerable forethought is required as to the planning and provision of housing and supports. By 2026, one in every five Albertans will be over the age of 65. We also know that approximately 2/3 of all seniors in the province live in either Calgary or Edmonton, leaving 1/3 of Alberta’s seniors residing in smaller centres and more rural parts of the province. In comparison with other countries, Canada’s 13.9 percent seniors is among the lowest concentrations of this population, compared to the 14.3 percent average shared among all members of the current Organization for Economic Co-operation and Development (OECD).\(^4\) Knowing our nation has one of the youngest populations worldwide, alerts us to a challenge in economic measure. There is much to learn from countries already experiencing higher concentrations of older-adult populations. Current initiatives and best and/or promising practices from leading countries are examined and discussed.

Over the next 20 years we will see the boomers, a large cohort contingent, aging. As noted in the Canadian Medical Association Journal, by the year 2030, 8 million Canadians, equalling about one quarter of our population, will be over 65 years old. This marked demographic change is expected to carry with it a number of social, economic and health care challenges.\(^5\) Some of this cohort may remain basically healthy for much of their senior years, while others will require an array of supports ranging from basic supports to extensive social and health supports. Those coping with long term disabilities and with various chronic conditions will be most likely to require higher-level physical and mental health care supports up to and including 24-hour care and/or oversight. Additionally, such individuals will also require supportive interventions, often commencing age 50 plus. Eligibility criteria must be reviewed for such

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individuals who, as will be discussed further, acquire ‘senior’-type needs commencing at an earlier age. Adjusting these criteria for various special populations will serve to provide far less expensive preventive housing and supports and avoid early and more costly hospitalization, institutionalization and emergency visits.

We know that aging can impact the need for supports related to housing, health, income, transportation, labour force and community supports. The purpose and importance for such a focus on these populations with regard to these issues lies in the significant number of “boomers” who will be requiring access to any number of these supports over the next 20 years. Again, some level of these supports will be important to any individual aging, whether they are an active healthy person 75 years old or perhaps a 50 year-old person with a developmental disability noticing evidence of aging through significant changes in mental cognition, influenced by their predisposition to such changes as these commencing earlier in their adult life.

With regard to design for mobility and function, there has been an evolution, over time, toward the adaptation to suit housing and supports around individuals aging in place in various care and accommodation settings. In order to ensure successful aging within a community setting, issues of public transportation and accessibility must also be given serious consideration. There are still some inroads to gain in both independent and supportive living settings in this area. However, due to new initiatives on the part of various entities such as Alberta Seniors and Community Supports, Alberta Health Services, Accessible Housing Society, the City of Calgary and Canadian Paraplegic Association, newer developments receiving any amount of government funding are and will be, in future, implementing minimal mandatory accessibility standards. This is of key importance, as access is a fundamental precursor to commencement of any aging-in-place initiative that allows older adults to remain in their homes as they age. The trend toward aging-in-place in one’s own home is active elsewhere in North America as well as other places with greater concentrations of seniors. Likewise, the benefits of making dwellings and communities accessible and visitable are becoming more evident, and thus, a focus of local governments at various levels.

Health challenges such as chronic disease, dementia and hospitalization due to injury and other significant health events become more prevalent as individuals age. For the portion of individuals with low to moderate incomes who are facing these issues with age, serious income concerns can arise, and cause significant housing and supports concerns. Some such events could easily lead to risks of becoming homeless.

In the near future, as the intersection of aging and economics exerts additional pressure on income supports, and as less people become available to contribute to the economy, we are faced with a situation; without immediate action and planning, we, as a society will be facing a critical time.
To address such challenges, the Calgary Homeless Foundation’s Seniors and Special Needs Housing Sector Committee has sought to review issues impacting low and moderate income older adult and special needs populations in the city of Calgary as well as best practice approaches to their resolution. This report will provide an examination of the literature on housing for seniors and special needs populations, and an environmental scan, wherever possible, of existing housing and requirements for these populations. As well, stakeholder consultations and best practice reviews on local, national and international levels will be discussed. Needs identified through consultation and research will be examined followed by resultant recommendations and strategic directions. A plan summarizing and integrating these components informs us as to the needs of this population currently under study. The research and findings in the plan also provide intentional thought and direction for future initiatives for the positive impact on housing and supports planning as well as programming for aging individuals in Calgary and surrounding community.

Detailed recommendations and strategic directions specific to the city of Calgary, resulting from research, consultation, examination of best practices and needs analysis are outlined in Section 12 – Recommendations and Strategic Direction. In order to implement strategic direction, some preliminary and critical actions are required. These activities are tied directly to recommended actions as outlined in Section 12.

PRELIMINARY/CRITICAL ACTIONS
Throughout the research and community engagement process, recognition of the importance of the integrated and collaborative role that several key entities must assume in order to ensure the successful implementation of a strategic plan for the Seniors and Special Needs Housing and Supports sector necessitates, firstly, the development of a new Framework and Protocol.

This Plan identifies Leadership, Partner & Stakeholder roles within the new Framework as well as actions around formation, participation, accountability, activity, and engagement as well as the part this Supportive Housing Protocol working group will play in carrying out several recommended actions identified under Strategic Directions.

The following summary of recommended actions will require involvement, direction and active participation by the Seniors and Special Needs Supportive Housing Protocol Team Leaders & Partners engaging collaboratively with key stakeholder groups with the following listed identified needs. Actions are prioritized with regard to strategic timeframes for completion.

In summary, items for action have been identified and prioritized within this section, as they apply to different aspects, areas and populations within the Seniors and Special Needs Sector. Action items are attached priority as follows:
Immediate – Absolute completion within 1 year

Short-term – Absolute completion within 1–3 years

Medium-term – Absolute completion within 3–5 years
# Strategic Direction and Recommendations Summary

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Target Issue</th>
<th>Summary Action</th>
<th>Priority</th>
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<tbody>
<tr>
<td><strong>Policy/Program Change</strong></td>
<td><strong>Brain Injury Strategy</strong></td>
<td>AHS and Alberta Seniors and Community Supports develop an implementation plan out of directions from <em>Calgary Brain Injury Strategy – Foundations for Direction</em> – Nov 2005 – following a thorough/updated current needs analysis in this area.</td>
<td>Short-term</td>
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</table>
| **Brain Injury Screening**           | **Brain Injury Screening**                    | Brain Injury Screening to take place during client intake process in all of the following service and support areas:  
- Addictions  
- Mental Health  
- Homelessness  
- Aboriginal Services  
- Complex Needs  
Lifelong impacts of brain injury to be recognized – service and support plan to reflect this recognition. Meaningful and purposeful activities and engagement are key program components | Short-term |
<p>| <strong>PDD review process</strong>               |                                               | Collaborative Workshops to take place with PDD, Service Agencies, Health and Wellness and appropriate stakeholders – to address, realign and redesign programs using inventiveness and resourcefulness to achieve team approach to optimal service delivery, cost savings, etc | Immediate  |
| <strong>Establish Quality of Life Indicators across all Seniors and Special Needs Populations</strong> |                                               | Establishing Universal quality-of-life indicators for all groups under this sector, whereby all groups are supported according to standards set to ultimately achieve more equalized funding and access to supports and services determined as essential under Quality of Life Indicators determined through process.                                                                 | Immediate  |
| <strong>Staff Training &amp; Skill Building for Support Workers</strong> |                                               | Establish minimum training/certification standards for those delivering specialized services to populations under this portfolio, with funding intact to implement                                                                                                                                                                                                 | Short-term |
| <strong>Living Wage</strong>                     |                                               | Revisit implementation of Living Wage in the city of Calgary                                                                                                                                                                                                                                                                                      | Short-term |</p>
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<tbody>
<tr>
<td>Policy/Program Change ...cont.</td>
<td>Build in accountabilities for coordinated cross-ministry</td>
<td>Establish provisions whereby clients (and their supporting agencies/family members, etc) with housing and supports needs spanning over two or more departments/ministries can more readily access funding/supports to facilitate successful community living.</td>
<td>Short-term</td>
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<td></td>
<td>communication</td>
<td></td>
<td></td>
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<tr>
<td>Urban Aboriginal Housing</td>
<td></td>
<td>Model after such centres as Edmonton, Vancouver, Toronto – collaboratively establish and implement innovative and culturally appropriate urban aboriginal housing solutions</td>
<td>Short-term</td>
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<tr>
<td>Visitability</td>
<td></td>
<td>Set goals for the city of Calgary to become an increasingly more “visitable” city</td>
<td>Short-term</td>
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<tr>
<td>Seniors Housing and Supports</td>
<td>Inner-City Seniors Housing and Supports</td>
<td>Create wrap-around services &amp; supports for Inner-City Seniors, including a Campus of Affordable Supportive Living for Inner-City Seniors. Model – Operation Friendship – Edm.</td>
<td>Supports-Short-term Campus- Medium-term</td>
</tr>
<tr>
<td>Replace Social Housing Models with Supportive Housing Environments</td>
<td></td>
<td>Review existing Social Housing Models in Calgary and the ability to implement Supportive Housing Strategies. Model after identified projects such as those operated by Trinity Place Foundation and Metropolitan Calgary Foundation</td>
<td>Short-term</td>
</tr>
<tr>
<td>Recommended Affordable Supportive Housing Projects</td>
<td>Mixed Use</td>
<td>As with noted model communities, construction of an affordable mixed population supportive living community is recommended. Please see Section 12.</td>
<td>Medium-term</td>
</tr>
<tr>
<td>Aging Individuals with Developmental Disabilities</td>
<td></td>
<td>Transitional housing for aging individuals with developmental disabilities is required.</td>
<td>Short-term</td>
</tr>
<tr>
<td>Aboriginal Housing – Older Adults</td>
<td></td>
<td>Housing for aging individuals with developmental disabilities. 14-unit model is discussed, creating a positive social environment with better ability to efficiently provide for increased health support needs. Another model of note in alternate service sector would be URSA’s Inglewood project for persons with Brain Injury.</td>
<td>Medium-term</td>
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<tr>
<td></td>
<td></td>
<td>Form a task team to examine affordable housing and supports options for aging urban Aboriginal population. Potential team members discussed in Section 12. Review results from current research partnership endeavour involving AFCC and U of C – April 2011</td>
<td>Medium-term</td>
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<tr>
<td>Program Area</td>
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<tr>
<td><strong>Recommended Affordable Supportive Housing Projects...cont.</strong></td>
<td><strong>Accessible Housing with Supports</strong></td>
<td>Target 100+ supported units Settings for those with physical mobility issues to thrive successfully in community are extremely limited. With several supportive scenarios costing far less than inappropriate institutional models available, from 100–unit models to individual and small–clustered living situations, development of new accommodation is critical. See Section 12 for models.</td>
<td>Medium–term</td>
</tr>
<tr>
<td><strong>Multi-cultural Seniors and Supports</strong></td>
<td>60–100 units</td>
<td>As per United Way–funded research referred to in Section 12, multicultural seniors succeed best in supportive living communities where translation services are accessible and where banking, shopping, doctors offices, etc are close to provide service in their language. Concentrated in areas where higher numbers of multicultural seniors live (NE and/or SE Calgary), a first multicultural supportive affordable seniors community would serve as a model for others to follow.</td>
<td>Medium–term</td>
</tr>
<tr>
<td><strong>Hard to House Seniors &amp; Complex Needs</strong></td>
<td>60–75 Units</td>
<td>Supportive and Transitional Housing for aging individuals with complex needs</td>
<td>Short–term</td>
</tr>
<tr>
<td><strong>Seniors with Mental Illness</strong></td>
<td>60–75 Units</td>
<td>In light of Sunnyhill’s closure, slated for February 2011, immediate housing and supports solutions to care for seniors with Mental Illness are required</td>
<td>Immediate</td>
</tr>
<tr>
<td><strong>Areas for Further Research</strong></td>
<td><strong>Seniors and Housing Supports</strong></td>
<td>Following 2010–11 awarding of Provincial Funding through ASLI, a comprehensive inventory and forecast of supportive housing in this and special needs categories is essential in order to set accurate targets for medium–long term planning for this sector.</td>
<td>Immediate</td>
</tr>
<tr>
<td>Program Area</td>
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<tr>
<td>Areas for Further Research ...cont.</td>
<td>Developmental Disability Housing and Supports</td>
<td>Establish a Housing Directory of Supportive Accommodations for persons with developmental disabilities for ease of use of clients, families, support agencies and PDD. Perform a housing analysis and ascertain need of current residents, with particular attention to clients 45–50 and over and anticipate service/support/environmental needs over time.</td>
<td>Immediate</td>
</tr>
<tr>
<td></td>
<td>Multi-cultural Seniors Housing and Supports</td>
<td>Seniors and Special Needs Supportive Housing Protocol Team to have researched – mid-long term multicultural seniors supportive housing needs. Due to very few best-practice models available to reference, an in-depth initiative is required for the Calgary area.</td>
<td>Immediate</td>
</tr>
<tr>
<td></td>
<td>Housing and Supports for Aging Individuals with Mental Illness</td>
<td>Revisit in-depth research study of the Mental Health Sector (2008), refer to recommendations and bring information up to date. Seniors and Special Needs Supportive Housing Protocol team to direct initiative and have researched, forecasted need for Supportive Housing for this population.</td>
<td>Immediate</td>
</tr>
<tr>
<td></td>
<td>Brain Injury</td>
<td>Research, involving several agencies/sectors serving persons with brain injury to take place. Data collected to be shared with Protocol Team, key agency/service provider groups and appropriate levels of government, with Strategic Directions to follow in several identified areas.</td>
<td>Immediate</td>
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<td></td>
<td>Comprehensive Review of Existing &amp; Potential Housing</td>
<td>Review of all subsidized and affordable housing is required, as well as identification of buildings with significant vacancies and buildings not currently in use in order to strategize possible uses to meet urgent housing needs in a number of service areas under this sector. Research of new construction methods to provide timely and cost-saving results is also recommended.</td>
<td>Immediate</td>
</tr>
</tbody>
</table>
Program Area | Target Issue | Summary Action | Priority
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Funding for Development of Current Targeted Housing and Supports Needs | Funding/Land Provision from such key entities as: - Province of Alberta - City of Calgary - Calgary Land Trust - CMHC | Key collaborative partnerships must be formed in order to carry out most urgent identified supportive housing initiatives. Along with the Seniors and Special Needs Housing and Supports Protocol Team, key partners such as these and others must work together in order to ensure the needs of aging individuals within this sector are met. | Immediate Short-term

Housing and Supports Data Collection and Evaluation | Data Analysis | In order that information from various service areas within this sector can be analyzed and utilized for reporting and forecasting future needs, it is recommended that a singular supportive housing management information tool be developed and used by all operators under this portfolio – this initiative, like others, is to be led by the Seniors and Special Needs Supportive Housing Protocol Team. | Immediate

Community Supports | Aging in Place in Community | Grow current C3 program to serve all quadrants of the city of Calgary | Short-term

Detailed analysis and/or explanation regarding recommended actions and strategic direction can be found in Section 12 of the Plan.
1. INTRODUCTION

In April 2009, the Canadian Senate released its report *Canada’s Aging Population: Seizing the Opportunity* (Special Senate Committee on Aging, 2009). This report states:

“The aging population will change the way we do things. We can allow this change to happen by passively reacting to change. Or we can anticipate it and meet the challenge by design… We believe that in order to realize a society free of ageism, where seniors can access appropriate supports and services when they need them, where no senior is living in poverty, and adequate supports are in place for people to age in their place of choice, governments at all levels will need to work in cooperation with the private and voluntary sector to initiate change.”

In the spirit of “meeting the challenge by design”, *The Strategic Plan: Seniors and Special Needs Housing in Calgary* project came about to bring together stakeholders who have a similar vision for seniors and special needs housing in Calgary and, as a group, to collectively identify issues that can be addressed through a coordinated and strategic approach. The project mandate is to develop a strategic plan for the provision of safe, affordable, accessible and appropriate accommodation to meet the needs of low and moderate income seniors as well as people with special needs who with limited housing choice for supportive accommodations, face risks for issues including health, wellness and even homelessness in the city of Calgary.

It is important to recognize that housing is about more than providing a roof under which to live. It influences the quality of life, well-being, and health of each individual. Housing, in turn, is affected by the government frameworks and the community within which housing is located (see Figure 1).

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Stressors, barriers and opportunities in any of these domains can influence the quality and quantity of available housing and related supports.

Albertans have entered a new period in which the need is most critical for practical solutions to address aging seniors’ and special needs housing and service facilities. In the face of rising costs of living and declining government revenues, and society's widening awareness of inequality; new strategies must be identified to meet future needs. Upcoming influential generations, an increased focus on health and well-being, along with thinly spread human resources all contribute significantly to the decisions we make today on a go-forward basis. As well, the need to respectfully accommodate special and multicultural populations present important challenges we must rise to in the immediate future. This complex landscape also offers emerging opportunities for the provision of innovative housing and service solutions. Solutions will involve community planning, engaged citizens, dedicated leadership, as well as strength and commitment, on part of all levels of government in planning and implementation in order to achieve necessary outcomes.

A strategic plan provides a roadmap for the future direction under any level of organization. This report will provide an examination of the literature on housing for seniors and special needs populations, an environmental scan of housing needs for these populations, active engagement with stakeholders and the best practices found to begin to address these needs. A strategic plan integrating these components informs us as to the needs of the population under study in the city of Calgary. The research and findings in the plan also provide strategic thought and direction for future initiatives that can positively impact seniors and special needs housing in Calgary.

The advisory committee initiating this strategic planning process, the Seniors and Special Needs Housing Sector Committee (Appendix A) identified some critical success factors of the project as the following:

- The preparation of a comprehensive inventory that serves as a solid reference of available housing.

- Providing a gap analysis of the seniors and special needs housing and supports situation in Calgary. The analysis should include such discussion as to the role of health services in housing and how each are integrated to create housing efficiency.

- The description of best and promising practices identifying housing and service opportunities for seniors and special needs to stimulate positive change.

- The identification of trends in Calgary that relate to its aging population and the imposition of additional demands on housing and support services. Understanding the trends faced by the sector and required community action should help create solutions
that better position the stakeholders to make decisions relating to housing for seniors and special needs.

The creation of a strategic plan that collectively captures the goals and objectives of the stakeholders in the fields of seniors and special needs housing and supports. The strategic plan will outline an action plan to cultivate partnerships and collective action.

PROJECT LIMITATIONS

In developing the strategic plan for Calgary Seniors and Special Needs, the advisory committee identified a number of challenges. These include:

- A recognized lack of centralized information on aging populations
- Provincial ministries needing to collaborate across sectors with vertical mandates
- Inconsistent data elements captured from differing organizational databases
- Lack of awareness and understanding of existing service delivery for low and moderate income seniors and special needs populations
- Fragmented planning for seniors and special needs across jurisdictions and organizations
- With Alberta possessing the youngest population of the Canadian provinces, a critical focus on this population has not been overly evident to date

APPROACH

This strategic plan is a result of collaborative, interactive and creative work with the advisory committee, key informants, and pertinent literature sources. A responsive and forward-thinking methodology was employed to ensure success with the project deliverables as outlined in the Project Plan prepared by the Seniors’ and Special Needs Housing Sector Committee. This included a literature review, environmental scan, surveys of agencies and organizations, and examinations of “best practices”, all leading to the development of a strategic plan. This approach holistically portrays the environment for Calgary seniors and special needs populations.
2. TERMINOLOGY

**Absolute Homelessness** is a United Nations classification of individuals living in the street with no physical shelter of their own, including those who spend their nights in emergency shelters.

**Accessible Housing** is the ability or ease that a person with a physical or sensory disability, or with limited language skills, may approach, enter and use buildings, facilities and services, as well as receive or send communication and information (Alberta Safety Codes Council, 2008).

**Affordable Housing** is a housing opportunity that can be achieved by a household whose gross income is less than 65% of area median income spending no more than 30% of that gross income on rent or a mortgage (Calgary Committee to End Homelessness, 2008).

**Appropriate** refers to suitable and adequate housing (Central Mortgage and Housing Corporation (CMHC), as well as safe, accessible and supported housing (Immigrant Housing Sector Strategic Plan, 2008).

**Best Practice** has no universally accepted definition. However, as the definitions below indicate, a "best practice" is a practice that upon rigorous evaluation, demonstrates success, has had an impact and can be replicated.

*United Nations Population Fund*: The UNFPA Glossary of Monitoring and Evaluation Terms defines best practices as *planning or operational practices that have proven successful in particular circumstances and which are "used to demonstrate what works and what does not and to accumulate and apply knowledge about how and why they work in different situations and contexts"* [See Glossary of Monitoring and Evaluation Terms].

*UNESCO*: United Nations Education, Science and Cultural Organization describes best practices as having four common characteristics: *they are innovative; they make a difference; they have a sustainable effect; and they have the potential to be replicated and to serve as a model for generating initiatives elsewhere* [See Successful Projects Related to Poverty and Social Exclusion].

*Advance Africa*: Advance Africa, which was funded by USAID to collect and share best practices, states: "A best practice is a specific action or set of actions exhibiting quantitative and qualitative evidence of success together with the ability to be replicated and the potential to be adapted and transferred. Best practices represent the "Gold Standard" of activities and tools that can be implemented to support program objectives." [See Best Practices Compendium].
Case Management refers to a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet a client’s health, human service and housing needs. It is characterized by advocacy, communication and resource management, and promotes quality and cost–effective interventions and outcomes (Calgary Committee to End Homelessness, 2008).

Continuing Care system of service delivery that provides individuals who have health conditions or special needs with access to services they need to experience independent and quality living. These services include professional services, personal care services and a range of other services. These services may be provided in a home setting, supportive living setting or facility setting (Alberta Ministry of Health, December 2008 and Alberta Health Services)

Continuum of Supports is a wholistic approach to addressing the needs of homeless individuals within a community plan. It includes all supports and services that would be needed to assist a homeless person or someone at risk of becoming homeless to become self sufficient, where possible. The continuum includes homelessness prevention services, emergency shelter, outreach, addiction services, transitional housing and other support services.

Dual Diagnosis Use of the term “dual diagnosis” is one that has been used in a number of applications. In Canada, and other countries, someone with both a mental illness and a substance abuse problem would be viewed as having a “dual diagnosis”. Another term for this instance is “concurrent disorder”.

In some provinces, however, including Alberta, “dual diagnosis” can also refer to an individual with a developmental disability as well as mental health concerns.

Harm Reduction is an approach aimed at reducing the risks and harmful effects associated with substance use and addictive behaviours, for the person, the community and society as a whole, without requiring abstinence. Examples of harm reduction programs include needle exchange, services, substitution therapy and safe consumption sites.

Health Outcomes are a measure of the effectiveness of our health care system and of the impact of public policies that influence health. Health outcomes are the result of services, programs, policies, and personal behaviours that influence our health and well-being (Health Council of Canada, 2009).

Homelessness is defined as having no permanent residence to which they can return whenever they choose (Calgary Committee to End Homelessness, 2008).

Housing First involves the direct placement of homeless individuals into stable housing. Support services are made available to tenants through assertive engagement, but active participation in these services is not required. A low demand approach accommodates
substance use so that sobriety is not a precondition and relapse does not result in clients losing their housing.

**Lessons Learned and Promising Practices** are terms often used to indicate practices or approaches that have not been evaluated as rigorously as "best practices," but that still offer ideas about what works best in a given situation.

They can also be examples of how not to do something. "Lessons learned" are often "lessons from" specific programs or projects and may not be attempting to be universal in scope or application. The terms "best practice" and "lessons learned" are often used interchangeably.

**Mixed-use housing** does not reference all types of populations living together, rather, it assumes populations living together who may be naturally compatible due to the type and nature of the supports they require and or common interests and/or abilities they may share.

**Special Needs** refers to individuals with significant cognitive and/or physical disabilities (excluding those with mental health issues) thus impacting their ability to secure housing that is safe, appropriate and affordable (Calgary Action Committee Terms of Reference, 2008).

**Visitability** refers to an international movement to revolutionize home construction practices so that virtually all new homes, whether or not designated immediately for residents with mobility impairments, specific accessibility features. Visitability features make homes easier for people who develop a mobility impairment to visit friends and extended family. These features also allow people to age-in-place in their homes, with specific original design features that easily adapt to main floor-living and easy access into and out of the home, and prevent early and unnecessary moves away from the community and/or into institutional settings. (Wikipedia, 2010)
3. PROJECT CONTEXT

There exists today in Alberta a complex and multi-dimensional environment complete with social, economic as well as political challenges and opportunities facing seniors and special needs populations. Below are quick facts that provide context for housing and support services for seniors and individuals with special needs in Calgary.

- **Homelessness Crisis.** Estimates show as many as 1,200 Calgarians have been homeless for more than a year and nearly 400 of those people have been homeless for more than five years. At some point in time, about one quarter report mental health problems, more than three fifths have a history of substance abuse, and about three per cent are seniors.7

- **Pressures on Affordability.** Since 2005, the availability of affordable housing in Calgary has deteriorated as the proportion of median household income spent on shelter costs in Calgary has risen sharply from 32 to 44 percent.8

- **A Growing Population of Older Age Groups.** There are 98,572 seniors residing in the city of Calgary9, which comprise approximately thirty percent of the current provincial seniors population. The senior older adult populations are growing steadily. In 2006, as many as 23,145 of the 88,685 Calgary seniors were living alone (Statistics Canada, 2006 Census Population. No. 97-553-X).10 Considering the growth of the senior population, this would put Calgary’s 2009 seniors population living alone at approximately 25,717.

- **Health Workforce Shortage.** A labour shortage has become a critical concern in Alberta with many employers finding it increasingly difficult to find the workers they require (2007–2016 Health Workforce Action Plan, Alberta, 2007).11 The current recession is not expected to seriously affect the trends.

- **Limited Appropriate Housing.** A shortage of space in Calgary’s supportive living and long term care centres currently sees approximately 600 frail patients remaining in local hospitals and other settings as they wait for transition to a new home in one of these environments (Alberta Health Services – April 2010). On average 11% of patients in acute care are waiting for a long term care or supportive living space to open.12

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10 Statistics Canada, 2006 Census Population. No. 97-553-X.
The Strategic Plan: Seniors and Special Needs Housing in Calgary project came about to bring together stakeholders who have experience-based visions for seniors and special needs housing and supports in Calgary and, as a group, have collectively identified issues that can be addressed through a coordinated and strategic approach. The aforementioned facts describe the landscape of today. This project promotes collaborative and coordinated action to accommodate the housing and special needs service demands of low and moderate income seniors as well as aging individuals with special needs in Calgary now and into the future.

The project mandate is to develop a strategic plan for the provision of safe, affordable, accessible and appropriate accommodation to meet the needs of low and moderate income seniors as well as people with special needs at risk of homelessness in the city of Calgary.

The desired outcome is a strategic plan that will ultimately assist those individuals within these target groups move toward self-reliance and achieve optimal independence by meeting their (housing and supports) needs, through the provision of affordable, appropriate, safe and stable housing and supports.

Under the umbrella of the Community Action Committee of the Calgary Homeless Foundation, an advisory committee, the “Seniors and Special Needs Housing Sector Committee”, was formed to provide sector-specific information and advice on contextual issues and ideas throughout the duration of the project (Advisory committee membership is provided in Appendix 1: Seniors and Special Needs Housing Sector Committee).

On the advisory committee for this Strategic Plan, is representation from the Calgary Homeless Foundation, Alberta Seniors and Community Supports, Accessible Housing Society, Seniors Advisory Council for Alberta, Trinity Place Foundation of Alberta, the City of Calgary, Calgary Alternative Support Services, Calgary SCOPE Society, Metropolitan Calgary Foundation (MCF), Alberta Housing and Urban Affairs, Persons with Developmental Disabilities (PDD), Kerby Centre Housing Department, and Calgary Catholic Immigration Society.

Within the city of Calgary, there exists a variety of agencies and organizations that tackle the issues and challenges surrounding homelessness, mental health, disabilities, addictions, brain injury, complex needs, accessibility and services for aging individuals. It is recognized that various action plans and strategies exist within these agencies and organizations to fulfill the mandates of each entity. To promote continuity and collaboration to address the needs of
seniors and aging individuals with special needs, this project has taken into consideration other major strategic plans which overlap both housing and service issues. The development of this strategic plan was also informed by incorporating pertinent findings from various plans as well as shared information from other sectors.

The target group that is considered within the strategic plan comprises of low and moderate income seniors and individuals with special needs, and more specifically, how to best house and support these groups as these populations age. The target group population also spans various sectors of the Calgary Homeless Foundation including: interagency sector (shelters), mental health sector, Aboriginal sector, immigrant sector, seniors sector, and the addictions sector.

At the outset of the 10 Year Plan to End Homelessness process, a number of public consultations were held to gather information about the realities of homelessness in Calgary today, to gather public ideas and input on potential solutions to homelessness, and to use the ideas generated to inform the 10 year plan. One of the sessions focused on front-line agencies and outreach workers. The following information was gathered from the session.

Participants expressed their immense frustration at not having capacity within their organization to assist the large numbers of clients they are receiving. Many of these front-line and outreach workers have extensive experience and commitment, yet the common experience is that front-line and outreach workers are overworked and underpaid. Attendees believed that the large increase in Calgary’s population over the last ten years has caused the social services infrastructure and its staff to be stretched to the limit. The number of people living with dual diagnoses (afflicting people who have both addictions and mental health issues), are on the rise and are challenging a system ill-prepared for the increase. In an area of work where recruitment and retention is now an issue, this reality does not promote a great work environment.

Fast forward to the present; the challenges for front-line agencies and outreach workers continue as the demand for their services is needed in any economic condition. It is the passion and various skill levels of these individuals which currently support the low and moderate income seniors and special needs populations.
4. PROJECT METHODOLOGY

The planning process implemented for this strategic plan involved multiple phases associated with: constructive research, issue discussion and analysis, a summary of findings, and the strategic application. This report reflects the understanding of the current environment, as well as the changing dynamics of the target groups and the economy. It also assists in the creation of a vision and direction forward as expressed through stakeholder experience and viewpoints as well as through resultant strategic plan recommendations.

Constructive research develops solutions to a problem or challenges an interrelated set of problems. The challenge identified by the advisory committee was to strategically address the provision of housing and supports in Calgary for the named target groups. The research approach applied was consultative in nature in order to engage key informants and advisory committee members to the fullest extent. The advisory committee met with the consultants to discuss current events, government activity, demographic challenges and systemic barriers, and to provide input to the report content. In addition, stakeholder feedback was shared in concurrent advisory committee meetings and along with other discussed forms of research. These meetings served to provide essential direction to the resultant Strategic Plan. Prioritization of key points by active participation and discussion with the advisory group, also contributed to the formation of recommendations for this sector.

Both qualitative and quantitative information and data are utilized to inform strategic directions. Primary data was collected through key informant interviews and consultation with stakeholder groups. Secondary information was obtained through interviews with identified best-practice organizations and researchers, review of related reports, public policy, strategic plans, literature reviews, and other special projects. Wherever possible, housing inventories were compiled in order to assess current availability of housing for the target groups and to understand where gaps exist. Best practices and promising practices are highlighted in this report to emphasize the initiatives that are demonstrating successful solutions to the posed challenges in this environment.

From the findings will stem strategic directions and recommendations that work to address the “bigger” picture with a focus centered on the client group under discussion.
5. SENIORS AND SPECIAL NEEDS POPULATION DEMOGRAPHIC PROFILE

Any analysis of housing needs requires an understanding of the intended target population. This section presents information regarding the seniors and special needs populations in Alberta and Calgary.

SENIORS

The Alberta population is aging. The number of Albertans over the age of 65 has nearly tripled since 1972, from 123,623 to 361,930 in 2007. Over this same time frame, Alberta’s total population doubled and the median age of Albertans increased from 25.2 years in 1972 to 35.4 years in 2007 (Alberta, 2009).

The number of seniors is expected to continue climbing as more and more baby boomers turn 65. Canada Census projections (see Figure 2)\(^\text{13}\) estimate that between 2011 and 2021, the number of older adults will increase to 627,200, bringing the number of seniors to 16 per cent of the total population. \textit{By 2031, it is projected that one in five Albertans will be over the age of 65} — totalling 880,000 seniors residing in Alberta. In fact, projections by Statistics Canada show that by around by about the year, 2015 seniors will become more numerous than children (aged 14 and under) in Alberta.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{seniors_population.png}
\caption{Projected Growth in the Seniors Population in Alberta}
\end{figure}

\(^{13}\) Alberta Seniors and Community Supports (2009). \textit{A Profile of Alberta’s Seniors}. Edmonton, Alberta.
In addition, the population of Alberta’s oldest seniors is increasing. In 2007, seniors aged 80 years and over made up more than one-quarter of all Alberta seniors. This group is expected to more than double in the next 20 years.  

The city of Calgary has a slightly younger population than the Alberta average. According to the 2009 Census, Calgary had 98,572 residents over the age of 65. In addition, there are 267,952 persons aged 45–64, who will be entering the senior population within the next twenty years as part of the baby boomer cohort.

INCOME

The average income of seniors has steadily risen over the last 25 years. From 1984 to 2004 there was a twenty-seven per cent increase in the average pre-tax income of seniors’ families in Alberta.

According to the 2006 Census, the average total income of seniors was $33,198 in 2005. This was $9,035 lower than the total average income for Alberta’s population in general.

Alberta’s seniors receive income from a variety of sources, including government transfers along with a number of private sources (see Figure 4).

Figure 3: Alberta’s Seniors Income Sources (Alberta, 2009)
In 2006, almost all (99.9%) of Alberta’s seniors received some income from government transfer payments. Approximately 22% of Alberta seniors’ average total income was composed of government transfers, while 62.9% of seniors’ average total income came from private sources (private pensions, investment income, and employment earnings) (Alberta, 2009).

*The downturn of the economy and shift of the investment climate have impacted the boomer population through their current and planned income.*

The choice today for many Boomers nearing retirement, is becoming one between reducing expenses or extending their years in the workforce. A survey completed in February 2009 by Royal Bank found 37 per cent of Canadian boomers who own their own business and had planned on retiring in the next five years are delaying that retirement due to current economic conditions. For Boomers who are not self-employed, 28 percent plan to delay their retirement, also due to the state of the economy (Financial Post, February 27 2009). As a result, we are likely to see seniors participating longer in the workforce in the approaching years.

LIVING ARRANGEMENTS FOR ALBERTA SENIORS

In 2006, 81 per cent of Alberta’s seniors lived in urban areas and 60 per cent lived in the two census metropolitan areas of Edmonton and Calgary. The population of older adults that exists throughout the province is becoming more evident as communities communicate their housing and health services needs. Vision 2020, Health Care for Today and the Future, our health system acknowledges this observation and recognizes its role to enhance access to high quality services and supports in rural areas (Alberta, 2008).

The vast majority of Alberta’s seniors, 67 per cent, were homeowners in 2001. They have the highest percentage of home ownership among Albertans, and a very high percentage of them (84 per cent) had paid off their mortgages in 2001. It is expected that baby boomers are likely to continue current trends of staying in private residences, especially their own homes, during their senior years. Sixty per cent say they will prefer to stay where they currently live when they retire. An Ipsos-Reid survey from 2008 uncovered that retirement-aged Albertans are also more likely to move to be closer to friends and family (54%) or into a condominium (40%).

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The chart below provides an overview of seniors in Calgary with respect to their living arrangements. Of the total proportion of Calgary seniors, just over 70 per cent live in a family household and approximately 28 per cent live in a non-family household. Looking more specifically at the age group 85 and older, the numbers are closer to 50 percent in each type of household.

*As many as 25,717 seniors are living on their own in Calgary.*

The following table outlines Calgary’s Senior Population and household arrangements as at 2006.

### Table 1: 2006 Calgary Seniors Population and Housing Statistics

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Household Living Arrangement</th>
<th>Total Persons with Housing in Family Households</th>
<th>Percentage</th>
<th>Total Persons in Non-Family Households</th>
<th>Percentage</th>
<th>Living Alone</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 +</td>
<td>88,680</td>
<td>63,460</td>
<td>71.6%</td>
<td>25,225</td>
<td>28.4%</td>
<td>23,145</td>
<td>26.1%</td>
</tr>
<tr>
<td>65 – 74</td>
<td>49,595</td>
<td>38,510</td>
<td>77.6%</td>
<td>11,090</td>
<td>22.3%</td>
<td>9,760</td>
<td>19.7%</td>
</tr>
<tr>
<td>75 +</td>
<td>39,090</td>
<td>24,950</td>
<td>63.8%</td>
<td>14,130</td>
<td>36.1%</td>
<td>13,380</td>
<td>34.2%</td>
</tr>
<tr>
<td>75 – 79</td>
<td>19,130</td>
<td>13,410</td>
<td>70.1%</td>
<td>5,720</td>
<td>30.0%</td>
<td>5,325</td>
<td>27.8%</td>
</tr>
<tr>
<td>80 – 84</td>
<td>12,150</td>
<td>7,565</td>
<td>62.2%</td>
<td>4,585</td>
<td>37.7%</td>
<td>4,395</td>
<td>36.2%</td>
</tr>
<tr>
<td>85 +</td>
<td>7,805</td>
<td>3,975</td>
<td>50.9%</td>
<td>3,825</td>
<td>49.0%</td>
<td>3,660</td>
<td>46.9%</td>
</tr>
</tbody>
</table>


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21 Family households are either a *one-family household* consisting of a single family (e.g., a couple with or without children) or a *multiple-family household* made up of two or more families occupying the same dwelling.

22 A non-family household consists either of one person living alone or two or more persons who share a dwelling, but do not constitute a family.
Injuries

Injury due to falling is commonplace among the senior population, according to the Alberta Centre for Injury Control Research (Seniors Falls Injuries in Alberta): 23

- Falls are the most common cause of injury for seniors, who have 9 times more fall injuries compared to younger populations.
- 1 in 3 seniors living in the community and 40–50% of those living in institutions will experience a fall each year.
- 50% of seniors who fall, do so repeatedly.
- Falls were the leading cause of injury related hospital admissions with over 6,900 admissions (76% of injury hospital admissions).
- Falls were the leading cause of injury in analyzing emergency department visits with over 18,700 visits (56% of injury emergency department visits).
- Falls cause more than 90% of hip fractures among seniors and 15–20% of those will die due to complications.
- 40% of all long term care admissions are the result of falls.

The current direction of AHS is to “rebalance and realign” services to improve efficiency and manage costs. To serve the population above and reduce the incidence of hospitalization, we will require an expansion of current and future seniors fall prevention programs in the community and supportive and long term care living environments. A current waitlist of 2–3 months for the seniors fall prevention program will not meet the demand for the prevention of falls. It is the integration of services to the vision of “aging in place” that will rebalance and realign efficiency and cost savings in service delivery.

SPECIAL NEEDS POPULATIONS

Aging Individuals with Disabilities

In 2006, 47.0% of Alberta seniors reported they had a disability, that is, their everyday activities were limited because of a health–related condition or problem. In comparison, only 11.3% of 15 to 64 year old Albertans reported that they had a disability. Of the seniors who reported a disability, 35.9% reported that their disability was severe or very severe. Seniors’ disabilities most commonly manifested in difficulties which affected their mobility (34.4%), agility (32.3%), pain (29.2%) and hearing (20.5%). 24

Developmental Disabilities

At present, there are approximately 2600 individuals with developmental disabilities supported through Persons with Developmental Disabilities (PDD) in the Calgary area. PDD assists 9200 clients province-wide. There are currently approximately 40 PDD-funded agencies providing housing and/or supports, creating a wide array of services available for this population. Some larger agencies may provide a broader range of services, where as some agencies may be more specialized. As these individuals are living longer lives, so too are they facing physiological, social and cognitive changes associated with age.

This trend, among others, has brought about the necessary investigation into program planning now and into the future, as well as the examination of additional and/or alternative housing models, support and care models for aging clients with mounting needs.

There are a number of additional contributory factors driving reviews of current service delivery practices and strategic planning on a go-forward basis. Increasing client numbers, as well as mounting administration and service expenses in the face of budget cuts are creating an unsettling time for providers of housing and supports for individuals with developmental disabilities. At the same time, with clients aging in community and experiencing such issues as reduced mobility, increased medical and physical needs, as well as complications due to dementia there has arisen a need to focus on optimal ways to provide housing, care and supports.

This year, in the Calgary area alone, PDD is projecting a 4.8 million dollar shortfall in the 2010–11 fiscal year. With some of Calgary’s larger agencies serving this population concerned this threatens their clients’ well-being, as well as the ability to continue to deliver what they already convey as “bare minimum” services, investigating possible strategies at present could not be more timely. Through stakeholder engagement and best practice reviews, the exploration of models of housing and supports that may best meet the needs of aging PDD clients will be discussed with ideas toward future planning.25

With these challenges also come opportunities to examine innovative housing and support models that optimize and balance health, safety and well-being while remaining sensitive to the individual and their needs, desires, and rights to live a full and participatory life with dignity and choice.

The Ontario Partnership on Aging and Developmental Disabilities states there is evidence that men and women with developmental disabilities are subject to some differences in the onset and progress of aging due to hereditary, environmental and lifestyle factors. The effects of aging can begin earlier and progress more quickly. For example, a genetic predisposition of a

A person with Down syndrome can influence the onset of symptoms of Alzheimer Disease as early as their mid 30s or 40s. Such evidence adds to the complexity of the aging process for these individuals and creates additional challenges to the continuity of their life plan. Among these challenges are those including appropriate housing and support services. Many individuals have been supported in the community in their younger years in family or smaller group environments. With their physical system becoming compromised due to experiencing such age processes at an earlier age, housing environments and support services for this population must be included when planning essential additions to supportive housing inventories. When individuals are younger they live in environments suited to their lifestyle. The health of individuals in any of the seniors and special needs populations should be a significant determinant to designing the housing environment which will support them in as independent a lifestyle as possible. As a client’s needs change over time, important decisions to adapt present environments or move to an alternate supportive environment must be made and will depend upon the nature and type of health and support services required.

It is critical to address access to health services for all populations currently under discussion, including those with developmental disabilities. Health service providers must be knowledgeable with regard to aging aspects specific to those with developmental disabilities, and recognize that due to such an individual’s or caregiver’s possible inability to attribute some health changes to age, possible signs to be aware of may include: changes in social roles, activity level, behaviour, etc.

The Homeless

In 2006, the Social Research Unit of the City of Calgary conducted a count of the homeless. 3,436 men, women and children were identified in this study as homeless. Since 1994, the number of homeless people has been increasing an average of 35 per cent every two years (Calgary Committee to End Homelessness, 2008).

As identified in Calgary’s 10 Year Plan to End Homelessness, Calgary’s known homeless population, as found in emergency shelters, transitional housing and on the streets, is composed predominantly of single white men. Aboriginal peoples continue to be over-represented in homeless counts relative to the percentage of the Canadian population who are Aboriginal. There are difficulties in tracking the exact statistics of homeless people due to a “hidden” portion of homeless individuals who avoid emergency shelters. For instance, women often avoid emergency shelters out of fear for personal safety or fear of losing children to child

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welfare agencies. Young people also have a tendency to avoid the shelters out of fear for their safety or to avoid authorities.

Risk factors have been identified by the Calgary Committee to End Homelessness that, when present in an individual’s life, singly and/or cumulatively increases the probability of homelessness. Key risk factors include: poverty, physical disability, mental illness and/or addiction issues; a difficult childhood history such as Fetal Alcohol Syndrome and/or abuse; time in foster care; family conflict; lack of supportive relationships; and, lack of education. The probability of homelessness increases when one or more risk factor exists during a ‘triggering event’. A triggering event could be: a financial crisis; moving for economic or social opportunity; a health crisis; a family conflict; unchecked addiction and mental illness; or, a crime (either as victim or perpetrator).

**Mental Health Sector**

Mental illness affects individuals; across sectors, across gender, across (dis)ability, across ethnicity and across the entire income spectrum. Mental illness is common among the homeless, and depending on the severity, can have a significant impact on an individual’s ability to acquire and maintain safe, appropriate and affordable housing. In addition, the common inability of many people with severe mental illness and brain injury and/or addiction(s) to work at full capacity in the paid labour force often results in a life of dependence on the social welfare system and chronic poverty (Dunn, James and CHMC, 2002, page 44). Some such examples of severe mental illness include: schizophrenia, major depression, bipolar disorder, obsessive–compulsive disorder and panic disorder.

Identified challenges for the provision of stable housing options for persons with Severe Mental Illness include:

- 67% of homeless people are believed to have a history of mental illness in their lifetime
- 67% also had a substance abuse disorder

The Canadian Mental Health Commission’s ‘Out of the Shadows’ report states that among seniors, “20% are living with mental illness.” While this rate of incidence is comparable to other age groups, it masks alarming problems such as the 80–90% of nursing home residents who are living with mental illness and/or some form of cognitive impairment. It also fails to reveal the fact that more elderly seniors are facing particularly acute challenges that include high rates of Alzheimer’s disease and related dementias, and for men, a significant incidence of suicide.”

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29 Waegemakers Schiff, J. et al. (2008 January). *Housing Needs in the Calgary Region for Persons with Severe Mental Illness*. Appendix B. P.4

The Commission further found that “mental health services are often not available to seniors where they live, an important consideration given the limited mobility of this population. In addition, the fact that seniors often shift from community-based to institutional-based care is often not taken into account and planned for, making the transition both troublesome for the person affected and inefficient. Finally, efforts to address deficiencies in existing treatment and support services are consistently hampered by the application of a philosophy of simply “warehousing” those who suffer the disadvantage of being both aged and mentally ill. Sadly there is little focus on the recovery of seniors affected by mental illness.”

In June of 2008, the Globe and Mail featured a detailed probe into the state of Canada’s Mental Health service sector through a compilation piece entitled *Breakdown: Canada’s Mental Health Crisis*, which ultimately culminated in an appeal to legislators by Globe and Mail’s Editor-in-Chief, to both read and act on the findings therein. (Globe and Mail – June 27, 2008) Also included in this detailed feature, was “*A 12-Step program for Canada*” outlining fundamental recommendations for change to create a comprehensive system, along with a very succinct slogan for direction:

“Face it. Fund it. Fix it.”

A later feature in November of 2008: *When mental illness tarnishes your golden years*, explores specifically, the challenges faced by aging members of our society. This article identifies the challenges faced by this group of seniors including this demographic’s own bias against discussion or seeking of care for mental disorders. Also, discussed is the “‘therapeutic nihilism’ of a health care system that sees them as beyond saving.” Additional barriers to appropriate supports include addiction and or brain–injury, dual–diagnoses, dementias, and lack of combined expertise in these areas in order to rise to the complex needs of this growing client group.

Non–profit seniors’ supportive housing providers such as Trinity Place Foundation effectively house and support aging individuals with various challenges in Peter Coyle Place. Residents here can access health, counseling and meal supports through a wrap–around approach to housing and care. Staff, doctors and nurses, through a partnership with the ALEX, along with the provision of meal service, social supports and maintenance all assist residents to reside at Peter Coyle Place successfully, and thus, go a long way to prevent and end cycles of continuous emergency admissions, hospitalizations and contact with law enforcement.

On our streets and in our shelters, this is a real and growing demographic. It is critical that we find appropriate housing and supports strategies now and into the future, and that

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supportive environments for aging persons with mental health and dual-diagnosis and complex needs are among those addressed in current times of Calgary’s 10-Year Plan to End Homelessness and Beyond.

Strategic and preventive planning to provide sufficient, effective and appropriate supportive environments for aging persons with mental illness must commence immediately, in order to avoid housing crisis situations.

*Stakeholder experience and input*

While there have, in recent years, been additional mental health housing spaces opened to those requiring such services, there remains a strong current and future need for sufficient supportive spaces for aging individuals in this sector. With advancing age, also comes additional demand for increased oversight and support, not only for physical aging aspects, but for other changes due to issues as dementia and resultant changes in behavior, etc.

Aging residents with mental illness often have strained if not completely severed relationships with family and/or those who may have been involved earlier on in their lives, making both transition into and living within supportive living communities extremely difficult. Introduction and/or consistent access to a monitoring physician is essential once placed in a suitable housing environment, but is not yet a part of the current service and delivery model. Also currently lacking is assistance for such tasks as: acquiring essential items for daily living (such as clothing, toiletries, and other personal items), setting up phone and or TV service, opening a bank account (possibly assigning a responsible party to conduct financial business on behalf of the resident), arranging for a moving any personal items, etc.
Aboriginal Sector

On average, on any given evening, 16% of Calgary Drop-In Centre’s guests will be of Aboriginal descent. According to Calgary Homeless Foundation’s reportings, 28% of Calgary’s chronically homeless are of Aboriginal heritage. With Calgary’s total Aboriginal population comprising only 2.5% of its total, this is a strong indicator that both causes as well as effective solutions for homelessness in this sector must be investigated thoroughly. Calgary Homeless Foundation has identified the Aboriginal population as one of high priority in 2010–11.

The Aboriginal Housing Sector Committee’s role within the Calgary Homeless Foundation has been that of establishing an understanding of homelessness within this population. To date, the Foundation has identified key factors contributing to chronic homelessness including the marginalized position of Aboriginal people as the result of long-held historical policies and acts of racism. Such longstanding conditions as this have led to larger issues of loss of identity, culture, economic independence, and control which has further compromised and threatened the health and well-being of Aboriginal people. Many feel stripped of their original rights to live their lives as culturally connected whole physical, intellectual, emotional and spiritual human beings. Along with such contributory factors, further issues such as lack of affordable and appropriate housing, addictions, mental health conditions, racism, social isolation and migration from reserves (without adequate support and resource systems); all culminate in the immediate need to address this situation in a meaningful and effective manner.

As identified in Aboriginal Housing in Canada: Building on Promising Practices,

“Aboriginal housing is the sector of Canadian Housing most in need of remedial action. It is a black mark on Canada’s otherwise enviable housing record... Because of a substantial backlog and a rapidly growing population, the problem is deteriorating and badly in need of transformative action.”


Brain Injury and Stroke

Brain Injury

There are several ways that brain damage can occur. Some of the most common include: head injury, stroke, act of violence, toxins (including alcohol or substance abuse), tumours, disease, surgery, near drowning, electric shock and lightning strikes.

The prevalence of brain injury in the homeless population is staggering, and is often not known to those whose role it is to support these individuals and assist them on a path out of homelessness. If a client has an injury–, alcohol– or substance–related brain injury that is not identified or supported appropriately, this person may not ultimately be supported in the manner by which successful transition out of homelessness can occur.

In the news article Head Injuries High Among the Homeless37, it is learned from a Toronto study that over one half of the homeless population has suffered traumatic brain injury in their lifetime. Study results revealed a 58% incidence rate in homeless males, and 48% in homeless females. In addition, over 70% of these injuries were reported to have occurred prior to becoming homeless, thus suggesting, as stated by Dr. Stephen Hwang of the Centre for Research on Inner City Health, the likelihood of a causational link. This has spurred the interest in further research in this area to determine additional relational evidence between traumatic brain injury and homelessness.

Dr. Colantino, Seniors Research Scientist at Toronto rehab, adds that although traumatic brain injury is the leading cause of death for persons under 45, sufficient attention is not paid to this fact. She would also like to see screening for brain injury as a routine factor that should be evaluated when working with the homeless population. Further, she states that identifying for brain injury could assist with more successful treatment.

Other important facts:

- “ARBI (Alcohol Related Brain Injury) or SRBI (Substance Related Brain Injury) emerges in the 40+ age group and its prevalence increases over time” 38
- “Actual prevalence of this disorder may be underestimated because data is gained primarily from self–reported identification of ABI and variations in definition, severity (AIHW, 1999) and age limits may also confound actual prevalence.” 39

Albeit from Australia, the following offers a perspective on Alcohol Related Brain Injury and its close connection to other factors.

**A snapshot from ARBIAS (Alcohol Related Brain Injury Australian Services)**

Of those who have Alcohol Related Brain Injury:

- 42% have a dual diagnosis
- 80% actively use alcohol and other drugs
- 25% have contact with the criminal justice system
- 30% live in public housing
- 25% live in Supported Residential Services
- 22% live in private rental accommodation

ABI is often referred to as a *hidden* disability as it tends to affect areas of thinking and behaviours, the disability is not easy to see and recognize and there is a possibility that the needs of the many people with mild to moderate ABI can get overlooked.

Challenges of working with ABI (Acquired Brain Injury)/AOD (Alcohol and Other Drugs) clients are that they have complex presentations with limited service responses, due to the silo effect. There is a tendency for these individuals to **fall through the cracks**. As these clients are often misinterpreted or misunderstood, this poses a challenge to support professionals.

“**Advances in medical technology and trauma care services have resulted in an increasing number of people surviving the acute phase of serious brain injury. These advances have created a new population of survivors often with high-level care needs who require lifelong health, welfare and social support. While life saving procedures following traumatic injury should continue to be given the current high level of priority in our society, there is also a responsibility for society to provide life-long support for the people who survive such trauma.***”

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**Stroke**

In addition to falls, strokes are a major source of injury and death among the senior population. The age-standardized mortality rate in Alberta for stroke in 2004 was 37.3 per 100,000 population. As seen in figure 4, mortality from stroke increases significantly in the 75+ age range.

Figure 4: Age-Specific Mortality from Stroke in Alberta, 2003–05

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**Dual Diagnosis and Complex Needs**

Use of the term “dual diagnosis” is one that has been used in a number of applications. In Canada, and other countries, someone with a mental illness and an addiction would be viewed as having a “dual diagnosis”. Another term for this instance is “concurrent disorder”.

In some provinces, however, “dual diagnosis” refers to an individual with a developmental disability as well as mental health concerns. According to the National Coalition on Dual Diagnosis, approximately 38% of Canadians with developmental disabilities also have a mental illness, therefore roughly 380,000 individuals, by this definition, live with a developmental dual diagnosis.43

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Dual Diagnosis individuals are particularly vulnerable and marginalized. They often have difficulty accessing effective and appropriate care due to difficulty in communicating and making themselves understood. Some of the health inequities as outlined in the position paper “Dual Diagnosis: Coping with mental health problems when you have a developmental disability” are as follows:

People with Dual Diagnosis:
- Have complex needs and find themselves entangled in multiple systems of assessment and management, often unconnected from one another.
- Have inadequate access to the positive determinants of health (education, housing, nutrition, economic security, work, safe communities, and social inclusion).
- Estimate of people with Dual Diagnosis among the homeless or inadequately housed range from 10–20% to 40–50%.
- Experience “double jeopardy” effect of stigma when two disabilities are present in the same person, increasing effects of marginalization. The result being “diagnostic overshadowing” – where mental health issues go ignored or untreated as symptoms are dismissed as “just” being part of the developmental disability.
- There is an increased likelihood of challenging behaviours and over-medication by professionals to “treat” behaviour issues. One half of all adults with Dual Diagnosis are prescribed psychotropic medications – often without an in-depth assessment of the client’s behaviours.

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6. INVENTORY

Given the demographic of seniors and special needs populations, what is the current supply and likely demand for housing in Calgary?

SENIORS HOUSING

The supply of housing options available to low and moderate income seniors and special needs populations varies between apartment style, two to four level condo and bungalow-type units. Affordable Seniors Housing units in Calgary are operated by a number of providers. According to the information provided as of December 2009, there are 4034 provincially funded seniors apartment-style housing units in the city.

<table>
<thead>
<tr>
<th>Housing Types</th>
<th># Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors Self-contained Program</td>
<td>4034</td>
</tr>
<tr>
<td>Seniors Non-profit Housing Programs</td>
<td>1031</td>
</tr>
<tr>
<td>Seniors Citizen Lodge Program – Calgary Region</td>
<td>937</td>
</tr>
<tr>
<td>Designated Assisted Living (DAL)</td>
<td>427</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>4331</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10,760</strong></td>
</tr>
</tbody>
</table>

Reference: Ralph Hubel December 2009 Senior Citizen Housing Options in the Calgary Region – see Appendix III.

ACCESSIBLE HOUSING

According to the information provided as of April 2010, there are 462 accessible units listed in Accessible Housing Society’s Accessible Housing Registry in Calgary.

<table>
<thead>
<tr>
<th>Housing Types</th>
<th>Bachelor</th>
<th>1 Bdrm</th>
<th>2 Bdrm</th>
<th>3 Bdrm</th>
<th>4 Bdrm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheelchair Accessible Senior Suites</td>
<td>84</td>
<td>142</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-subsidized Wheelchair Accessible Units</td>
<td>4</td>
<td>25</td>
<td>39</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Subsidized Wheelchair Accessible Units</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Units with supports attached</td>
<td>10</td>
<td>21</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>98</strong></td>
<td><strong>217</strong></td>
<td><strong>121</strong></td>
<td><strong>24</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>

Reference: April 2010 Accessible Housing Registry Data
DEMAND

Given the high prevalence of disability among seniors, the growing number of seniors, and the overall lack of available accessible housing, additional accessible housing units will be needed in Calgary as the senior population grows.

As the increasing seniors’ population demographic and the economic downturn are affecting seniors’ current and projected retirement incomes, it is highly likely the demand will increase as well for affordable seniors housing in Calgary. More than one story of “Rags to Riches to Rags”, told by a seventy year old, has made the news with our recent recession. Alberta was hit hardest by the recession, evidenced by our unemployment rate, along with Calgary as the provincial city. Today if you are 65 and 70 years of age it will be difficult to recoup pre-recession retirement incomes. While the growing number of seniors could be forecasted, the economic impact was not anticipated well. Programs and services to either reduce costs to the senior living in their home (i.e. property taxes) or support them in more congregate housing environments, will be part of our future. The futurist view has seniors and special needs populations desiring to live in their own home longer, requiring the increased use of home care.

In addition, over 50% of the existing aforementioned housing inventory is more than 15 years old. Some of the existing accessible housing units will require upgrading and adaptation to accommodate current accessible design standards, and thus allow greater capacity for residents to age in place.

The demand for better care for those with cognitive and mental health challenges as well as physical disabilities and/or other disability issues will increase as well evidenced by the growing demographics.

The increasing demographic pressure on seniors housing and care has been recognized by the provincial government, who continue to positively respond to the increasing need for affordable supportive living units in Alberta, as well as the need for the funding of ongoing Lodge improvement and modernization costs. 45

The Alberta Continuing Care Association reports a dramatic projected increase in clients needing continuing care over the next twenty years, particularly with regard to home care.

Figure 5:

This aging trend is one to be taken seriously and to most certainly plan for responsibly. One report on the aging population identified 2030[46] as the time when the baby boomers will be impacting the long term care system. There are immediate improvements and strategic directions which can be followed to better align continuing care with individual needs (i.e. an increased emphasis on providing care and supports for those with mental health and physical disability challenges). However, planning for a baby boomer impact in 2030 requires perhaps more of an urgent emphasis on financial savings and human resource planning and responsible forecasted capacity projections regarding anticipated demand for future years. With Alberta as the youngest of the provinces, at a median age of 35.6 years[47], we know the greatest need today lies with the 75+ year old, ensuring they have adequate housing and services, and also remain cognizant of the need to plan for the movement of baby boomers into their next stage of life.

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Brain Injured

Securing appropriate housing and sufficient supports for Calgary’s brain injured is described by interviewed stakeholders as a continual struggle. Due to complexities, it can be extremely challenging to find housing situations that work, as well as to find adequately trained staff. For those persons with brain injury who require housing, there are: small group home settings, living environments in community with significant health supports such as those at Bob Ward Residence, as well as an 11-bed long term care unit at Southwood Nursing Home.

MENTAL HEALTH

In 2008, a strategic plan for the Mental Health Sector was developed for the years 2008 through to 2012. Through an environmental scan and needs assessment, prioritization for the creation of housing and supports involved addressing the highest needs first. It was determined that 60% of the homeless population had a history of mental illness.

1. Creation of housing and supports for the absolutely homeless living in shelters or sleeping rough were assessed as most urgent
2. Recommended next steps included a second initiative to address housing and supports needs for those at risk of becoming homeless

Supportive Housing Inventory for individuals with mental illness:

Table 4: Apartment Accommodation (highest degree of independence)

<table>
<thead>
<tr>
<th>Location</th>
<th># of Clients Housed &amp; Supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizon West</td>
<td>16</td>
</tr>
<tr>
<td>Horizon 14</td>
<td>27</td>
</tr>
<tr>
<td>Horizon 8</td>
<td>28</td>
</tr>
<tr>
<td>Bob Ward Residence</td>
<td>30</td>
</tr>
<tr>
<td>Alice Bissett Place</td>
<td>38</td>
</tr>
<tr>
<td>Potential Place Society</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
<td>165</td>
</tr>
</tbody>
</table>

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48 Waegemakers Schiff, J. et al. (2008 May). Mental Health Sector Strategic Plan 2008-2012
Table 5: Group Home Accommodation (highest degree of support)

<table>
<thead>
<tr>
<th>Location</th>
<th># of Clients Housed &amp; Supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marguerite House</td>
<td>up to 8 persons</td>
</tr>
<tr>
<td>Miner House</td>
<td>up to 8 persons</td>
</tr>
<tr>
<td>Hunter House</td>
<td>up to 6 persons</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

Other programs:

**Shared housing**
- Capacity for 27 clients in community settings with varied support up to 18 hours per week

**Robert’s House**
- Up to 10 residents housed & supported
- 24hr supports for persons on parole with mental health diagnosis.

**Hamilton House**
- 8 beds
- An intensive 24hr supported environment for persons transitioning from hospital back to community who do not meet criteria for other housing programs.

There is currently a waiting list reported for all programs.

**DEVELOPMENTAL DISABILITIES**

With over 2600 clients supported in a variety of ways, (some utilizing a full complement of housing and supports, while some using less supports and perhaps living at home with family members), a full accounting of all available housing units was not attainable. Stakeholders interviewed, however, repeat a common theme that there is limited supportive housing opportunity for people with developmental disabilities. Programs are waitlisted, according to stakeholder feedback, with a shared desire to create more suitable living environments.

There are several housing and supports providers for this population, with a number of options available for service delivery and home setting. Options can include matched housing/supports arrangements as well as supportive roommate situations. With a concentration on keeping these relationships close knit, normally only 2–3 individuals maximum live in one home for the most part. Feedback from stakeholders reveals there is a waitlist for the matching program and that when housing and supports opportunities arise, they can sometimes be less than ideal.
In order to investigate this sector’s housing concerns, one of this sector’s stakeholders, Calgary Scope Society, engaged Housing Strategies Inc to conduct a housing evaluation to address immediate and future housing issues with the following findings:

- Clients were facing issues of affordability due to low incomes, overall housing appropriateness based on special needs, and compatibility with neighbours and roommates.
- Valuable organization time and resources were being spent on continually trying to remedy unsuitable housing situations.
- Making do with the limited housing available diverts attention from service provision.
- Clients were having to accept the “least incompatible” setting, over selecting settings optimal to their success in community and at home.

Aboriginal Housing and Supports

As expressed by stakeholders serving this population, there is lacking, in Calgary, a city-based housing program for Aboriginal people. With other major Canadian cities being served by Aboriginal Housing organizations, Calgary is well behind in this area. Following are listed housing and supports services here in Calgary, specifically for the Aboriginal population:

Awo Taan Native Women’s Shelter – Services and programs include crisis intervention; healing circles for both women & children; community referrals; shelter up to 21 days, food, transportation; donation of clothing, household items.

Kootenay Lodge – Housing and Supports for Aboriginal People with disabilities – support services provided by URSA (Universal Rehabilitation Services Agency); comprises of 10 bed/sitting rooms with common kitchen and living areas.

Metis Urban Housing Corporation – subsidized housing for families – 249 units accommodating approximately 700–800 people. Substantial wait list for housing. Includes one 10-unit seniors building in Kensington area.

Nekinan Group Home – Group care for Aboriginal youth with ward status.

Rainbow Lodge – Transitional Housing for Aboriginal Families – 32 3-bedroom homes; partners in housing and supports to provide comprehensive services – lead organization: Metis Calgary Family Services, along with Aspen Family and Community Services and Inn From the Cold

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Sunrise Residence – AADAC offers a 20-bed, co-ed, residential treatment program with a 28-day program geared towards Natives.

Treaty 7 Urban Housing Authority – subsidized by CMHC, the housing authority oversees 43 units, accommodating approximately 100 people. Substantial waitlist in place – approximately 40 families awaiting placement

Woods Homes – Eagle Moon Lodge Addictions Program assists Aboriginal youth.
7. TRENDS

SENIORS

Given the current situation of supply, demand, and seniors demographics, what observable trends could help inform planning processes?

A significant trend is observed regarding the course that seniors are increasingly charting, which is to change the current system to match their preferences, rather than to acquiesce to whatever is available.

Seniors are a powerful constituency. They are increasingly vocal about (i) their desire to be cared for in their home for the duration of their lives, (ii) the need for strengthened health promotion services to help seniors live with the burden of chronic disease, (iii) seniors desire to ‘age in place’, and (iv) the increased acceptance of empowering seniors’ home care systems such as the Eden Alternative.

1. Pursuit of Home Care Renewal in Canada

When possible, many Canadians want the ability to be cared for and even die at home, rather than palliating in a hospital or institution. Providing care at home to people who are very ill or dying is not a new concept, but there is an increasing desire to have services that are more comprehensive, better coordinated, and publicly funded. As identified by the Health Council of Canada, the Canada Health Act does not require governments to provide or fund treatments given at home, although all levels of government have voiced commitment to change this situation. (Fixing the Foundation Report, 2008, page 8).  

The 2004 10 Year Plan to Strengthen Health Care, identified some specific areas for increased home–health provision and supports. Some such areas included new coverage for:

- Short–term acute home care for case management, intravenous medications, nursing and personal care (with relation to patient care discharge instructions from hospital).

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The emphasis on aging in place is consistent with strategic directions outside of Canada. The U.S. Census Bureau recently reported that about 7.4% of Americans aged 75 and older lived in nursing homes in 2006, compared with 8.1% in 2000 and 10.2% in 1990. The emphasis in the USA has shifted from nursing homes to seniors’ housing with a ‘community’ feel and design.

2. Health Promotion Programs to Assist With Increasing Chronic Health Conditions

The Health Council of Canada reported more than nine million Canadians, or one-third of youth and adults in Canada, have one or more chronic health condition(s) – long term problems such as arthritis, diabetes, cancer, and heart disease (A health Outcomes Report: Why Health Care Renewal Matters 2007).52 These conditions affect well-being and quality of life and represent a significant, and growing, health care and economic burden for Canada. More statistics reported on chronic disease in Canada follow:

- Many people with chronic conditions suffer complications that add to their health problems and reduce their quality of life. Half of Canadians with multiple chronic conditions report moderate to severe disability in daily living.
- Chronic conditions are more common among older Canadians (77 per cent of people 65 and older have at least one chronic condition), among some ethnic groups, and among people with low income but cut across all ages and circumstances.
- Chronic conditions are more common among lower income Canadians, women, and seniors.

Because of the increasing burden of chronic disease, an increased emphasis on health promotion and disease prevention among seniors is apparent (i.e. falls prevention programs, healthy eating and physical activity programs and services, supportive seniors social environments).

3. Seniors Prefer To “Age In Place”

Studies on seniors’ housing needs consistently report that seniors prefer to “age in place” – to remain in their own homes as long as possible – and that they also want to make their own decisions about their needs and lifestyle. (Highlights of the Report on the Atlantic Seniors’ Housing and Support Services Survey, Atlantic Seniors Housing Research Alliance, 2007)\(^5^3\). This was supported by the Special Senate Committee on Aging – Second Interim Report *Issues and Options for an Aging Population* (March 2008)\(^5^4\) which reported that most seniors (93%) live in private homes, and have a strong preference for staying in their own homes. Factors which push seniors to move out of their homes include inappropriate design or size of the home, loss of a spouse or decline in health. Some may no longer be able to afford their homes or keep up with home maintenance.

The Senate Committee has heard it is more efficient to plan and build housing and neighbourhoods that will continue to meet the needs of people as their health status changes. While building regulation is the responsibility of provincial and territorial governments, most provinces and territories adopt or adapt the model National Building Code and enforce its requirements.

CMHC has two programs, the Residential Rehabilitation Assistance Program and the Home adaptations for Seniors’ Independence (HASI) program, to make sure that homes can be adapted to allow low-income seniors to live independently in homes that meet basic health and safety standards.

Services that allow people to remain in their homes longer include (NGA Centre for Best Practices, State Strategies to Promote Independence Among Older Residents, 2004)\(^5^5\)

- Point-to-point public transportation that is efficient and accessible
- Affordable, quality housing that accommodates people of all ages with disabilities
- Opportunities for older people to remain active in their community

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Facilitating increased independence is also reflected in Plan It Calgary’s Complete Street Philosophy.\textsuperscript{56} A Complete Street is defined as a street 

“...designed and operated so they are safe, comfortable and convenient for all users – pedestrians, cyclists, motorists and transit riders of all ages and abilities”

The use of the Complete Street philosophy in planning would increase the ability of Seniors to participate safely within their communities.

4. Continuing Strength in Seniors’ Home Ownership and Value

Statistics Canada data shows that approximately 19 per cent of Alberta seniors rent; 7 per cent live in provincial housing programs and 3 per cent are in long-term care. In general, seniors live in smaller and older homes, but are more likely to assess their dwellings as requiring only regular maintenance.\textsuperscript{57}

The average value of seniors’ dwellings increased from $109,602 in 1996 to $140,413 in 2001.\textsuperscript{58} The perceived average value of Alberta seniors’ dwellings was lower than the value of all Albertans’ dwellings, which was estimated at $159,680 in 2001. Due to increasing real estate values over time, today’s seniors may find themselves “asset rich and cash poor,” having significant funds tied up in hard assets, while struggling to provide for day-to-day living expenses.


\textsuperscript{57} Alberta. Seniors and Community Supports (2006) \textit{Most Seniors Live in Private Housing}.

\textsuperscript{58} Alberta. Seniors and Community Supports (2009). \textit{A Profile of Alberta’s Seniors}. Edmonton, Alberta.
5. **Empowering and Enabling Seniors**

A growing trend in Seniors Care is the empowerment and enabling of Seniors – recognizing the contributions Seniors can still make. This is perhaps best characterized by The Eden Alternative®, developed in 1991 by Dr. Bill Thomas to re-make the experience of aging both in facilities and in independent living arrangements. Eden’s ten core principles include:

1. The three plagues of loneliness, helplessness, and boredom account for the bulk of suffering among our Elders.
2. An Elder–centered community commits to creating a human habitat where life revolves around close and continuing contact with plants, animals, and children. It is these relationships that provide the young and old alike with a pathway to a life worth living.
3. Loving companionship is the antidote to loneliness. Elders deserve easy access to human and animal companionship.
4. An Elder–centered community creates opportunity to give as well as receive care. This is the antidote to helplessness.
5. An Elder–centered community imbues daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable interactions and happenings can take place. This is the antidote to boredom.
6. Meaningless activity corrodes the human spirit. The opportunity to do things that we find meaningful is essential to human health.
7. Medical treatment should be the servant of genuine human caring, never its master.
8. An Elder–centered community honours its Elders by de-emphasizing top-down bureaucratic authority, seeking instead to place the maximum possible decision-making authority into the hands of the Elders or into the hands of those closest to them.
9. Creating an Elder–centered community is a never-ending process. Human growth must never be separated from human life.
10. Wise leadership is the lifeblood of any struggle against the three plagues. For it, there can be no substitute.

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Research into the effectiveness of the EDEN approach in facilities that have implemented it has identified the following benefits:

- Decreased need for antidepressant and psychotropic prescriptions
- Decrease in average # of medications per Elder
- Decreased drug cost
- Reduced incidents of pressure sores
- Reduced incidents of incontinence
- Decrease in Irritability Scores
- Decreased number of skin tears
- Increased Census
- Increased Revenue and Net Operating Income
- Decrease in staff absenteeism

Another significant recent trend is the launch of coordinated government initiatives to address both affordable housing and the need for additional continuing care spaces in our communities.

1. **Supportive Community Living Expansion**
   On September 16, 2009, Alberta Health Services announced the addition of 800 new community living spaces province-wide. These spaces are intended to increase community living options, including home care, supportive living and long-term care, to ensure patients across the system are getting the right care in the right place. The stated intent is for seniors to be transferred from acute care settings into these newly available community care settings where more appropriate care is available.

2. **Increased Funding for Affordable Housing**
   Since 2006, there have been dedicated funds through Alberta Seniors and Community Supports to both grow and improve the number of affordable supportive living spaces available in the province. Following are the funds allocated:

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In recent years, there has been availed additional funding for both affordable independent housing and affordable supportive housing in Alberta. For example, the province recently announced $278 million in capital funding in 2009–10 to help create 2,200 more affordable housing units across the province. For budget year 2010, $105 million of combined ASLI and Alberta Capital Bonds funding has been committed to develop and upgrade more than 1000 spaces of affordable supportive accommodation in the province of Alberta, for a total of 13 projects in 10 communities.

Increased response to the need for affordable and seniors housing can also be seen at an international level. In February 2009, the Australian government announced an investment of $6.4 billion from 2008 to 2012 for the construction of around 20,000 social housing units and repairs and maintenance to around 2,500 existing public housing dwellings.

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Multicultural Seniors

As identified by research and stakeholder input, we must be aware and prepare for the fast-growing numbers of aging multicultural individuals, in our city, province and country. Another country cognizant of the rise in number of this population is Denmark. In 1997, they had 34,000 multicultural seniors. As they approach the year 2020, there will be nearly triple this number (86,000).

This group has both language and cultural barriers, which can be extremely isolating. They are also reported to be less likely to take advantage of opportunities and programs available to them.  

There are a number of factors we need to consider when planning ahead to meet housing and support needs for Calgary’s multicultural senior population. Some such factors include:

- There is a great diversity among Calgary seniors in terms of spoken language.
- Over one third or 33,565 of Calgary’s seniors had a non-English first language.
- Over 20 per cent regularly spoke a non-English language at home and 8.6 per cent of multicultural seniors were unable to converse in English.
- The age group over 75 years old comprised of almost one quarter of all non-English speaking Calgarians over the age of five.

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BRAIN INJURY

In November 2005, the paper, *Calgary Brain Injury Strategy – Foundations for Direction* was released and summarized current trends and issues with regard to service and support gaps, as well as recommendations involvement and participation across Health and Community Supports sectors for improvement of supports for survivors of acquired brain injury. Three inter-related working groups facilitated discussion around essential components during this process. These included:

- Service Delivery
- Data Management and Evaluation
- Education and Prevention

This partnership endeavour between *Alberta Seniors and Community Supports and the Calgary Health Region* evidenced increasing awareness of the extremely complex needs of brain injury survivors with respect to a number of factors such as:

- The coordination and provision of support between community and health based services
- The need to source previous research and record current efforts in order to understand better the service and support requirements for survivors of brain injury as well as their support networks
- The recognition that throughout a survivor’s post injury lifespan, needs can change over time and the ability to monitor and address such changes and needs is imperative
- That *quality of life* is a critical factor and thus both post-injury as well as preventive programming are both essential pieces to improved service delivery organization.
- Special consultation with professionals, families/caregivers and leaders within the Aboriginal community as to how best to meet the needs of Aboriginal survivors of brain injury is important when implementing strategies in this area.  

Such initiatives are increasingly important as each year in this province, approximately 10,000 more Albertans suffer acquired brain injury. With this population ever-increasing, coordinated action on part of government across related health and service sectors is imperative.

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Green Technologies

A number of recent projects have also emphasized green technology and design approaches, assisting in the creation of healthier living environments.

For example, in its current Request For Proposals for Affordable Housing, Alberta Housing and Urban Affairs is emphasizing sustainability through the use of green technologies “that promote the conservation of non-renewable resources, minimize environmental impact, or include building components that contribute to the economic efficiency of the facility over the long term.”

As the demand for green technologies increases and technologies become more affordable, their use will become more widespread. Also fuelling the demand for green technologies across Canada is the growing adoption of LEED (Leadership in Energy and Environmental Design (LEED) Green Building Rating System) certification for such buildings as care facilities.

With some of these technologies new and, as yet, unproven over time, careful attention must be paid when weighing initial and ongoing operational costs for some of these practices. As some operators have discovered, due to the fact that installation and equipment can be specialized in this area, maintenance can become a costly venture, which may pose problematic for providers in the area of affordable housing. Ultimately, a balance must be struck between affordability (budget) and cutting edge technology in order to ensure an acceptable and optimal long-range plan for building operations.

International Trends

A number of international trends are also of note. These include increased government engagement in multi-sectoral planning, decentralization of housing and health responsibilities, as well as cost-sharing arrangements for housing, care and related policies. Improvements in design and increased opportunities for aging in place have also served to improve seniors’ quality of life.

As aforementioned, Australia has recently announced significant investments in affordable housing. One of the motivating factors behind this investment is the need to update or replace a stock of public housing that is forty to fifty years in age. Demand is also high due to a recent emphasis in the provision of housing for single people with complex needs as well as for

younger families, thus leading to a state where it has become increasingly difficult for seniors to access public housing. The government’s investment will feature:

- better social and economic participation for social housing tenants by locating housing closer to transport, services and employment opportunities;
- implementation of support arrangements to assist social housing tenants to transition from social housing arrangements to affordable private rental and home ownership as their circumstances change;
- reducing concentrations of disadvantage through appropriate redevelopment to create mixed communities that improve social inclusion;
- improved efficiency of social housing including through better matching of tenants with appropriate dwelling types and the introduction of rental setting policies that reflect the type of dwellings occupied by tenants;
- better use of government–owned land to provide more affordable housing opportunities for low income earners

Sweden and Denmark have been emphasising seniors’ quality of life through social volunteer efforts whereby seniors help each other in a variety of ways. The Scandinavian countries have also been introducing a number of senior day care centers, which have available a range of activities for the seniors population. 68

These international trends are consistent with the Canadian and Albertan emphasis on finding ways to improve seniors quality of life through (1) improvements to the design quality of seniors housing, (2) improvements in the practices designed to support and enhance the interactions within seniors communities and between seniors communities and the larger communities within which they reside, and (3) an increased societal value placed on seniors and their environments.

8. STAKEHOLDER CONSULTATION

The purpose of the stakeholder consultation was to collect primary information from key stakeholders to help the advisory committee better understand the current service and housing gaps and challenges involved in fulfilling organizational mandates. The consultations informed the strategic plan of the relation to affordability, accessibility, stability, level of safety and supports, and appropriateness of accommodations and services. Key accomplishments and best practices were shared, with both local and outside examples referenced and required resources were identified and discussed.

KEY FINDINGS

Housing and Health

As a key stakeholder and primary affordable housing provider in Calgary, Calgary Housing Company (CHC) participated in the interview process, providing information essential to this housing and supports research.

Calgary Housing Company operates 13,000 affordable housing units in over 200 complexes in the city of Calgary. Their inventory has grown by 3,000 units over the past two years through contracts with private owners.

Shared were cost comparisons between the costs to house an individual in a Calgary Housing Company building providing subsidized housing (at $7000 per year per person) and that of the supportive Pathways program through The ALEX (at $30,000 for the same time period). Both are essential services providing varying degrees of supports, however it served to illustrate some costs on either end of this housing and supports spectrum.

CHC employs tenants’ assistance workers in addition to property managers. This allows for familiarity, a sense of safety and security, as well as the ability to tailor customized individual supports. 80% of CHC units are dedicated to families, and approximately 20% are for very low income singles. CHC houses a number of groups from this sector of study such as, mentally ill individuals, those with addiction issues, and with developmental disabilities. This organization provides a number of these individuals with supports through the tenants' assistance workers, as well as through in–services on various topics such as financial management, basic life skills, etc.
Key Accomplishments/Best Practices

Over the last 3–4 years, program development has vastly benefitted CHC as an organization as well as their tenants. Creation of the CETCS or Civic Engagement through Coordinated Support program, has assisted CHC in providing an increased level of service to its tenants and gone a long way to improve their tenants’ success in their home environments. Key to its success are:

1 – Collaboration with 24 programs through resource centres
2 – Active partnerships with over 100 agencies, allowing clients to access essential services
3 – Engage in community development opportunities
   - Youth programs in partnership with social service agencies
   - Hold 3–4 events each year

Trends, Issues, Challenges

Singles living in CHC units are aging. Many of these individuals have chronic mental health and/or drug and substance addictions, and due to the complexity of their issues, will require a type of supportive housing that provides supports aligned with their needs. As with several other stakeholders, these people with chronic conditions have a tendency to age notably at an early time, thus creating challenging situations in the area of supportive living. With this group, it was noted “Forty is the new Sixty”.

In order to maintain the current level of services provided by CHC, three types of funding are required:

- Capital funding
- Operational Funding – includes maintaining units in good condition
- CETCS program funding

Input with regard to trends was discussed, and feedback included the following:

- there is an opportunity for consideration of re-profiling/re-purposing existing housing stock for use with other populations
  - one stakeholder suggestion included utilizing older lodges built in congregate settings being suitable for such purposes as transitional housing for the homeless or persons graduating from first-step homeless programs such as Pathways.
  - other possible uses suggested were: for aging persons with mental illness or perhaps aging individuals with developmental disabilities
Vital to the success of individuals’ well-being across sectors is receiving appropriate required health support services, whether homeless, in hospital, in congregate settings, group homes or individual homes. Perhaps no one service entity feels the impact of the aging population more than Health Services.

From “mainstream” to special needs populations, Alberta Health Services, through its restructuring and moving forward, is strategizing methods of service delivery that best serves the needs of its clients, with the added challenge of ensuring affordability and sustainability with time.

**Seniors**

In recent years, programs such as Designated Assisted Living (DAL) have been brought on board to ensure appropriately supported and affordable spaces are available to Alberta seniors. Planning for present and future need, the growth requirement for DAL spaces within Calgary and area has been identified at 1400 net new spaces. (AHS, Feb 2010) Skilled and screened Supportive Housing providers are contracted with AHS to provide living spaces and/or supports with direction and/or assistance from AHS depending upon the arrangement and level of care provided on site. Supportive Living level 3, Supportive Living level 4 and DAL Dementia are additional levels of care delivered.

**Special Needs**

Some specialized niches of service and supports have evolved to address certain health support needs. Just some of these include:

- Aggressive Dementia Unit
- Renal Program
- Neuro Rehabilitation Unit
- Complex Needs for Brain Injury
- URSA Inglewood – medical supports for Brain Injured individuals
- Long Term Care – Young Adult – Garrison Woods
- Home Care Supported Group Homes
- Regional Sub-Acute/Slow Transition Program
- VENT program

**Key Accomplishments/Best Practices**

A program of note that is serving Calgarians well is the Regional Sub-Acute/Slow Transition Unit. This program brings in approximately 50% of its participants through community and approximately 50% from hospital. An impressive success rate of one half of these individuals returning to community post-program completion is a strong indicator this program is effective.
Another accomplishment would be that of establishing integrated care settings over the past few years (and continuing to grow this portfolio), where various supportive levels of care are delivered within one building, allowing to balance care needs with resources and thus deliver the best possible service in a cost effective manner. The DAL programs, which are often part of an integrated delivery model, are also of advantage to the senior client, as under contract, rental rates are both affordable and controlled.

Trends

As with other providers, the expressed desire to allow clients to age in place in suitable settings, remains a common theme. Accompanying themes of good design and flexibility as well as the development of campus style care environments rounded out a picture of current focus-forward practices of leading providers in today’s retirement lifestyle industry.

The identified need to examine such issues as system navigation, social engagement and holistic balance within this realm points us in a good direction toward an accessible health system where clients’ needs are both met and understood.

The last trend identified included the increased use of Nurse Practitioners to engage in patient consultation, assessment and treatment, thus making full use of a nurse’s scope of training. Plans to add two additional Nurse Practitioners in the near future will mean increased efficiency and greater access for clients to a skilled health practitioner.

Moving Forward

As identified by numerous stakeholders, the need for increased communication across government departments is apparent throughout the sectors of study in this project. Such collaboration could lead to synthesized release of care and capital dollars for future development and the creation of ideal settings as a result.
Seniors

Participant providers of affordable supportive and self-contained housing for seniors supplied excellent information with regard to current sector status, common issues and challenges at present and in future, key accomplishments, aspirations and best practice models. All providers interviewed have established track records as successful providers for aging residents who might otherwise “fall through the cracks”.

Although extensive waitlists continue to exist in affordable supportive and self-contained seniors housing, the exception to this rule lies with the odd studio suite. Older-model studio suites are very small by today’s standards and offer little in the way of accessibility or adaptability for mobility impairments. Much of the existing stock was built in times when little attention was paid to accessibility or even to extensive aging-in-place. Self-contained, as well as Lodge-style units were designed primarily for largely independent individuals aged 65+.

Due chiefly to a shortage in long-term care spaces, trending in recent years has seen aging seniors with substantive health supports requirements, living much longer in their homes or in these self-contained and supportive living environments through the provision of community and/or facility based health service supports.

Still, providers’ feedback indicates that vacancy rates for seniors’ affordable self-contained housing continue to inform us of the shortage of affordable seniors’ housing, as current combined accounts approximate 650 people awaiting availability of studio, one-bedroom and 2-bedroom units.

Further common feedback from key stakeholders indicates that due to the changes in our health system over the years and the trend toward residents aging in place in what were traditionally independent settings, the challenge often lies in ensuring appropriate supports are delivered to the senior where they live. Beyond that of the provision of basic health services supports, is the need of many seniors to access skilled mental health services and counselling, addictions support, brain injury/stroke rehabilitation and support, cultural connections and supports, doctor/specialist support for dementias and/or combined/complex needs, etc.

Key Accomplishments and Best Practices

In response to these increasing needs, stakeholder organizations Metropolitan Calgary Foundation and Trinity Place Foundation have mobilized Community Resource personnel in order to assist current residents to engage with key support organizations, institutions and other resources to assist in the optimization of seniors’ independence and autonomy. With system navigation issues, a cross-sector-identified challenge, these resource persons can provide information, referral and guidance with regard to funding and programs, and also serve
as an informal well-being monitor during periodic check-ins with clients. An additional benefit to having such a role to enhance resident contact and support is seen through bringing community services in to the place of residence, such as foot-doctor, hearing and tax clinics, various in-services and health talks. For those with long-standing problems with strained or severed family relationships due to addictions and or mental health issues, etc; in some living situations, the individual serving in the resource role has also succeeded in assisting to re-engage family involvement, thus enhancing relationships and support.

Innovative Supportive Housing Models

Peter Coyle Place – operated by *Trinity Place Foundation* – is a 24 hr staffed; 3-storey low-rise building that successfully accommodates very hard to house individuals aged 55+. Through a partnership with the ALEX health and support services team, high-needs individuals can live in a safe and secure environment with access to a variety of health professionals (doctors, nurses, occupational and physical therapists, etc.), to medication management and monitoring, daily meal provision, as well as social and recreational opportunities. Where these individuals would typically have historically experienced multiple admissions to hospital and/or shelters throughout the year or perhaps repeated run-ins with police prior to residing at Peter Coyle Place (due to Mental Illness and/or issues around addictions and/or homelessness), this wrap-around supported environment significantly decreases incidence of such events.

“Housing First” Program – duration: 2 years – *Trinity Place Foundation* successfully housed 125 chronically homeless individuals through utilization of a harm reduction model.

Beaver Dam Lodge – Enhanced Lodge Program – operated by *Metropolitan Calgary Foundation*, serves as an “economical bridge” between traditional lodge and designated assisted living environments. Residents with mild – moderate dementias are supported with excellent success at very minimal cost. This is a pilot program and will require ongoing funding in order to sustain service delivery and staffing costs.

SunnyHill Wellness Centre – a Northwest Property Corporation, is a unique 38-suite setting where older adults, primarily with mental health diagnoses, are cared for under the Designated Assisted Living program. Making use of what was once the maternity ward of the Grace Hospital, the rooms and layout are not ideal by today’s standards, however, with minimal adaptations, this operation has provided a truly homelike and supportive atmosphere that allow their relatively high-needs residents to thrive to their maximum capacity. Unfortunately, this location is slated for closure at the end of February 2011. This creates a critical issue, as specialized populations such as the seniors’ mental health population at Sunnyhill, can experience significant challenges in “mainstream” supportive living. In addition, mainstream supportive living providers also face similar challenges in providing the types of supports, programs and expertise required by specialized populations.
Affordable seniors’ housing stakeholders interviewed have been long-aware of the building demand for affordable housing for older adults and continually strive to meet the needs of their clients utilizing innovative approaches and collaborative partnerships. This is imperative, as clients can often require specialized support services that are not within the realm of expertise of the housing operator. When both resident funds and operational funds are minimal, a creative means to access much-needed supports is used and together with other specialized agencies and/or supports services, all strive together to achieve the most positive outcomes for their clients.

*Barriers and Challenges:*

Additional Input from Stakeholders is as follows:

- residents and operators of affordable seniors’ accommodation require more in the way of dementia supports
- “physical, mental, and emotional issues made more complex by financial hardship have added stress and anxiety for many older adults.”
- Common challenges faced by operators include the pressures felt by a short supply of long-term-care beds. This often leaves providers of supportive living for seniors with persons requiring transition due to increased needs, often in the absence of adequate supports from health and other required supportive services.
- “aging in place has meant that people are living in independent settings and relying upon community supports and a significant amount of effort must be spent on creating linkages and ensuring that services are continuous, appropriate, timely and effective.”
- Social work support would significantly enhance the lives of residents
- Residents require better transportation
- Resources of designated Physician and/or Nurse practitioner would markedly change the quality of care and monitoring of frail and/or complex needs clients and go a long way to preventing frequent admissions to hospital/calls to emergency, and would allow for more frequent general wellness monitoring, etc

*Current Initiatives*

Home Share Program – The Home Share Program is a new initiative and pilot project to gauge the success of matching seniors who wish to stay in their homes with minimal supports, and students who are looking for affordable housing. This is a unique program whereby the student can offer some assistance with such things household chores, yard work, snow shovelling, etc – and the senior resident can offer up a place in their home to house this student.
Glenway Gate

Trinity Place Foundation
- 42 – seniors housing
- unit mix of one and two bedroom units, 25 of which will affordable
- construction commencing Summer 2010

Willow Park on the Bow

Metropolitan Calgary Foundation
- opening in June 2010
- 150 – unit self contained seniors housing with rental packages starting at $899
- support and meal service available

ASLI – 2008–9 additions and improvements/modernization

Accessible Housing Society
- modernization and adaptation of duplex to provide housing/supports for up to 8 individuals

Age Care Health Services – 30 new spaces + 60 new spaces

Brenda Strafford Foundation – 50 new and 62 upgraded spaces

Metropolitan Calgary Foundation
- Aspen Lodge – 267 upgraded spaces
- Beaverdam Lodge – 62 upgraded spaces
- Bow Valley Lodge – 61 upgraded spaces
- Shawnessy Lodge – 66 upgraded spaces
- Shouldice Lodge – 61 upgraded spaces
- Spruce Lodge – 133 upgraded spaces
- Valleyview Lodge – 59 upgraded spaces

More T’A Life Homes – 6 upgraded spaces

Oi Kwan Foundation – 128 spaces
- 84 new and 44 upgraded spaces

Wing Kei Nursing Home Assoc – 70 new spaces
Homelessness

Stakeholders working with homeless individuals serve many clients included within the sectors of discussion in this analysis. These include: the aging homeless, mental health clients, and those with cognitive or developmental challenges, physical disabilities, dual diagnosis and complex needs.

During consultations leading up to the formation of the 10 Year Plan to End Homelessness, a session focusing on seniors and homelessness aided in identifying issues. Some identified were:

- seniors are facing many pressures as they age
- aging multicultural seniors felt disconnected from their families, support systems and their countries of origin, and also expressed having difficulty accessing services due to language barriers
- due to advancing hearing impairments and automated access systems, seniors shared frustrations in working with advanced technologies
- transportation was also identified as a major issue, hampering access to all types of essential destinations and health and support services

Housing for the Homeless or Next to Homeless

C-A-S-S (Calgary Alternative Support Services) offers services across a number of sectors including homelessness, addictions, mental health, developmental and physical disabilities. Operating Langin Place, a 53-unit building offering supported accommodation for men experiencing homelessness, near homelessness, addictions, forensic, justice system or previous bad housing exposure. Using a Harm Reduction Model, individuals requiring housing, advocacy and other support services come to stabilize, be treated equal, make healthy connections with neighbours and staff and experience a positive sense of community.

Key Accomplishments and Best Practices

The addition of security to Langin Place afforded C-A-S-S the ability to control access to the building of non-resident, criminal-element visitors. Residents were not the issue so much as non-visitors who would take advantage of tenants and the premises to conduct illegal activity. Some such improvements to operations include:

<table>
<thead>
<tr>
<th>Prior to Security</th>
<th>With Security in Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used to be 900 calls/yr to police</td>
<td>Now rarely have to call</td>
</tr>
<tr>
<td>Tenants used to spend approx ½ time in hospital and ½ time in Langin Place</td>
<td>Only calls to report outside element issues – not tenants</td>
</tr>
<tr>
<td></td>
<td>Now tenants rarely hospitalized</td>
</tr>
</tbody>
</table>
**Aging Homeless**

**Current and Future Trends**

There is a pressing need for more housing, especially for complex needs and hard-to-house individuals. Wheelchair accessibility is extremely important, as is housing for women or potential co-ed residences. Rooms need to be bigger and have full kitchenettes in order that these places serve as permanent homes tenants would be proud to live in. Common areas for social activities encourage interaction and community, as well as outside spaces to gather such as patios or decks.

It is hoped, in recognizing housing need, that the future will be one with supported housing that makes a difference in individual's lives. Safe and affordable housing keeps tenants off the streets and housed.

**Best Practice**

Provider feels that Peter Coyle Place exemplifies an effective working partnership. Peter Coyle Place, who provides supportive housing to “hard-to-house” older adults is successful due to the partnerships involved in housing and supporting these individuals; such as The ALEX’s Medical and Home Care teams as well as staff nurses and doctors and Trinity Place Foundation’s building operations.

Example shelter populations: In examining the age of homeless individuals, the following outlines the average age distribution of clients using the Calgary Drop-In Centre (The D.I.) is as follows:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Ages 16–25</td>
<td>9%</td>
</tr>
<tr>
<td>Ages 26–35</td>
<td>19%</td>
</tr>
<tr>
<td>Ages 36–45</td>
<td>27%</td>
</tr>
<tr>
<td>Ages 46–55</td>
<td>31%</td>
</tr>
<tr>
<td>Ages 56–65</td>
<td>11%</td>
</tr>
<tr>
<td>Ages 66–75</td>
<td>2%</td>
</tr>
<tr>
<td>Ages 75+</td>
<td>1%</td>
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</tbody>
</table>
While populations over 65 yrs represented 3% of the D.I.’s guests, those aged 46–65 constituted 42% of all clients served. Similar experiences were shared among other stakeholders, with these common concerns:

- many of those aged 46–65 have long-standing or chronic issues
- a marked deterioration in the health of these individuals result in a greater prevalence of disabilities and aging-related issues
- it is often difficult to access suitable housing and support services for those in this group who are experiencing such concerns due to age-related eligibility requirements
- inability to find employment due to health issues

**A stakeholder example:**
Currently the stakeholder has a client who does not meet age eligibility requirements for placement in to a Designated Assisted Living (DAL) facility, although the client would do well within a seniors’ supportive living situation such as this. Therefore, he remains in an inappropriate temporary transition setting which is not entirely accessible, having to bring numerous health and other supports into the building versus being able to transfer to an appropriate setting with services in place.

This type of situation was also a worry for those participating in the focus group consultations leading up to the *10-Year Plan to end Homelessness*. Specifically, concerns for those aged 50–63 were expressed due to difficulty accessing programs, despite possessing similar needs to the senior demographic, leaving these individuals feeling outside of the system.

An example of a successful project specifically identified for aging persons in this sector includes a project owned and managed by the D.I., whereby 29 of 50 units are designated for aging persons who have experienced homelessness.

Another sector stakeholder, The Mustard Seed, tends to fast-track aging individuals with health difficulties and/or disabilities into one of their Step-Up, Transitional, or After Care programs in order to surround them with appropriate supports.

As well, successful referrals and transitions to supportive housing for aging homeless individuals have been made through connections with organizations such as Metropolitan Calgary Foundation and Trinity Place Foundation.

Some aging individuals will succeed in more independent living settings, while others require greater health, social and meal supports. With minimal supports, some may fare well within traditional independent or supportive seniors’ residences, while others, with chronic mental health and/or addiction issues may require a setting such as Peter Coyle Place, a multi-faceted supportive living facility for “hard-to-house” older adults. Specialized environments such as Peter Coyle Place, who partner with The ALEX and others to provide essential supports for aging
individuals with mental and physical health issues, addictions, behaviours and dementias, can serve as models for efficient housing and support services delivery. This is important to bear in mind when considering the homeless’ aging baby boom bubble who share similar issues and will require like settings.

**Services**

Stakeholder shelter and service providers to the homeless perform a wide variety of supportive roles in assisting those in need. Some such services include:

- shelter mats
- meals
- transitional housing
- access to a myriad of support services including
  - medical support
  - counselling
  - mental health support
  - immigrant aid
  - addictions support
  - education
  - legal support
  - job retraining/skill development
  - employment
  - money management
  - spiritual supports, etc

Access to a variety of support service agencies is essential, with some frequent collaborative partners including: The ALEX, CUPS, Alberta Mental Health, Calgary Immigrant Aid Society, Distress Centre/Drug Centre, Inn from the Cold, Metropolitan Calgary Foundation, Trinity Place Foundation, Alberta Works, Calgary Legal Guidance, CMHA, MCC, SABIS, YMCA, Servants Anonymous, Alpha House, Accessible Housing Society, CASS, Woods Homes and others.
Issues, Trends and Initiatives

The D.I.
- widely known for its range of successful training programs, involving skill development and job readiness
- has implemented an exemplary health and well-being resource through hiring on their own health team – this includes two staff physicians, as well as four nurses.
  - Some positive results include a 75% reduction in EMS calls and hospital trips
- has hired their own security staff
  - Resulting in 50% decrease in calls to Calgary Police Service

The Mustard Seed
- a faith-based organization, the Mustard Seed builds and delivers its services strengthened by its Pillars
  - 1 - Mobilization of Community and Church
  - 2 - Positively Changing Lives
- Staff and Volunteer base is 100+ strong
- The Seed’s Change 5 Program sees each staff member working with 5 guests in order to act as an active personal support in their life
- Through the Interagency Council, the Mustard Seed can achieve victories for their guests through making vital linkages for chronically homeless clients
- Initiatives include:
  - Currently have a contract with Calgary Homeless Foundation to move 400 homeless individuals from the streets into permanent housing. Partnership with CUPS and Rapid EXIT, with SEED providing furniture and aftercare, moving services and initial stocking of home with food essentials, and CUPS finding apartments and working with the landlords and also assisting financially where required.
  - Affordable Housing for the Hardest to House – 224 units of permanent housing downtown, with construction to commence late summer/early fall 2010.
  - Additional initiative to purchase 3 buildings to do a “homeless to homes project”
The Salvation Army – Centre for Hope

- Also a faith-based organization, the Salvation Army provides a number of similar services to both the D.I. and the SEED.
- A program of note is their staged 12-Step Addictions Recovery Program
  A personalized journey for each individual entering the program, it follows this path:
  1. Intake and Assessment
  2. Active Treatment
  3. Stepping Out/After Care Services

Common Issues

Long range planning is difficult for these organizations which would best be served and could serve clients best with long-term or multi-year funding arrangements, applying to both capital and operational facets of these programs.

Funding for training and support programs, as well as establishing standards and accreditation programs in order to work in some supportive disciplines was also identified as advantageous in providing quality supports to clients.
Aboriginal Population

As it is with the Calgary Homeless Foundation, it is also the experience of consulted stakeholders currently providing supports and services to urban Aboriginal people, that this population faces a number of barriers and challenges with regard to housing and supports, along with navigation of a very complex social supports system. Discrimination remains a key barrier to locating appropriate housing, as well as the need to proceed through multiple channels in order to gain access to housing options.

There is a marked lack of Aboriginal housing in the city of Calgary, as well as dedicated Calgary–based Aboriginal Housing Service Agencies/Foundations. Many urban centres across Canada have such organizations in place which are able to provide housing as well as access to culturally appropriate support services which can more effectively assist Aboriginals from homelessness into permanent housing solutions.

Toronto alone has eight native housing organizations serving its Aboriginal populations. Comprising of only 0.5 percent of Toronto’s total population, approximately 13,605 persons were Aboriginal as at 2006. Like Calgary, Toronto is seeing a significant percentage growth increase. From 2001–2006, the Aboriginal population in Toronto increased by 19.7% or 2,235.69 Calgary’s Aboriginal population currently constitutes 2.5% of the total population or 26,575 people. 70

Stakeholders express that housing and supports, delivered purposefully and in an integrated fashion, would allow for the much-needed wrap–around services, communication and coordination required to best meet the needs of this population. It is important that housing and supports be multi–dimensional, multi–faceted and accommodating to all Aboriginal cultures – therefore being “non–status” or “status blind”.

It is clear through consultation and research that addressing Aboriginal homelessness must become an identified item of action and high priority, as this population continues to grow at a much faster rate than that of the general population (Aboriginal Population growth – 21.3% vs. Calgary general population growth – 13.4%).71

As outlined previously in Section 6, there are very few Aboriginal housing units in the city of Calgary. With only 292 permanent housing units, 10 accessible housing units for Aboriginals with disabilities, 32 transitional family units, 21 temporary women’s shelter units, one AADAC—

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run Aboriginal addiction treatment location and two group settings for Aboriginal youth, it becomes apparent the reasons stakeholders in this sector strongly feel an urgent need for increased housing and supports in this area.

*Other Housing and Supports*

Although not exclusively for the Aboriginal population, some key organizations currently providing housing and supports to Calgary urban Aboriginals include:

**CUPS/Calgary Housing Foundation – Rapid Exit** – A new program through CUPS is Rapid Exit, a comprehensive housing and support initiative for both families and individuals. Rapid Exit operates under a ‘housing first’ model. Thus far, this program has attained an 80% retention rate.

**The ALEX Community Health – Pathways to Housing & Homebase** programs are both “Housing First” and “Harm Reduction” models that play an elemental role in *Calgary’s 10 Year Plan to End Homelessness*.

**Inn from the Cold** – only shelter program where families can stay together and prepare for housing. In 2008, 24% of the families served through this program were Aboriginal. IFTC is one of the key partners in Rainbow Lodge.

**Trinity Place Foundation** – provides affordable housing for inner-city and complex needs older adults in the city of Calgary. Through respect for diversity and individuality, as well as extensive collaboration with various support services providers, Trinity Place Foundation has been able to assist Aboriginal elders in finding a caring and supportive place to call home.

Along with the increasing population, so too are the numbers of Aboriginal people requiring housing and supports. In the month of February alone, the Aboriginal Friendship Centre took on another 30 clients who had been homeless for 3 years or longer. Since September, total intakes of this client group totalled 147 from September 2009 through to the end of February 2010. Through their work with Calgary shelters and detox programs, AFCC currently has on its caseload, 98 Aboriginal clients who have been homeless for 3–5 years.

**Issues, Trends and Initiatives**

Identified time and again by Aboriginal groups both here and in other parts of the country and the world, a myriad of factors have contributed to Aboriginal homelessness, not the least being disenfranchisement, governmental issues around responsibility, discrimination, etc.

Another stakeholder–identified growing trend is one of elders leaving their current rural reserve communities in order to flee to a life more safe and secure. Leaving environments of
dysfunction and/or abuse, elders find upon arriving in Calgary that few suitable options or environments are available. Housing and support systems are much more complex here in Calgary than on the reserve, often causing discouragement and potential risk. Identified needs include: direct access to increased housing and supports, and essential connections made in a timely and appropriate manner.

A current imperative is that of agencies that serve both “mainstream” and Aboriginal clients to develop a greater awareness as to the cultural and spiritual needs of this population. Support agencies need to demonstrate a desire to deliver supports in a way that is sensitive, client-focused and respectful of their client’s need to connect with their heritage and thus allow greater opportunity for success and healing. Agencies like the Aboriginal Friendship Centre Calgary, as well as elders practiced in educating non-Aboriginal service providers, understand the importance of providing essential instruction that can ultimately assist in the delivery of more effective services to this population. In speaking of the importance of educating service agencies, an elder states,

“…cultural diversity workshops would be good. With the ones I do, it’s basic protocols and the more they understand, even if they understand a little bit of the Aboriginal culture, like the mainstream agencies, if they have an understanding of the Aboriginal people, like why they’re doing this and why they’re doing that….If they understood, they would be able to work with them better. Before they can be of any help they have to understand and gain the trust of the Aboriginal people.” 72

Through the research and consultation process, there has built a strong sense that a comprehensive study is required of housing and supports for Calgary’s Aboriginal population in order to determine:

- housing and supports needs specific to this population
- what are the best models for Aboriginal housing and supports
- an implementation plan for housing and supports for Aboriginal singles, families and seniors.

In order to address some of these issues, the Aboriginal Friendship Centre and the University of Calgary, through the recent granting of funding for research, have embarked on a partnership project which will examine, in greater depth, a number of factors concerning Aboriginal homelessness. Also included in this initiative will be the setting of a research agenda identifying areas requiring further study. In a recently released publication Aboriginal Homelessness – Looking for a Place to Belong, underlying factors, an environmental scan, service gaps, opportunities, and research considerations were discussed with a focus forward on participatory action by identified stakeholders with a vested and expressed interest in

seeking housing and supports solutions for this population (Turner, D. et al 2010 March). Commencing September 2010, a detailed study will initiate, with the projected completion date in April 2011. At this time, some solid recommendations with regard to the provision of appropriate housing and supports for the Aboriginal population should follow, based upon research, current situations and trends, as well as examinations of best practices elsewhere in the country and abroad.73

The City Of Calgary, FCSS, has also become increasingly aware of the growing Aboriginal Seniors population (and the resultant need for community support service delivery), and as at July 2010, has funded a new Aboriginal Seniors Program. This new program has been made possible through an innovative partnership involving Aboriginal Friendship Centre Calgary and Trinity Place Foundation. Aboriginal Friendship Centre Calgary will hire and train staff to deliver programs and will provide oversight, and Trinity Place Foundation will offer up program space and house a number of residents who will benefit from the services this program has to offer. Through in–house activities, increased cultural awareness opportunities will arise, creating a more inclusive environment over time. In addition, there will be the ability for Aboriginal Seniors from the surrounding community to have a space to meet and participate in activities as well as seek information and assistance.

Disability

CHF consultation
The public consultation on people with disabilities and homelessness uncovered interesting perspectives from participants. In response to a question on why people with disabilities become homeless, answers were: fixed or no income, lack of support and resources, lack of job training, injury and progressive illness, discharge from hospital, prison, foster care and addictions treatment, failed family/natural support, fragmented or ineffectual case management, and mental illness and addictions issues.

The unique needs of this population group were identified as: having complex and multiple needs, safety issues, medical needs, support should stay with the person, need for multidisciplinary teams, options and choices need to be made available to empower clients, and life skills need to be addressed.

The group consensus was that the current system is difficult to access and navigate, and there is too much focus on housing and not enough focus on continual support, and the current system is too bureaucratic.

Physical Disabilities

Among those Calgary organizations primarily serving persons with physical disabilities, Accessible Housing Society, Canadian Paraplegic Association, and MS Society were interviewed. Many commonalities were identified across these and other stakeholder agencies, as well as some unique key accomplishments and best practices.

Common identified issues among these interviews included:

- Client list is growing a significant population aged 45–64 years old
- There is a shortage of appropriate housing with supports for persons with physical disabilities suited to this age category, which can often force an individual to enter into Long Term Care
- With innovative and flexible community support models, clients would not have to make premature moves to institutions, which are not suitable for a number of reasons:
  - Long Term Care (LTC) is an expensive model
  - Such facilities do not have suitable housing environments for this age group
  - LTC social programs are often geared to seniors with impaired cognitive ability
  - Such a move can be socially isolating
Barriers and Challenges

As evidenced within this project’s Inventory section, there is a shortage of affordable and accessible housing in Calgary. The Housing Registry is a monitored inventory of known accessible housing, managed by Accessible Housing Society. The Society reports that there is currently a 2–3 year waitlist for affordable accessible housing with 79 persons currently waitlisted.

For those with physical disabilities living at home in community and requiring supports, there is often an issue with inadequate care. As with other stakeholder populations, this can cause risk to the individual, as well as strain on families and caregivers struggling with these situations. Common feedback remains that with minimal additional and flexible support, these individuals could live very successfully in community.

Another matter discussed was one of accessibility. Despite an increasing aging population, in addition to others of varied ages with physical mobility issues, current building code does not address accessibility well. This is problematic, as new environments continue to be built where persons with mobility issues cannot live nor visit.

Frequently expressed and shared frustration amongst Stakeholders throughout this project and across all sectors studies was that of the lack of government communication and collaboration across silos. This creates fragmented communication and slow or no progress in assisting clients with issues relying on support and service access from two or more of these silos. These people fall through the cracks and do not get served, thus often creating various crises such as, health and safety risks, housing and supports issues, as well as homelessness.

Trends

Interviewees stressed the important need to address universal design and visitability issues and to seriously set a course for consideration and implementation, in order to truly create inclusive communities.

As with Ontarians with Disabilities Act has brought accessibility to the forefront, so too should there be a recognized movement in other provinces, as well as a drive to create a national policy on universal design and visitability.
Initiatives

Upon interviewing stakeholders with the Canadian Paraplegic Association of Alberta, current initiatives underway as secretariat to the Alberta SCI (Spinal Cord Injury) Solutions Alliance are as follows:

With funding for five years (2007–2012) from three provincial government departments the Alberta SCI Solutions Alliance, is developing a comprehensive Alberta SCI strategy to address key issues affecting Albertans with SCI. As part of this process, the Alliance has mobilized three Task Teams (with approximately 9–12 on each team) to examine three priority issues:

1. Affordable Accessible Housing
2. Home Care / Attendant Care
3. Adaptive Equipment and Devices

Through a series of meetings which took place in May and June 2010, the Task Teams shared their experience and expertise and drafted a list of actions to address the various challenges in each of these three areas.

The Affordable Accessible Housing Task Team is considering strategies that would address the following needs:

- The need for information that accurately describes need for, and availability of, appropriate affordable accessible housing throughout the province.
- The need to ensure that current regulations requiring a minimum 10% of publicly funded projects are adaptable.
- The need for accurate, consistent, and appropriately detailed information on the accessibility of current and future residential spaces.
- The need for information on best or promising practices in the area of housing linked to home care.
- The need to build public awareness of, and interest in, accessible design as a feature that benefits everyone.

The Alliance has just approved the strategies in principle the Task Team will be working throughout July and August 2010 to create detailed implementation plans. The Alliance has protected funds within its budget for implementation, pending their approval of detailed budgets for each strategy.

The time frame for implementation is October 1, 2010 through March 31, 2012. Plans for long-term sustainability will also be developed.
The MS Society of Canada, Alberta Division, through collaborative research and partnership with other organizations serving those with such disabilities as Cerebral Palsy, Parkinson’s Disease, Huntington’s Disease and Spinal Cord Injury, have identified an urgent and growing need for housing with supports for individuals 18–64. As identified by all disability groups, the lack of proper housing and supports in community is causing many to be housed inappropriately in both hospital and long-term care facilities. Wait lists for existing housing are long, and a large gap exists between living at home and living in long-term care for these populations.

An initiative taken on in the Edmonton area through this collaborative endeavour, and led by the MS Society, called the Innovative Housing Partnership, entails a plan whereby the needs of more than 100 individuals could see their housing and support needs met. A housing project for individuals and families would address urgently required housing for individuals with an array of support needs and provide both transitional and permanent housing situations.

In alignment with strategies identified under the Continuing Care Strategy, providing an environment such as the one suggested under the Innovative Housing Partnership, would allow individuals:

- To receive both health and personal care within a community–based home–like setting
- To live both independent and active lives and age in an appropriate setting
- To access greater options suited to both their lifestyle and service requirements

Initial requirements for early project development total $150,000 – $200,000. In addition, an active and collaborative dialogue across government departments including those that serve both disabilities and health sectors is imperative in both initial and ongoing stages of this initiative in order to make this housing project a reality. The Innovative Housing Partnership could prove to be a valuable model for development elsewhere in the province, including Calgary, Alberta.

**Key Accomplishments and Best Practices**

Accessible Housing Society provides exemplary models for housing and supports for persons with a wide variety of physical disabilities, including MS, Spinal Cord Injury, Muscular Dystrophy, Spina Bifida, etc. Three settings exist offering flexible care for up to 24 individuals, allowing clients to engage actively in work, social, community and recreational life activities.

**Chinook House**

- Provide supports for 5 persons with physical disabilities on a flexible schedule, allowing for work schedules, etc. Care is primarily provided first thing in the morning and then in the evening and/or at night.
Fourth Dimension Group Home
- Provides care and support for up to 11 individuals 24/7, including meal preparation. Care times flex to meet individual’s needs so that work, education and community participation schedules are respected.

Foundation Place Group Home
- Provides care and support 24/7 for up to 8 clients, including meal preparation. This project is a “Housing First” model, in partnership with the Calgary Homeless Foundation and provides a home environment for persons with disabilities who are experiencing homelessness or are at risk of homelessness.

Key Accomplishments and Best Practices

The Stakeholder noted that the recent opening of Foundation Place Group Home – a “Housing First” program was definitely a key accomplishment. Opening in March of 2010, through a partnership with Calgary Homeless Foundation, Accessible Housing Society provides housing and supports and also engages with other essential support agencies to assist each resident to achieve their best possible personal outcomes.

Another key program of note is the RAD (Residential Assessment and Design) program. RAD assists clients with physical disabilities to live in community. The RAD team, consisting of an architectural draftsperson and occupation therapist, evaluate existing residences and recommend custom solutions suited to each individual’s requirements. Whether it be ramps and front door access, bathroom adaptations, stair–lifts, elevators or re–designed kitchens, etc to accommodate for clients’ mobility issues, the RAD team can design and assist with applications for funding to complete these tasks, should financial assistance be required.

New Access Design Standards - as a contributing participant on the Advisory Committee on Accessibility for the City of Calgary, Accessible Housing Society was excited to learn that the Draft Access Design Standards had received approval from City Council. This is significant, as any building commercial or residential that is built in whole or in part with municipal funds must meet new accessibility criteria as outlined in the new Access Design Standards. This furthers their goal in seeing an increasingly accessible and visitable city of Calgary in which to live and to work.

Further to this end, Accessible Housing Society was recently given audience by the Standing Policy Committee, where a strong case was made for the government to become an active participant in the process ensuring we build accessible and visitable communities.

In March 2010, the Society, as part of the Accessible and Affordable Housing Working Group including such partners as the United Way of Calgary, City of Calgary, New Age Services Inc,
Cerebral Palsy Association, Independent Living Resource Centre of Calgary, MS Society, and Canadian Paraplegic Association, just completed a Strategic Plan outlining Mission, Vision, Values, Strategic Focuses and Long-term Objectives in the promotion of inclusive communities, universal design, research and education in this area.

**Developmental Disabilities**

Five PDD-funded service agencies engaged in Stakeholder consultations. All work with various aspects of housing and/or supports for persons with developmental disabilities and share common concerns regarding to meeting the needs of this population; especially as it ages. As shared by a number of interview participants, people with developmental disabilities are living much longer lives than in times past, which, in turn, creates the need to plan for this group as they age. Prolonged lives mean more clients facing additional challenges such as decreased mobility, increased medical support needs and other age related issues such as dementia.

Commonalities among stakeholders included

- Work that agencies do is not well understood or know by some levels of government or the non-exposed public, therefore the work that they do is undervalued.

- As with other population groups in this sector, stakeholders remarked that finding appropriate or “good fit” housing can be extremely challenging.
  - Eg. On agency has over 50 clients banned from Calgary Housing Company
  
  Attempts are made through a “matching process” for community placement, however, this can be difficult. Some reported wait lists for matching.

- There is a strong need for staff training and education, however, a lack of funding in this area.

- There is also an increased demand for complex needs spaces with supports

- PDD clients, once they reach approximately age 50-55 experience a big shift in need, much like that of seniors.

- With a model that looks to move clients progressively toward increased independence and, therefore, in need for less supports over time – this is in direct conflict with the needs of aging clients whose needs become more complex and thus increase with time.

- Input shared by interviewees echoes stakeholder’s views in other sectors: Funding is not predictable and therefore does not allow for long-range planning.
The absence of transitional housing for persons with Developmental Disabilities results in prolonged stays in hospital.

Finally, recent budget cuts and directives from government have strained relationships between government and service providers in this sector. There is an atmosphere requiring remedy to repair working relationships and build trust in order that best solutions for service to this sector can resume with collaborative input from all.

Other feedback from Stakeholders included:

- PDD funding largely ceases once an individual enters into continuing care. LTC settings are not skilled/equipped or funded to deliver supports that may be critical to that individuals’ well-being. As a result, this can be traumatic and isolating.

- An additional challenge with developmentally disabled clients aging, is that their parent is also aging and requiring supports or new housing arrangements. This creates a very difficult time for both child and parent, having to separate a very supportive relationship.

- It is extremely difficult to attain required funding and supports for individuals with complex needs funded under separate ministries.

- Individuals with Fetal Alcohol Syndrome or Aspergers Syndrome but no mental illness find it very difficult to access funding for housing and/or supports.

- Group Homes continue to be an option of choice, based on lifestyle requirements and can be the most beneficial and successful choice for some individuals. However, as reported by various stakeholders, the choices for these environments in community are decreasing.

**Identified Trends**

- Group home numbers are decreasing due to funding challenges

- There is and will be a need to create more supportive housing for persons with developmental disabilities

- Due to limited funding, the trend will be toward a greater number of individuals living together.
Key Accomplishments and Best Practices

Calgary SCOPE Society

SCOPE’s individualized approach in building programs around individual needs has made its approach one admired by other similar agencies.

With regard to housing, SCOPE’s practice in developing strong relationships with landlords in community has led to successful programs in two Calgary communities, where the landlord enjoys long-term tenants and established trust with the service provider. Symbiotic relationships between landlord and clients have evolved, and with extremely reasonable rental arrangements, SCOPE has been able to control all-in costs for room, board and utilities to just over eight hundred dollars per month for the client. This formula works well with 2–3 individuals living in one home.

Another best practice is that of preventive programming. For instance, SCOPE ensures that important health-related appointments are arranged on a regular basis such as mammograms and prostate examinations for their clients.

OPTIONS

Options have demonstrated:

“Where people are in their own homes, there is growth, pride, and a feeling of being a true part of their community.”

Eight years ago, the University of Waterloo conducted research nationwide. Options was chosen as one of five agencies providing exemplary service. Some such determinants included:

- Decision making process in practice
- High involvement of individuals and families
- Value that Options placed on staff and supports provided
- Open–Door policy
- Belief that Family involvement contributes to success
Brain Injury

Housing and supporting brain–injured individuals can be a complicated task, depending upon the complexity and severity of the brain injury and resultant issues. Stakeholders interviewed in this area were extremely knowledgeable and highly dedicated people and organizations who strive to ensure this client group receives adequate and appropriate care, supports and accommodation. A disability that is often referred to as “invisible”, brain injury can be very multifaceted and difficult to understand, or to respond to appropriately with supports.

Key participants in this interview process shared common concerns, as well as those unique to their role in the provision of services and/or supports to persons living with brain injury. There is a prevalent concern that individuals with brain injury are underserved in comparison with some other populations such as those with mental health diagnoses or perhaps developmental disabilities.

Key Accomplishments

SABIS – has been providing services for 25 years and have served over 1800 individuals with brain injuries. An integral part of the Alberta Brain Injury Initiative and Network, they are considered leaders in the province. SABIS chairs the Calgary Brain Injury Coalition and are the only organization in the city solely dedicated to assisting survivors to access essential services within the community in which they choose to live. They participate with over 8 interagency committees.

URSA – has developed the Brain Injury Day Program which takes place at URSA’s administrative home location as well as the Talisman Centre. They have also developed a successful travelling day program for clients. The Supports for Community Living Program (SCL) which serves 36 clients, delivers 10 hours/week of services/supports to these clients in community. A highly successful program which was recently defunded, due to budget restructuring, was that of a transitional program that assisted those with brain injuries to progress through a staged supportive living residential program. First, the rehabilitating individual lived in a 4–bed group home, then graduated when ready to a 2 bedroom situation, and eventually progressed to their own apartment. A program operating in its second year, Camp URSA is a wonderful addition to their roster, allowing clients an opportunity to share in a rare “retreat” experience.

ARBI – works with very high needs clients including those with special feeding requirements, and significant cognitive impairments and have recently begun to also successfully treat stroke patients. In 2009, 10% of their high needs clients were able to return to community after living in long–term/congregate care settings.
For adults with significant brain injuries, there often arises a concern about personal finances. Not only do some of these individuals lose their jobs and their homes, but they may have substantial debts for which they have been responsible. The financial hardship this can cause for some individuals and families can contribute additional stress to what is often already a very difficult situation. With such resultant issues as memory loss, mood swings, behavioural changes, headaches, personality change, impulsiveness, mental health issues or addiction issues, etc, this can cause great difficulty in sustaining appropriate housing and/or supports for a number of individuals.

Individuals with combined or complex needs fall through the cracks, as they may be assessed as too complex for any group home settings in community but not yet requiring the level of support offered in hospital or long-term care settings. Such instances are happening in Calgary, with the end result meaning homelessness for these clients.

At present, even if it is determined a person with brain injury could live in a group home setting, the standard practice of placement in the “first available bed” can result in an inappropriate setting, due to a myriad of factor concerning “best fit” and compatibility within that particular group home environment and existing residents. Hurried placement can result in a poor fit, threaten the client’s stability and contribute to an increased risk of homelessness. Ability to assess for appropriate fit and opportunities for successful transition would be a preferred process for stakeholders, as this approach is preventive in nature and ultimately contributes to a more stable situation for all involved.

Those with brain injury and accompanying physical disabilities, who are planning to return home after injury, face additional barriers to housing, due to the shortage of funding for home adaptations. In addition, the time involved in application, processing and approval is extremely lengthy and can make returning home impossible, or otherwise leave an individual “trapped” inside their home without essential renovations for accessibility.

As with some stakeholders in other sectors, it is strongly felt by interview participants in this area that group home operators and staff must receive specific training to aid in understanding the manner in which to work with persons with brain injury. At this time, it is felt that a number of group homes in this sector are staffed with individuals having little to no prior exposure or experience with brain injured persons. It was strongly suggested through interviews, that educational, operational and care standards must be put into place, resulting in “properly trained staff” to assist clients in need. Individuals exiting rehabilitative programs can experience isolation, depression, and/or behavioural issues once placed in a community setting, as the social, community and recreational activity which was part of their rehabilitation ceases to a great degree. Such change can create situations of risk. It was shared that 4–8 hours per week of guided meaningful and purposeful activities for individuals living in group
homes would assist in averting potential crises and would ultimately cost the system less. A scenario shared was as follows: “when they (clients) only make $1188/month and rent is $998 and they still need to buy personal items....what money is left for recreation?”

Feedback from interview participants, as well as research suggests that there is a significant portion of the homeless population with undiagnosed brain injury. Not readily identifiable, these individuals can regularly get into fights and/or end up in the justice system.

Participants also expressed concern with regard to the shortage of rehabilitation and day programs. As a result of system changes 4–5 years ago, rehabilitation and day home programs were awarded to a singular provider, where by approximately 70–75 contracted spots were awarded/funded from this time forward. The issue, interviewees articulated, was that this falls far short of the need, considering 10,000 Albertans suffer mild – severe brain injury each year.

Health system cuts have also substantially reduced some organizational operating budgets, and have also resulted in reduced communication with Health Services personnel, which has been key to successful care, services and support. With Community based Home Care Coordinators no longer able to attend team meetings due to time constraints, critical discussions with regard to these high-needs clients’ health status, changes in diet, skin care, transfer requirements, etc do not occur. This exposes clients to greater risk.

For those high-needs individuals being supported by family in community, concerns were shared that adequate community supports be made available to these clients and families, in order to avert caregiver burnout, institutionalization and hospital admissions, etc.

Dual diagnoses or complex needs that add the challenges of Mental Health and/or addictions issues can make it even more difficult for a client to access all the services/supports required for a successful housing situation.

Feedback with regard to preferred models of housing and supports for persons with brain injuries from mild through moderate to severe included:

- Group homes with informed, specifically trained staff, providing settings whereby 4–8 hours of guided meaningful and purposeful activities (from daily life-skills to community inclusion)
- More residences like the Bob Ward – with agency supported training and meaningful day programs
- Subsidized housing for older adults, with age eligibility criteria adjusted to 50 years old
- Affordable supportive living situations with medication management
- Supported room-mate models
- More environments like URSA’s Inglewood project – good model due to high standards and very well trained staff (good internal training program)
- Increased capacity of Long Term Care environments for very complex individuals

**Key Accomplishments and Best Practices**

Bob Ward Residence – stakeholders hold the operations of this residence in high regard, as it exemplifies a supported housing model that is sensitive to its blended population, and it has set quality support services in place.
Advisory Committee Discussions

As key stakeholders, and further, as contributing Committee Members for the Seniors and Special Needs Housing and Supports sector, this Advisory Group provided essential direction and input during the initial and core stages of this process.

Significant and overlapping/shared points from Stakeholder interviews were shared and actively discussed in Advisory Committee meetings. Out of a total of 29 Stakeholder key points with regard to SENIORS AND SPECIAL NEEDS HOUSING AND SUPPORTS, the Advisory committee rated the following Top 11 key significant points in the following order (Each point was rated by each advisory committee member, on a scale of 1 – 5, with “1” signifying a statement of relatively low applicability or resonance with each member and “5” signifying a statement of extremely high applicability or resonance. All points rated 4.5 out of 5 or higher are listed below):

1. There is required: long-term Capital and Operational/Support funding for Seniors’ and/or Special Needs Housing – this allows for visioning, planning and implementing the best/most efficient and suitable housing/support options across sectors.
   Average rating 4.95

2. With Alberta Health Services’ Vision for seniors to AGE in the RIGHT place, there needs to be recognition that there are currently not enough resources to deliver a program of this type out in community and/or to respond in kind to remedy this.
   Average rating 4.66

3. There is a need to bring developers and builders on-side to create more accessible and “visitable” places in which to live.
   Average rating 4.66

4. We must create truly Inclusive Communities.
   Average rating 4.66
5. There is a strong need to *increase Community–based Home Care Support*.
   Benefits identified:
   a. Less hospitalizations
   b. Crisis prevention
   c. Increased presence/availability of Community Care Coordinator at periodic client–focused meetings for those mutual clients with complex needs would ensure appropriate and timely communication of health changes, med changes, dietary/transfer instructions, etc, etc
   
   *Average rating 4.62*

6. There is a strong need for *cross–ministry collaborative support and communication*
   a. Eg. Joint approach to housing – Alberta Health Services and Alberta Seniors and Community Supports
   b. Capital and Operational/Support funding to be released in concert
   
   *Average rating 4.6*

7. We, as organizations, must be ever–ready to change current practices to *adjust to the changing needs of our clients* - this *flexibility* needs to exist with *funders* as well.
   a. This applies to all areas including accommodation, medical services, counselling and supports
   
   *Average rating 4.55*

8. *Clients/Agencies need:*
   a. *Health Care*
   b. Supported and *Educated support staff*
      i. Funding for various training/support programs
   c. *Funding commitments* to allow for planning – *multi–year*
   d. *Long–term Capital funding* for new/existing building and for *operations*
   e. *Funding* for *supports* and *rehab/education* where required
   
   *Average rating 4.55*

9. Explore innovative ideas as to how individuals with similar support needs across sectors could possibly live in *common settings with appropriate supports* and develop a sense of *inclusion* and *community.*
   
   *Average rating 4.55*
10. **Re-purpose** existing housing with vacancy issues and **examine alternative uses** for other various populations in need  
   *Average rating 4.55*

11. There should be offered, an **array of housing and support services** specifically for **older adults** in the **inner-city**. – Operational Model – **Operation Friendship** in Edmonton.  (www.ofss.org)  
   *Average rating 4.5*
9. BEST AND PROMISING PRACTICES

The purpose of this section is to identify and review additional initiatives that demonstrate sustainability and tangible gains within the area of housing and supports for the identified populations. Acknowledging those entities generating positive outcomes in the planning and management of housing and supports for seniors and special needs populations can positively inform the planning and implementation of future supportive housing environments. In this best practices review, consideration is made to health service provision, housing/accommodations, and essential supports.

As part of the Stakeholder interview process, key accomplishments and best practices were shared, often with fellow agency personnel nominating another agency for program excellence. The added best and promising practices discussed here examine local, national and international examples.

BEST PRACTICES IN THE AREA OF SENIORS’ HOUSING and COMMUNITY SUPPORTS

Models of Continuing Care

A 1999 Federal–Provincial study of best practices in continuing care (Innovations in Best–Practice Models of Continuing Care for Seniors, Report prepared on behalf of the Federal/Provincial/Territorial Committee (Seniors) for the Ministers Responsible for Seniors, March 1999) identified six common features of best–practice models of continuing care identified by the study’s respondents, in ranked order as follows:74

1. **Consumer/Client Focus**: the degree to which the client’s right to provide input into service planning is recognized and the extent to which services are relevant to the client’s needs
2. **Coordination and Integration**: the ability to provide uninterrupted, coordinated service across programs, practitioners, organizations and levels of service over time
3. **Efficiency and Flexibility**: achieving the desired results with the most cost–effective use of resources as well as the degree to which the program, service, or organization is capable and flexible
4. **Program Assessment and Evaluation**: a measure of outcomes consisting of collecting information to inform decision–making and assess the effectiveness of strategies and programs

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5. **Education**: the level of staff competence and ensuring that the knowledge and skills of the service provider are appropriate to the service being provided for the delivery of quality care

6. **Access**: the ability of the individual to obtain services at the right place and at the right time, based on respective needs

**Factory Construction for Seniors’ Living Units**

Sturgeon Foundation hired Integrated Management and Realty, a partner in Trilogy Housing Solutions, to build its $12-million expansion of St. Albert’s North Ridge Lodge seniors’ complex. The project will be completed in only 10 months, rather than the 18 months required using traditional construction approaches thanks to the utilization of a factory-built construction system. BarrCana Homes is building the 48 rental suites at its 160,000-squarefoot Barrhead plant. They will be placed on site with large cranes. This could be a possible option for future partnerships between not-for-profit groups and private developers.

The project manager points out that apart from the time factor, there are standard quality protocols in a factory environment which should result in a high quality end-product for the same cost. For example, the rigid walls in a factory-built module can provide superior sound-proofing; an important factor in a multi-unit project.

Not-for-profit groups do not always have the expertise to project manage when constructing larger buildings. Gordon White, president of Integrated Management and Realty points out that those attempting to do so can run into cost and time overruns as well as quality issues. “This is a great partnership for this type of project, and I see it becoming more the norm in the future. There is a great need for affordable housing, accommodation for the homeless, and especially seniors housing.”

Sturgeon Foundation vice-chair Jack Dennett expressed his excitement regarding his involvement in this new process. “We have a long waiting list of seniors looking for a place to live, and thanks to the Trilogy approach, we will have people moving in next December. It really is amazing. It’s the way things are done in many European countries, but it’s relatively new here, especially for large buildings.”

**Age-Friendly Cities**

The World Health Organization released the Global Age-Friendly Cities Guide in 2007. This guide provides a model to prepare cities to support growing populations of active, older adults. It includes suggestions related to outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community and health services.

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In Canada, the Federal/Provincial/Territorial (F/P/T) Ministers Responsible for Seniors produced a guide\(^77\) that rural and remote communities across Canada can use to identify common barriers, and to foster dialogue and action that supports the development of age-friendly communities. This guide uses the same eight categories used in the WHO Global Age-Friendly Cities Guide, but adapts a rural focus. As summarized in this guide

While the majority of Canadians live in urban settings, a large proportion of seniors still live in rural or remote areas—hence the focus of this guide on rural and remote communities. It is estimated that approximately 23\% of seniors in Canada live in rural areas and small towns.\(^78\) In fact, some parts of rural Canada have been undergoing increases in the proportion of seniors as retirees migrate from cities to the country.

Current research on rural and remote communities shows that seniors face unique social and environmental challenges that can have an impact on health and healthy aging different from those facing urban populations. For example, seniors who wish to "age in place" in rural communities can face barriers to remaining in their homes and staying active and engaged in their communities. Such barriers include a lack of or limited support available to enable older persons to remain independent, as well as very limited housing and transportation options. In addition, seniors in rural and remote areas are frequently required to travel out of their communities for health services, which can create a range of challenges for themselves and their families.

Creating age-friendly cities is a long (estimated by some at 10 years) process. Calgary has the potential to build on its tradition of business, civic, and government collaboration to address a new citywide priority – transforming Calgary into Canada’s leading Age-Friendly City.


SPECIAL POPULATIONS BEST PRACTICES

The Vulnerability Index

The initiative began in New York as a way to deliberately target people who are most in need of help getting off the streets and into homes. Common Ground\textsuperscript{79}, a non-profit agency in New York, launched a program in 2003 called Street to Home which takes the most vulnerable people off the street and into housing. Those categorized as most vulnerable are those who: have been homeless the longest, have the most disabling conditions and are least likely to access housing resources. These individuals typically spend years cycling between emergency shelters, hospitals and jails. Once housed, the agency connects them with services that help them get back on their feet and participate in their own rehabilitation.

The Street to Home program has demonstrated itself to be a very cost-effective approach to supportive housing. Research showed that in one year, New York City will spend more than $730 million US to operate its shelter system, at an average cost of $54 US per person per night. For $36 per night, Common Ground can provide a home and support (support being on-site social services tenants need to maintain their housing, restore their health, regain their economic independence and improve their lives). Once housed, their tenants are no longer in shelters, nor hospitals ($1,185 US per night), nor jails ($467 US per night).

The Street to Home methodology was inspired by the Rough Sleepers Initiative, which reduced homelessness in Great Britain by two-thirds over three years. Rosanne Haggerty, Common Ground’s founder and president, brought the concept to New York City, where the process was adapted to the city’s needs, and then tested and refined. The process is outlined below:

1. Establish an accurate registry of street homeless by identifying individuals who are permanently living on the street. This is done for each neighbourhood.
2. Prioritize for housing those who are the most vulnerable, by means of a vulnerability index that calculates the impact of disease and other risk factors.
3. Simplify the process for helping individual to secure permanent housing; assist them in all aspects of the process (e.g., filling out forms, obtaining benefits).
4. Arrange for personalized services (e.g., mental health counselling, job training, financial management), to assist individuals with maintaining their new homes and creating stable and purposeful lives.

In Calgary, a team of volunteers surveyed 135 homeless individuals in December 2008 with the intention of creating a priority listing for those most at risk. The idea is to identify and prioritize

the most vulnerable individuals on the street, assess and negotiate housing options with those individuals, and then house and support the individuals in a home environment. 80

**Housing First Initiative**

Housing First Models and Harm Reduction models are fast becoming a preferred practice for bringing people out of homelessness. *Housing First* does not imply that supports are not important, rather, it "supports the idea that individuals are better able to pursue their personal goals towards employment, treatment, health and wellbeing when they are in stable housing. Harm reduction or "low demand" approaches combined with supportive housing have also been reported to be effective at addressing the needs of homeless people with substance use issues". 81

Best Practices discussion from the Literature Review section of the Mental Health Sector Strategic Plan 2008–201282 revealed the following patterns in ‘best practices’ for housing for persons with mental illness. These patterns arose out of review of more than 150 research studies completed over 15 years. Recognized models were those that:

- are for individuals
- are preferably not clustered in large projects, which are stigmatizing
- should be of the occupant’s choosing
- should be readily accessible to community services and amenities
- should not be contingent upon meeting pre-conditions of “housing readiness,” sobriety, treatment, compliance or use of mandatory services

The literature review indicated that persons with severe mental illness housed under the criteria listed above demonstrated greater housing stability, reduced use of hospital and ancillary services, and greater community integration with resultant expressions of higher satisfaction with quality of life. The model described above has been successfully implemented in cities as diverse as New York, Portland and Toronto (which have a sizable number of units devoted to this model).

Outcomes in terms of housing retention rates, consumer satisfaction, psychiatric stability, quality of life, cost–effectiveness and community integration have been found to be significantly higher for Housing First models than that of the traditional ‘continuum of care model’.83 Rental assistance and the availability of supports are essential components of success.

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82 Waegemakers Schiff, J. et al. (2008 May). *Mental Health Sector Strategic Plan 2008–2012 Literature Review in consultation with the Calgary Homeless Foundation Mental Health Sector* P.6 of Executive Summary.

83 The traditional ‘continuum of care’ model is conceptualized whereby people with severe mental illness are expected to pass through successive stages and types of accommodation (from the street or institutional living to permanent supportive housing).
Housing retention rates are significantly higher than in the continuum of care model, ranging to over 80% after two to five years. Furthermore, the model supports the expressed needs of psychiatric consumers for control and empowerment in their housing choices.

Housing First relies on available housing stock scattered throughout the community, thus ensuring community integration of the mentally ill and decreasing the possibility and negative consequences of congregating too many disabled people in one location. The model provides community tenure for a seriously disabled population at a considerable cost savings over other models. It does not require the construction of specialized housing, or threaten neighbourhoods which may rebel with a Not in My Back Yard (NIMBY) response. This housing model promises the most rapid, cost-effective and permanent response to housing this vulnerable population.

Calgary’s initial Housing First Model, Pathways to Housing, through the Alex Community Health Centre was launched in 2007. After careful research, planning and further consultation with practiced Housing First pioneers such as Dr. Sam Tsemberis, of New York’s Pathways to Housing, Calgary become the second Canadian city to adopt this model to address homelessness.  

Trinity Place Foundation re-housed an estimated 125 chronically homeless older adults as of March 31, 2009.

The Mustard SEED has signed a contract with the Calgary Homeless Foundation to move 400 homeless individuals from the streets into permanent housing. Partnership with CUPS’ Rapid EXIT program.

Harm Reduction Model – The Peter Coyle Place

Peter Coyle Place opened in Calgary in July 2005 and is operated by the Trinity Place Foundation. It is a 70-suite facility that provides housing for men and women 55 years of age and over who have difficulty accessing traditional seniors housing. The majority of residents have a history of homelessness due to mental illness, addiction problems and/or difficult personalities. The harm reduction model demonstrated at Peter Coyle Place enables freedom of choice with a check and balance for residents. There are minimal rules in place to avoid an institutional feeling, and greater responsibility is placed on the individual. In essence various approaches are used with the residents to provide appropriate and effective housing.

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84 Arab, P. (2007, October 19). Housing First-Calgary is just the 2nd Canadian city to adopt this successful model. The Calgary Herald - Urban Scrawl.

The building was designed and built using universal design features for accessibility that are consistent with an assisted living environment. It is fully wheelchair accessible and includes: individual suites, dormitory-style rooms, television lounges, resident telephone, recreation/leisure opportunities, an outdoor courtyard and individual resident mailboxes. There is on-site security, full nutritious meal service three times daily, self-serve laundry on each floor, a 24/7 emergency response system, and in-house financial comfort fun/money management service available.

An additional feature of Peter Coyle Place that is key to its demonstrated success is on-site medical services. In partnership with the Alex Community Health Centre, family physicians, through an Alternate Relationship Plan, visit Peter Coyle Place regularly to offer general practitioner services to all the tenants. A nurse practitioner has also been present on site to do medical consultations. In addition, to support the health and wellness of the residents, there are case workers as full-time staff, a program manager who oversees cases, a home care coordinator and support from ACT (Assertive Community Treatment) to follow-up with their referrals.

Success Factors – What is making a difference?
1. Regular presence of the medical services on site
2. Nutritious and timely meals: breakfast, lunch and dinner
3. Supportive social network available for case work
4. Provision of a comfortable home and a feeling of belonging
5. Resident decision-making capacity and responsibility

The impact of this project has been visible through increased resident quality of life. Individuals are in a stable living environment, are surrounded by a supportive social network, have access to and use on-site medical services and have access to public transportation and close by shopping centres. In 2008, 11 residents at Peter Coyle Place developed the skills and abilities necessary to transition into a more independent living situation.

Aboriginal Housing and Supports – Promising Practices

In the International Housing Coalition’s Case Study 3: Aboriginal Housing in Canada: Building on Promising Practices, eight promising models for Aboriginal Housing in Canada were identified. Of those identified, two Alberta Housing entities were recognized as those who modeled promising practices in this area.

They were:

- AMISK HOUSING ASSOCIATION, out of Edmonton builds and operates affordable rental housing for large families and single parent families. A special service area includes housing for Aboriginals who are marginalized and/or transitioning.
Through collaborative work with a dedicated private-sector builder, as well as the City of Edmonton, this association has been recognized as a model housing provider.

- WOOD BUFFALO HOUSING DEVELOPMENT, in Northern Alberta, has successfully adapted various provincial housing programs to work toward meeting needs of Aboriginal people in both large and small communities in their service area. Innovative partnerships, including P3 partnerships have created an environment whereby a substantial number of much needed affordable housing units can and have been developed.

Both were noted for their creative work in meeting housing needs of Aboriginal populations in their communities. There exists currently, no Calgary–based Aboriginal Housing Organization.

HOP (Housing Opportunity Partnership)

Spearheaded by the Winnipeg Real Estate Board, a program in inner-city Winnipeg tells a story of revitalization, the creation of home purchase opportunities and assisting low-income individuals a way out of the life–time rut of month–to–month renting. Older inner-city homes in need of repair are acquired and completely renovated through this not–for–profit initiative, and availed to low-income individuals for purchase. As it is difficult for low-income individuals in rental situations to save funds for a down payment, this program assists with down payment support. Although this particular program is not specifically targeted to Aboriginal families/individuals, approximately 20 percent of all home purchasers under this program are Aboriginal. Program feedback records very little turnover rate, underlining the success of this endeavour.

The MREA (Manitoba Real Estate Association) through the review of the success of the HOP program, built relationships with Aboriginal organizations as well as provincial and municipal stakeholders in order to put together a one–step program allowing modest-income Aboriginal people relocating off–reserve to purchase a home. 86

The Manitoba Tipi Mitawa Program, launched in January 2008, contributes a 15 per cent down payment, and as much as $300 to $400 per month toward the mortgage and from 2008 – 2011, aims to create 40 home–ownership opportunities. The province will provide $150,000 for down payment assistance and $250,000 in mortgage assistance through the program. Persons selected for this program meet eligibility requirements, such as a steady work and rental payment record, and will also learn about maintenance and upkeep of their new home. 87


Addictions Treatment – General Principles and Models for All Programs

The U.S. National Institute of Drugs and Abuse, National Institutes of Health, produces a research-based guide on the principles of drug addiction treatment. The principles were used to guide the search for effective treatment programs and are repeated here in their entirety. They set the standard against which Calgary programs can assess specific treatment programs and also to gauge the standard of care available in the Calgary community where gaps or ineffective service might exist. These principles are applicable with the older adult population and have an impact on housing and service alternatives.88

1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment attends to the multiple needs of the individual, not just his or her drug use.
4. An individual’s treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person’s changing needs.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
6. Counselling (individual and/or group) and other behavioural therapies are critical components of effective treatment for addiction.
7. Medications are an important element of treatment for many patients, especially when combined with counselling and other behaviour therapies.
8. Addicted or drug–abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.
9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long–term drug use.
10. Treatment does not need to be voluntary to be effective.
11. Possible drug use during treatment must be monitored continuously.
12. Treatment programs should provide assessment for HIV/AIDS, Hepatitis B and C, Tuberculosis and other infectious diseases, and counselling to help patients modify or change behaviours that place themselves or others at risk of infection.
13. Recovery from drug addiction can be a long–term process and frequently requires multiple episodes of treatment.

Person–Directed Services

Person–directed service models have emerged as important initiatives in improving the care of people with disabilities. A variety of person–directed service models exist, although the central tenet and value behind the models lie in their recognition that people with disabilities should have an active role in making choices that affect their day–to–day lives. The U.S. National Institute on Consumer–Directed Long–Term Services describes this philosophy as recognizing the capacity of individuals to, “assess their own needs, determine how and by whom these needs should be met, and monitor the quality of services they receive”.89 This approach to service provision falls in line with a large body of research that has shown the importance of self determination, autonomy and recognition of personal rights on the well–being and health of all human beings.

Most service providers and people with disabilities would likely agree that the client or consumer is the best expert in identifying his or her own needs and should ultimately direct the decisions which dictate their housing and care. The Government of Alberta, in principle, has committed to upholding person–directed service models. The Supported Living Framework, published in 200790, states that current and future supportive living developments should be based on the following principles:

1. Supportive living options recognize the individuality of each resident and his or her changing needs; and,
2. Communities will strive to have a range of supportive living options that can meet the service and affordability needs for local residents wanting to stay in or near their own communities (p.2).

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Innovative Mental Health Programs in Alberta
(Provincial Service Optimization Review – Final Report 2008, p. 20)91

Short Stay Programs
- Short-stay units in Edmonton and Calgary provide rapid crisis resolution, symptom stabilization, and reintegration back to the community for treatment outside of hospital; these units achieve average length of stay of 2 and 3.5 days, respectively, for patients who might have remained in a traditional mental health unit for 6–12 days.
- Key success factors include discharge planned from admission, intensive treatment, collaboration across the care spectrum, and cooperation with social agencies and other partners – as well as a fundamental shift in philosophy regarding the roles of inpatient and community-based care.

Tele–mental Health
- One of the largest telemedicine programs in Alberta, tele–mental health performed approximately 3500 patient encounters in 2007–2008, broadening the portfolio of community-based care and enhancing rural access to mental health services.
- A 2006 Alberta Mental Health Board study demonstrated that patient satisfaction was high with this type of encounter (i.e. 96 per cent of surveyed patients reporting being satisfied with the session outcome)

Shared–Care Programs
- Shared care started in Calgary in 1998; mental health professionals and family physicians (FPs) see patients join and collaborate on assessment and management, thereby building the FP’s capacity to treat mental illness
- Programs vary across the former health regions – for example, Chinook is adding behavioural health consultation (BHC) co-located at the Family Physician site, and East Central places mental health liaisons in clinics to consult on medication management, arrange placement to programs and facilities, educate family physicians and patients, and coordinate continuing care
- Shared–care programs extend care to those who would otherwise not receive it, shift patients to a lower level of care, or both

Transitional Care Facilities
- Nine-bed Hamilton House and four-bed House 112 in Calgary address the transitional care needs of specific populations: Hamilton House for patients with severe and persistent mental illness discharged from hospitals and having difficulty obtaining

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housing, and House 112 for adult dual-diagnosis patients with both developmental disabilities and mental illness

- Hamilton House’s client satisfaction has been positive overall, while cost per day is less than a quarter of comparable inpatient hospital care
- Before House 112, three of its four residents accounted for approximately 300 inpatient days in one year, but all three have remained out of hospital since placement at House 112.

Promising Practices for Housing and Care: Independent, Transitional and Long Term
(Testimonies of Dwelling: People with Physical Disabilities and [In]appropriate Housing in Calgary. Centre for Social Work Research & Development, February 2008)\textsuperscript{92}

The following table provides examples of promising practices in the provision of housing and care for people with physical disabilities living independently in private residences and group settings, and residing in long-term-care facilities. The report was authored for the Calgary jurisdiction for people with physical disabilities.

The promising practices outlined below have been extracted from the academic literature in the area, “grey literature” such as government reports and conversations with community stakeholders throughout the research process.

\textsuperscript{92} Hurlock, Forsyth, Bell, Chugh, Hewson. (2008) Testimonies of Dwelling: People with Physical Disabilities and (In)appropriate Housing in Calgary.
### Chart 1: Promising Practices

<table>
<thead>
<tr>
<th>Independent Living in the Community</th>
<th>Transitional Housing and Independent Living in Group Settings</th>
<th>Long Term Care Facility Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Increase the stock of available housing across the continuum of models and needs (i.e. homes for individuals and families, group homes, and long-term care homes)</td>
<td>▪ Increase the stock of transitional housing and group homes</td>
<td>▪ Increase the stock of available housing across a continuum of models and needs</td>
</tr>
<tr>
<td>▪ Ensure structural accessibility of public facilities</td>
<td>▪ Ensure universal design principles in facilities</td>
<td>▪ Ensure structural accessibility of public facilities</td>
</tr>
<tr>
<td>▪ Provide accessible public transportation</td>
<td>▪ Provide accessible public transportation</td>
<td>▪ Provide accessible public transportation</td>
</tr>
<tr>
<td>▪ Availability of quality care services – the same home care worker, set times, reduce wait lists, 24 hour availability for emergencies</td>
<td>▪ Address staffing shortages</td>
<td>▪ Address staffing shortages</td>
</tr>
<tr>
<td>▪ Ability to ensure basic needs are consistently met through adequate income supports and affordable housing</td>
<td>▪ Availability of quality care services – the same home care worker, set times, reduce wait lists, 24 hour availability for emergencies</td>
<td>▪ Availability of quality care services – the same home care worker, set times, reduce wait lists, 24 hour availability for emergencies</td>
</tr>
<tr>
<td>▪ Opportunities for home ownership: adequate income, ability to own a home and continue to receive health benefits and AISH. Opportunities for ongoing home modifications i.e. increase funding to the RAMP Program and reduce waitlist</td>
<td>▪ Spaces and rooms for visiting family members and friends</td>
<td>▪ Spaces and rooms for visiting family members and friends</td>
</tr>
<tr>
<td>▪ Consumer controlled services: opportunities for choice, individualized services, individualized funding</td>
<td>▪ Ensure availability of options for when moving out of “transitional” housing</td>
<td>▪ Respect the privacy of residents: provide private rooms and bathrooms</td>
</tr>
<tr>
<td>▪ Reduce isolation</td>
<td>▪ Continuum of options: i.e., group home or private apartments with 24 hour care when needed, flexibility of care to accommodate disabilities which fluctuate in severity</td>
<td>▪ Immediate assistance</td>
</tr>
<tr>
<td>▪ Supports so people can live independently for as long as possible</td>
<td>▪ Nice location – a sense of “ownership”, community and pride in one’s home</td>
<td>▪ Respect and support of self advocacy</td>
</tr>
<tr>
<td></td>
<td>▪ Availability of 24 hour care for emergencies</td>
<td>▪ Provision of care services based on individual needs, i.e. opportunities for more frequent bathing if desired</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Age-appropriate accommodations i.e., young adults with disabilities generally prefer to live with their own age group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Daily activities and leisure opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Access to the community</td>
</tr>
</tbody>
</table>

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OTHER BEST PRACTICES RELEVANT TO BOTH SENIORS AND SPECIAL NEEDS POPULATIONS

Universal Design Concept

The model of universal design emerged from “barrier-free” design. Barrier-free design provides a level of accessibility for people with disabilities but also may result in stigmatizing or ‘separate’ solutions (for example, a ramp that leads to a different entry into a house or building). Universal design proposes solutions that help everyone, not just people with physical impairments. For example, parents pushing their children in strollers or an individual with a temporary injury may benefit from structures deemed “wheelchair accessible,” such as sloped street curbs and wider doorways.

With the aging population in Canada, the principles of Universal Design have garnered increasing attention from builders and city planners.

Looking at the projections for an aging population is important in relation to disabilities because the possibility of a person living with or acquiring a physical disability increases as one ages; therefore, it is becoming increasingly evident that the need to plan for such an aging population is essential.

The principles articulated by the Center for Universal Design, are as follows:95

1. **Equitable Use**: design is useful and marketable to people with diverse abilities
2. **Flexibility in Use**: design accommodates a wide range of individual preferences and abilities
3. **Simple and Intuitive**: use of the design is easy to understand, regardless of the user’s experience, knowledge, language skills, or current concentration level
4. **Perceptible Information**: design communicates necessary information effectively to the user, regardless of ambient conditions or the user’s sensory abilities
5. **Tolerance for Error**: design minimizes hazards and the adverse consequences of accidental or unintended actions
6. **Low Physical Effort**: design can be used efficiently and comfortably with a minimum of fatigue
7. **Space and Size for Approach and Use**: appropriate size and space is provided for approach, reach, manipulation, and use regardless of the user’s body size, posture, or mobility

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Importance of Visitability
(Testimonies of Dwelling: People with Physical Disabilities and [In]appropriate Housing in

In 1986, a grassroots movement emerged in Atlanta, Georgia, from the lack of federal
legislation for accessible single-family homes (2007). Concrete Change, a project of the state–
wide Independent Living Council of Georgia, defines visitability as, “a movement to change
home construction practices so that virtually all new homes — not merely those custom–built
for occupants who currently have disabilities — offer a few specific features that make the
home easier for people who develop mobility impairments to live in and visit.” Visitability
promotes the inclusion and social integration of people with disabilities into the community as
a whole, rather than isolating them in their own home or forcing them into institutions.

Three key features are promoted:

1. At least one zero–step entrance on an accessible route leading from a driveway or public
sidewalk;
2. All interior doors provide at least 31 ¾ inches (81 cm) of unobstructed passage space;
3. At least one half–bathroom on the main floor.

In Bolingbrook, another location where legislation has passed calling for homebuilders to
adhere to defined accessibility requirements, a cost analysis was completed to determine the
increased cost of building a home to these new standards. On average, it was found to be only
1.5% over and above non–compliant home models, therefore bringing local builders on–side.
Approximately 2000 visitable homes were constructed in Bolingbrook the first three years into
the program, and it is forecast that an additional 3,500 visitable homes will be built in the
decade to follow.  

The principles and design guidelines of visitability have been advocated by Habitat for
Humanity, which has been involved in building numerous “visitable” dwellings internationally
(Concrete Change). In England, the adoption of lifetime homes (LTH) standards, similar to the
standards of visitability, are likely to become mandatory for all newly constructed dwellings in
the private sector by 2008. In the Alberta context, the City of Edmonton has been a leader in
the development of “visitable” affordable housing initiatives. Through its Cornerstones:
Edmonton’s Plan for Affordable Housing 2006–2011 Initiative, 100 per cent visitable and 10 per
cent adaptable suites in all new multi–family developments receive funding from Cornerstones.
To date, the city of Calgary has not engaged in any “visitable” housing projects despite

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Change.

recommendations from Advisory Board on Services for People with Disabilities (ABSPD), which recommended changes to the 1997 Alberta Building Code and to all municipalities to incorporate 100 per cent visitability and 10 per cent adaptable suites in all new multi-family developments.98

Importance of Housing Adaptations

The importance of housing adaptations for people living independently has also been deemed invaluable to the health and well-being of people with disabilities and their families. A study conducted in 2004, completed 104 interviews with recipients of major housing adaptations and 164 mail questionnaires with recipients of minor housing adaptations in England and Wales. The findings suggest that “well-designed adaptations have beneficial and/or preventative effects on both physical and mental health; and these benefits are long-term and extend beyond the disabled person to help the health of other family members”.100

In Canada, the need for adaptations is clear:

- 483,000 adults in Canada require adapted features in their homes. 26 per cent of those individuals have none of their needed modifications and 11 per cent have some but need more.101
- For adults aged 25–64 with disabilities, 47 per cent have an annual personal income below $15,000, compared with 25 per cent of adults without disabilities.102
- The cost of construction is minimal. The cost of building a zero-step entrance is $150 and the cost of building wider doorways is $50 for the entire home. The Canada Mortgage and Housing Corporation estimates the cost of installing reinforcements (to allow for the future installation of grab bars) in washroom walls ranges from $50 to $90.
- The Rowntree Foundation (U.K.) estimates that the cost of implementing visitable features at the time of construction is no more than 200 pounds ($365 US) When several visitable townhouse developments in Atlanta were built, the developer estimated that the cost of providing visitable features was no more than $25 per home.
- In contrast, retrofitting a home to accommodate visitable features is costly. Concrete Change estimates the cost of adding a zero-step doorway to a pre-existing home is $1,000 and the cost of widening a doorway is $700 per doorway. The Canada Mortgage and Housing Corporation estimates the cost of installing reinforcements in an existing home.

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102 Ibid.
bathroom is $530 CDN ($400 US). In Macon County, Georgia, the cost of retrofitting existing units for visitability ranged from an estimated $7,500 US to $15,000 US, depending on the age of the unit.

Public Transportation

A key recommendation related to equitable mobility as stated through conversations with community stakeholders emphasized the importance of accessible housing being close to public transportation (i.e., it is isolating to ‘place’ people with disabilities on the periphery of the city where they cannot access the community). Transportation and physical accessibility have been deemed integral aspects of community participation in the quality of life of people with disabilities.103

Comprehensive and Integrated Housing, Supports and Services for Inner City Seniors

The City of Edmonton’s Operation Friendship Seniors Society (OFSS) serves a vital purpose for its inner city seniors. With a wide variety of services and supports on site, it is able to efficiently and effectively provide housing, services, supports, recreation activities, meals, visiting health services, clothing, barber/salon service, housing registry information, outreach, transportation to shopping and medical appointments, all in an atmosphere of safety, dignity and non-judgement.

All in close proximity, OFSS has a Drop-In centre, where clients can enjoy free meals seven days per week, a shower, change of clothes or a visit with the public health nurse. Out of the same location, both wellness and recreational activities take place. Assistance with referrals, advocacy, reading, completing applications and tax forms are a few of the services available at the Drop-in Centre.

Five Housing Facilities offer various settings from independent to Designated Assisted Living. OFSS reaches out to seniors in the community as well, and visits those who are shut-in and assists them with resources they require. These wrap-around services aid in enabling seniors to live to their optimal levels of independence and prevent hospital visits and admissions to Long Term Care. 104

While Calgary has some exemplary accommodations, supports and services for seniors, as well as some key partnerships that offer seniors access to a variety of health, community and

support services, the degree to which Calgary seniors can access and travel between resource locations varies. During Stakeholder consultations, it was strongly felt by participants that a similar resource to OFSS (Operation Friendship Seniors Society) could enable the City of Calgary to provide a more thorough means to deliver true wrap-around services to our inner-city population. As has been found through research and even recently applied initiatives where wrap-around service is provided, the supportive and preventive nature of such programming markedly improves client success in community and greatly reduces and or eliminates the need for use of expensive emergency and urgency based interventions.

Mixed-Use Communities

Kehilla is a faith-based non-profit housing agency, which through fulfilling its mandate to identify affordable housing needs and carry them through to fruition, has arrived at some innovative solutions, resulting in some rich and diverse communities as well as population-specific communities.

Existing projects include:

*Mutually Assisting Residential Community* (Project Marc) – 90-unit mixed-use residential building home to seniors, families and the physically challenged

*The Avenel* – 111 units – modeled after a traditional community framework to create a mix of income levels, age groups, abilities and family structures. Units range from one to three bedrooms with a large proportion designed for the elderly and physically challenged

*Elm Ridge Group Living Residence* – 14 units – creative partnerships enable this residence to be a supportive environment for aging developmentally challenged seniors.

*Plaut Manor* – 97-unit non-profit multicultural building has now evolved to house victims of domestic violence and other special needs individuals as well.

*Habayit Shelanu Seniors Residences* – 59-unit aging in place seniors project

*Under Construction*

*Lebovic Campus* – 60-unit residence for individuals living with developmental disabilities. This residence is located on a campus featuring the Kimel Family Education Centre, a Sports and Recreation Centre, Sharp Family Atrium, Theatre, Children and Family Pavilion, Community Services Pavilion, etc. – Cost = 22 million. Funded in part by Canada-Ontario Affordable Housing Program (4.2 million) and from the Ministry of Community and Social Services (2.6 million)
Health Care and Care Supports

In a BusinessWeek article, *The French Lesson in Health Care*\(^\text{105}\), differences in approach, satisfaction and life expectancy are discussed as is the ranking. At the time of the article, France was ranked 1\(^{st}\) by the World Health Organization for their overall health-care model’s performance. Some comparisons offered were:

- France infant death rate – 3.9 per 1000 births  
  USA infant death rate – 7 per 1000 births  
  Canada is in the middle at 5.1 per 1000 births\(^\text{106}\)
- France life expectancy – 79.4 years  
  USA life expectancy – 76.4 years  
  Canada surpasses them both at 81 years\(^\text{107}\)

There are far more hospital beds per capita in France and lower rates of death from diabetes and heart disease, with a large difference in *mortality rate from respiratory disease*.

- France – 31.2 per 100,000  
  USA – 61.5 per 100,000  
  Canada sits at 41.4 per 100,000\(^\text{108}\)

France spends 10.7% of its GDP on health care, while USA spends 16% of its GDP on health care. In France, as you become more ill, you pay less. Chronic diseases such as diabetes, critical surgeries such as coronary bypass, are all reimbursed at 100%.

Cancer patients are treated free of charge, including expensive cancer medications.

Care Supports for Seniors

*Denmark* – Denmark has a carefully designed network of health and community–based services which allow seniors to live in their homes for much longer. Two added factors were those of cost savings and better attitudinal outcomes. The Danish system, when compared to the US was rated as one of better quality, easier access and lower cost.

*Age Bank* – With an eroding family/informal support system in *China* and the world’s largest Boomer population, China is getting innovative and looking at ways to supply supports to its elderly that are affordable.


A community organizer Feng Kexiong set up a labour exchange program, the Age Bank, which allows registrants to request services, which in turn, are delivered by able-bodied retired workers. Those who volunteer their time gain credits to put into the “bank” for their future use.

**Mentoring Program for Adults with Acquired Brain Injury – Australia**

Michelle Bellon, PhD, along with Jaime Gardner and Rebecca Riley from the Department of Disability Studies within the Faculty of Health Sciences at Flinders University in Adelaide Australia, conducted and studied a 9-month pilot mentor program for adults with acquired brain injury.

Experiencing similar issues to those identified with stakeholders here in Calgary, this program sought to explore the support needs of persons with acquired brain injury living in community. Having determined key concerns such as the challenges brain injured individuals face with community inclusion, fractured social integration, and social isolation, this and other cross-discipline research revealed the positive impact such programs can have on this population.

Over a nine month period, mentors met for a few hours, on average, once every week to two weeks with their program partners, taking part in activities of mutual interest, and often working toward goals that brain-injured program participants had identified at the outset of the program. Outcomes were measured through utilization of a Community Integration Questionnaire (CIQ) as well as pre and post program interviews, followed by a 6-month follow-up, providing three separate data collection opportunities.

Outcomes of this program included: improvements in home integration, social integration, productivity and improved overall CIQ scores. However, overall, the 6-month reviews that followed the cessation of this program, illustrated that improvements seen through active participation did not extend past to 6 months post-program, with the exception of retention of productivity.

Results show that with involvement in mentorship programs, brain-injured clients experienced increased confidence, the formation of reciprocal and enduring friendships, achievement of goals, greater reintegration and participation, greater involvement in social networking, improvements in skill development and coping abilities.

Furthermore, an improved understanding of acquired brain injury (ABI) in community was achieved, as well as information gleaned as to the supports required for successful community participation and inclusion. This program serves as a model for future effective mentor programs for adults with ABI and is highly applicable for implementation here on a local level.
Such a program would go far to address current needs identified by Stakeholders serving brain injured individuals in the city of Calgary. 109

Supportive Housing vs. Social Housing

A United Way–funded research initiative of Ryerson University, Neighbourhood Link/Senior Link and the University of Toronto, *When Home is Community: Community Support Services and the Well-being of Seniors in Supportive and Social Housing*, examined both social and supportive housing environments, and gauged similarities, differences, the role and relationship of health and social supports within these environment, as well as critical success factors to aging–in–place. With active and collaborative participation from further key participants: Etobicoke Services for Seniors, St. Paul’s Lamoreaux and the Toronto Community Housing Corporation, this established an important model for future research. 110

Findings of note include:

- *45 percent* of seniors in social housing are visible minorities, while *25%* in supportive housing are visible minorities

- *20 percent* of seniors in social housing report English language difficulties, while *13%* in supportive housing report English language difficulties. A key missing resource noted by these seniors was that of translation support.

- In a previous study working involving Chinese and Caribbean seniors in Toronto Housing Corporation buildings, research revealed that where larger numbers of the same ethnoracial background of seniors lived together, language gaps were bridged more effectively. Also of importance was the proximity of the diverse population buildings to diverse neighbourhoods where seniors could bank, shop, see doctors and socialize in their first language.

- The type of client–centered approach through which integrated support services are best utilized is through use of intensive case managers under the Supportive Living Scenario, vs. that of Social Housing.

- “Multiple factors, including a tendency by decision–makers to equate health with medical care and current Medicare funding arrangements which require coverage only for “medically necessary hospital and doctor services, militate against community support services taking a more central place on the public policy agenda.”

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• **Costs and outcomes** of the delivery of various **community support services** remain **untracked**, thus not allowing a clear picture of true costs in community.

• The results from four separate research studies suggest that those seniors receiving some supports services through intensive case management experienced:
  - Improved quality of life,
  - Reduction in use of institutional care

• Upon analysis, the key difference noted between Social Housing and Supportive Housing, is that while seniors in social housing may receive one or more supports, as to those in Supportive Housing, those in Supportive Housing do so under intensive case management. Case Managers monitor clients and are able to change, flex and remove services when required. Access to services within a supportive living environment is much easier, whereas the ability to do so in social housing depends on a number of factors including the ability of the resident to assess their own needs, and to then be able to locate and/or access appropriate services. With age related issues, such as dementia and increased frailty, or other issues such as illness or other health related events, these are conditions under which seniors are least able and/or likely to attempt access to supports. English Language difficulties amplify the barriers to service access. Intensive Case Managers in Supportive Housing environments are able to assist in breaking down barriers to service access and are able to make appropriate connections to appropriate supports. Seniors interviewed in each of these housing environments expressed the following: Seniors in supportive housing felt they knew where to go for assistance, as they had one point of contact. Seniors in social housing, however, felt less certain as to where to go for various supports/services, less able to access them and less confident in their reliability. In Social Housing, seniors from different ethnocultural backgrounds can tend to feel isolated or left out of certain activities, whereas with Supportive Housing, Case Managers can often act to diffuse any conflict and can coordinate supports in a linguistically/culturally appropriate manner.

• The most common supports accessed to maintain independence in supportive housing were: low cost assistance with household activities such as vacuuming, laundry, grocery shopping – as opposed to high cost care from health services.

• To further evidence the success of Supportive Housing over Social Housing, 40% of those in supportive housing were aged 85 and over, whereas in Social Housing only 9% were aged 85 and over. This means that society’s oldest old can successfully age in place in a preventive and non-clinical environment with case management and minimal supports. Data collected supports that the predictable and integrated nature of supportive housing services foster independence, autonomy and well being, not dependency, thus providing some good explanation for differences in age profile in each of these housing settings. In addition, the nature of supportive housing and its style of case management allows them to live with higher health risks.
- On-site emergency call systems in Supportive Housing drastically reduce the number of necessary calls to 911, whereas in Social Housing situations, these systems are not in place.
  Preventive strategies in place through case managers in Supportive Housing can alert case managers to certain health situations and allow them to avert accidents, serious health incidents, and deal with mental health issues effectively.

- As confirmed by Ministry of Health Long-Term Care data, supportive housing is a cost effective alternative to institutional care
  Comparative costs of personal care at time of United Way–funded study (2005):
  - Supportive Care – yearly costs $6,984.27/year
  - Long-term Care – yearly costs $24,553.55/year
10. PUBLIC POLICY AND GOVERNMENT INITIATIVES

This section is meant to identify some governing policies and government initiatives both here and elsewhere that serve to impact and/or address the availability and accessibility of housing options as well as corresponding support service requirements for the population under discussion.

PROVINCIAL GOVERNMENT
In addition to the program trends noted previously (Section 9 – Best and Promising Practices), there are several trends emerging with respect to seniors’ and special needs housing locally, nationally and internationally.

Public Sector Efforts to Understand the Demographics in Alberta and Planning for the Future Population

In December of 2008, Alberta Seniors and Community Supports released their findings from the Demographic Planning Commission. It recognized that the average age of Alberta's population is expected to increase and that change will create both opportunities and challenges for Alberta. The commission consulted with stakeholders across the province and identified important issues facing Alberta seniors and the ways they believe these issues should be addressed. The Commission recommended an Aging Population Policy Framework be created and be active in:

- Enabling seniors to remain in their own homes;
- Providing services to seniors in the community;
- Better connecting seniors with services;
- Building the workforce;
- Undertaking appropriate transportation and capital planning;
- Meeting the health needs of seniors;
- Determining how to provide government support;
- Supporting the role of the family;
- Fostering respect and dignity toward seniors;
- Raising awareness among future seniors; and
- Adopting central principles to serve as the basis for the design and funding of programs and services for seniors.

Public Emphasis on and Investment in Supportive Living

The Government of Alberta’s Seniors’ Supportive Living Framework, introduced in 2006, is evidence of the growing emphasis on encouraging residential settings where people can maintain control over their lives while also receiving the support they need. The guiding principles for current and future supportive living in Alberta include:

- Supportive living options that recognize the *individuality of each resident* and their changing needs;
- Communities will strive to have a *range of supportive living options* that can meet the service and affordability needs for local residents wanting to stay in or near their own communities;
- All orders of government, regional health authorities, housing operators and other stakeholders will *work collaboratively* to develop and deliver supportive living options;
- Health, housing and social service providers will work together and with residents and/or their families when coordinating and collaborating on a person’s housing, care and service options so that *choice and flexibility is maximized*;
- To the extent they are able, *Albertans are responsible for the costs* associated with their supportive living accommodation. Provincial accommodation assistance will be targeted to those who need it most;
- *Regional health authorities* [Alberta Health Services] are responsible for funding *professional health services and personal care services* to address individuals’ assessed unmet needs; and,
- The *provincial government is responsible for setting overall policies and strategies, for legislation and for funding in areas of its responsibility, while operational decisions will be made at the local level*, consistent with provincial priorities and accountability requirements.

The provincial government has recently been actively investing in building and improving accommodation for seniors and persons with disabilities over the past five years. Since 1999, the province has invested nearly 512 million to create and/or modernize approximately 9700 affordable supportive living units.

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Providing Albertans Options to Age in the Right Place

Albertans have said that they want to remain in their own homes and communities as they age. Aging in the Right Place, is the Continuing Care Strategy that was released in December 2008. It provides more community living support so seniors and those with disabilities can receive care in their homes and communities. Five strategies have been identified along with various underlying initiatives. The strategies are:

1. Investing in community supports;
2. Building infrastructure;
3. Changing the way long-term care accommodations are paid;
4. Funding individuals and/or funding providers based on need; and
5. Providing equitable pharmaceutical coverage for people wherever they live.

Included in the initiatives are:

- enhancing home care through improved assessments, an expansion of current programs and increased daily personal care hours;
- providing assistance for individuals to transition from facility care back to home or community living;
- introducing emergency support programs to identify resources, interim care and accommodations options;
- increasing support and respite programs for families and community members assuming care on behalf of their loved ones; and
- introducing technology that will connect continuing care clients with health professionals and provide medical and safety monitoring.

Adaptable Housing Part of Every New Building Project that is Publicly Funded

In March 2008, a building code interpretation (Standata) on Adaptable Dwelling Units was issued to reinforce the requirement for all new building projects to include a minimum of ten per cent of the units. Starting from that date and moving forward, the standard will be included in all development contracts and enforced in order to receive the government funding.

Alberta Municipal Affairs and the Safety Codes Council have released the 2008 Barrier Free Design Guide Design for Independence and Dignity for Everyone, Vision, Hearing, Communication, Mobility, and Cognition. The design requirements are for people with disabilities and seniors and apply to all buildings that receive any portion of public funding with the exception of single family homes (apartment suites included), unless used for social

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programs. They apply to all buildings that are not exempt and include the exterior property that is a part of the building site. Access from the exterior to the building and movement throughout the interior of the building shall be by a barrier-free path of travel.

On a municipal level, new “Access Design Standards” have been approved this year by City Council, applying to any city-owned and/or operated facility in Calgary. These standards also include those for “universal dwellings”.

Vision 2020 puts Patients at Center of Sustainable Health System

The Alberta government’s strategic action plan to address health care for today and the future is titled Vision 2020. Much of what the plan addresses relates to the seniors and special needs population in Alberta. Five goals outlined in Vision 2020 are:

1. Provide the right service, *in the right place, and at the right time*;
2. Enhancing access to high quality services in *rural areas*;
3. Matching workforce supply to *demand for services*;
4. Improving *coordination of care* and *delivery of care*; and
5. Building a strong foundation for *public health*.

When announcing phase one in December 2008, the Minister of Health and Wellness indicated that the key to Vision 2020 is using more community services, like physician clinics, urgent care centres, supportive living options for seniors and short-stay treatment programs for people with mental health needs. The Minister spoke about the health workforce and the importance of incentives, scope of practice, and team-based care. Process improvements and operational efficiency will be sought after to ensure the patient’s needs are being met in the best way.

The seniors and special needs population relies on the health care system to provide responsive care when needed as well as continuous supportive care. The ability for the health system to provide timely and quality care and support has a direct impact on an individual’s ability to live in a safe, affordable, appropriate and stable place.

New Alberta Pharmaceutical Strategy

In December 2008, in addition to the Vision 2020 and the Continuing Care Strategy, the Government of Alberta issued the Alberta Pharmaceutical Strategy. Statistics showed that in 2006/2007, Alberta’s government spending on drugs totalled $1.2 billion and of that amount,
approximately 39 per cent was paid for drugs prescribed to seniors. The proportion is expected to rise in the coming years in keeping with the increasing proportion of seniors in the total population.

The new strategy introduces changes that will be rolled out in various phases. In the initial phase, one change will be improving drug coverage for seniors. The redesigned program will see increased support for those in need. Low income seniors, single seniors with an annual income of less than $21,325 and senior families with an annual combined income of less than $42,650 will not pay for drug coverage. Other seniors will pay a deductible based on their income. A co-payment of up to $25 per prescription will no longer be required when the new plan becomes effective January 1, 2010.\(^{118}\)

**Report of the Auditor General on Seniors Care and Programs**

In May 2005, the Auditor General released a report on seniors care and programs.\(^{119}\) Within the report are numerous recommendations that relate to accountability, systems, and services. The discussion most relevant to this literature review concerns that of long term care resident profiles.

Individuals most often come to a long–term care facility from either acute care hospitals or from the community on an urgent basis. They are placed in long–term care facilities on the basis of “first available bed”. Facilities or their governing organizations typically have the right to refuse a prospective resident if they are unable to meet the resident’s individual care requirements. Residents have been rated on a scale from A to G, based on four functions of daily living (eating, toileting, transferring, and dressing), two behaviour indicators (potential for injury to self or others and ineffective coping), and two continence indicators (urinary and bowel).

The report reveals that over 75 per cent of residents were in the highest categories of functional care needs. Because measurement of residents has been consistent since prior to 1990, trends can be established to show changes in the status of residents. The findings of the comparison show that residents’ functional needs are approximately 35 per cent higher today than in 1990. Today residents exhibit a higher medical and functional need compared to past years (page 22).

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Provincial Service Optimization Review: Final Report 2008 (the McKinsey Report)\textsuperscript{120}

The final report, released in November 2008, presents findings to provide a patient–focused health system that is accessible and sustainable for all Albertans. Current health needs are assessed and projected using a generally accepted and well–researched evidence–based methodology. The findings support a continued emphasis on health services and housing for seniors and special needs populations.

*Demand Growth Predictions from 2007 – 2020* in this study are as follows:

- Increased Demand for Acute Care Beds – by 32%
- Increased Demand for Long Term Care Beds – by 51%
- Increased Demand for Primary Care Physicians – by 39%
- Increased Demand for Nurses – by 40%

With respect to the recommendations of the report, the ones that directly impact seniors’ and the special needs populations are shown below:

- *(Recommendation # 2)* Matching intensity of services to patient need: Shift selected services from long term care to supportive living and home care. Invest in developing additional supportive–living spaces and home–care capacity to keep patients closer to home and make their experience(s) more satisfactory; reduce barriers to using these types of care; conduct analyses on an expedited time frame to determine what level of long term care facility investment is optimal.
- *(Recommendation #4)* Matching intensity of services to patient need: Increase use of short–stay and other mental health alternatives: Invest in developing more short–stay mental health beds and community–based alternatives to better serve patients and alleviate strain on psychiatric and acute care hospitals.
- *(Recommendation #12)* Improving the coordination of care: Create and strengthen linkages between current silos in the system: Where appropriate, make use of multidisciplinary teams, co–located services, or novel organizational structures to improve linkages across the health care delivery system; target efforts on the highest–priority clinical pathways (i.e. seniors care, mental health, EMS).

In matching intensity of services to patient need, the drivers were identified as:

- Reduced patient satisfaction and quality: Many continuing care patients prefer to receive services in less–intensive care settings, ideally at home. This premise is central to the “Aging in Place” initiative, which suggests that when clinically appropriate, patients prefer to be cared for at home.

- Impaired access to care facilities: In Alberta, the 10 largest inpatient facilities have an average occupancy of over 90% and the vast majority of LTC facilities have greater than 96% occupancy. This situation often leads to long wait times, reduces overall access and impairs quality.
- Greater cost of care in high-acuity settings: Health care services that are provided in resource-intensive settings typically have higher costs. Historically, the hospital centric model of care has led to provider practice patterns and consumer expectations biased toward more intensive and more expensive care settings.

In improving the coordination of care, the drivers most relevant to this report were:

- An integrated care model would minimize the barriers that currently exist among health care providers. Particularly in the management of the elderly because patients over 65 account for 45 per cent of the growth in health care costs use multiple sites of care, and may have difficulty navigating a complex, siloed care delivery system. In fact, senior care demonstrates how poor coordination among sites of care can increase the strains on the health care system and put patients at risk.
- Optimally coordinated care manages the flow of the patient through each step of his or her care needs, regardless of setting, provider, or stage or treatment. It requires that transitions be facilitated and that operations at each site of care be closely monitored. (Provincial Service Optimization Review: Final Report 2008, page 38)

Provincial government reports and strategies for social housing tend to have the following philosophies in common:

- Albertans should be responsible for their own accommodation
- Provincial assistance towards housing should be based on [financial and health] need (and therefore means tested) and provided as a last resort to all other options.
- The Provincial government should not be involved in directly building or owning public housing. Any support should be provided as income or program support (e.g. covering deficits, capital grants, rent subsidy, some operating support).
- Housing providers (governments, non-governmental organizations (NGOs) and the private sector) must coordinate and leverage their services for the benefit of the citizen.
- The promotion of local solutions for local issues in part through community plans and community coordination of services.

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A Housing Policy Framework for Alberta, Family and Special Purpose Housing

In September 2000, the Honourable Stan Woloshyn released this document to the Mayors of Alberta’s seven largest municipalities. Its stated rationale is:

- Improved efficiencies and effectiveness in Social Housing program delivery;
- Improved flexibility to administer the existing Social Housing portfolio to meet locally-identified housing needs; and
- Allowing more local decision making while ensuring adequate financial and human resources to manage these programs.

Two of its major aspects are a proposal:

- To transfer the responsibility for the administration of Social Housing to the local level, subject to local level agreement to accept those additional responsibilities; and
- To transfer the ownership of Social Housing units/projects from the Province to the municipalities wherein those units/projects are located, provided those municipalities are willing to accept those additional responsibilities.

The Housing Policy Framework for Alberta Family and Special Purpose Housing reinforces the direction of provincial government for municipal government to meet locally-identified housing needs for their population.

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Continuing Care in Alberta

Even in the area of housing for health needs (continuing care system), the provincial government tends to follow a supportive role as opposed to direct service provision (the exception being long-term care).

Alberta’s continuing care system provides a number of options based on a person’s needs, as evaluated by a health care professional. The options are available in three streams: home living, supportive living and facility living.123

- **Home Living** – for people who live in their own house, apartment, condominium or in another independent living option. They are responsible for arranging any home care and support services they require.
- **Supportive Living** – combines accommodation services with other supports and care. It meets the needs of a wide range of people, but not those who have highly complex and serious health care needs.
- **Facility Living** – includes long-term care facilities such as nursing homes and auxiliary hospitals. Care is provided for people with complex health needs who are unable to remain at home or in supportive living.

The continuing care system is a shared responsibility involving Alberta Seniors and Community Supports and Alberta Health and Wellness.

Model for inter-departmental and multi-organizational partnerships to serve individuals with complex needs

Out of a mutually recognized need to effectively meet the support requirements of individuals with Dual Diagnosis, A Protocol to Support Individuals with Dual Diagnosis in Central Alberta was developed in March 2005, with subsequent revisions in March 2006 and May 2007 respectively. In order to provide appropriate supports for individuals facing both mental health and developmental challenges, it was acknowledged the imperative that multiple departments and organizations work collaboratively together as well as alongside individuals and family/support networks in order to meet each unique individual’s needs.

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Innovative collaboratives such as this serve as models to effectively serve other complex and or special needs situations whereby an individual may require housing and/or support services across two or more departments/sectors.

Important and essential components of this Protocol included the following:

**Identification of Key Partners/Stakeholders**

The Partners involved in developing this protocol were:

- The David Thompson Health Region (DTHR)
- Persons with Developmental Disabilities Central Alberta Community Board (PDD)
- The Canadian Mental Health Association, Central Alberta Region (CMHA)
- The Canadian Mental Health Association, East Central Health (CMHA)
- East Central Health Region #5

**Shared Established Guiding Principles**

**Appreciation of Diversity**

Each Partner will appreciate the diversity of skills, perspectives, experience and knowledge brought to the partnership by the other. A partnership combines this diversity in a way the enables the partnership to think in new and better ways about how to serve the community better.

**Valuing Relationship**

Fundamental to the partnership success is the encouragement of relationships among leaders and staff in the partner organization. Relationship building opportunities are actively pursued among the partner organizations at all levels.

**Value Created**

Partners do more than exchange resources - they create something new and valuable. This partnership will be new and will create value in that individuals will be served better across organizations.

**Investment**

Partnerships are relationships built over time and with shared experience. Partners show tangible signs of long-term and ongoing commitment by devoting resources to the relationship.

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**Integrity**
Partners behave toward each other in ways that justify and enhance mutual trust. Decisions will be made with the input of all Partners that will allow for compromise and consensus. Each Partner has influence. Communication is open and constructive.

**Collaboration**
Inter-organization collaboration is aimed at producing and measuring better outcomes for people who use the services.

**Excellence**
All Partners are strong and have something valuable to contribute. The motives for entering into the partnership are positive and mutual benefits are sought for all Partners.

*Key common values/commitments of all stakeholders/partners*
- Never losing sight of the individual who needs support, as well as his/her social/support network
- Having senior management allocate staff, budget and other resources as appropriate
- Building commitment form staff throughout each Partner’s organization
- Using strategies that are based on current research and “best practice” for supporting individuals with a dual diagnoses
- Taking risks and having the courage to go beyond and/or change existing policy and practice, where this is required to effectively support individuals
- Being proactive in identifying issues before they become a crisis
- Evaluating the effectiveness of this Protocol agreement to see if it is making a positive difference for individuals with a dual diagnosis
- Viewing this as a long term relationship and to do whatever it takes to make the Partnership work

Setting parameters, guiding principles, and values assisted the members of this working team to establish a healthy environment in which to engage and meet the multi-faceted needs of their client group(s). This framework was revisited and revised on a regular basis, thus continually allowing for improvement, flexibility and efficacy.
The City of Calgary

CHAMPS (Community Homes Assistance Maintenance Program for Seniors)

The City of Calgary offers the CHAMPS program to assist low-income seniors with home repairs and identified basic needs such as medical expenses by helping them access grants and funding through municipal, provincial and federal funding programs and agencies. In addition, training is offered to interested community volunteers and staff from serving agencies, to complete home assessments and grant applications for seniors.

In 2006, CHAMPS\textsuperscript{125}, assisted 178 seniors in applying for $426,000 in combined funding for various home repairs and modifications. Funding has been acquired through Special Needs Assistance for Seniors (SNAFS), Residential Access Modification Program (RAMP), Residential Rehabilitation Assistance Program, Homeowner and Disabled sections (RRAP–H and RRAP–D), Family and Community Support Services (FCSS) and Seniors Housing Assistance Repairing Essentials (SHARE) program.

Senior Connect

The Senior Connect\textsuperscript{126}, a 24-hour help line, is citywide and has trained over 7000 "connectors" (i.e. postal workers, meter readers, etc) to look for signs that a senior is at risk of isolation. The program is in a partnership between the City of Calgary, the distress line, and Family and Community Supports Services (FCSS) funded agencies that provide outreach to seniors.

When a call comes in, an intake worker is sent out to visit the senior and make referrals to the appropriate agency. A coordinator trains volunteers and provides a “toolbox” to guide their decisions. A senior may refuse help and be reported several times, and each time a worker is sent out. It often takes a few visits by a worker before the senior accepts assistance. The program has one full time person dedicated to the program.


Calgary Housing Company

Calgary Housing Company (CHC) is a City of Calgary department that provides safe and affordable housing solutions to citizens of Calgary. CHC operates and manages over 13,000 subsidized and affordable housing units and has a variety of housing options for low-income households including duplexes, townhouses and high-rise apartments.

CHC coordinates with numerous and varied city–wide agencies to support the diverse needs of its residents through direct and indirect programming in the areas of education and literacy, recreation, children’s programs, family programs, health and nutrition, parenting, arts and culture, social and community engagement, finance and employment programs, and immigrant services. CHC endeavours to: empower their residents, build safe communities, facilitate community inclusion, build trust, and encourage strong community development.

Living Wage and Poverty Reduction

In recent years, there has been considerable momentum behind the drive to implement a Living Wage Policy for the City of Calgary. While the recent submission to adopt a by-law supporting the implementation of a Living Wage was ultimately unsuccessful, the City of New Westminster made history by voting to pass Canada’s first living wage policy in April 2010. This city has taken a lead role in establishing fair wage policies in support of working families. Setting such a precedent for other municipalities across the nation to follow, creates hope for the success of such policy initiatives here in Calgary.

Vibrant Communities, a not–for–profit organization dedicated to implementing long–term strategies addressing root causes of poverty, has researched Living Wage amounts for Calgary. Calgary’s Living Wage Action Team has established the following:

The living wage for an individual working in Calgary is $12.25 per hour PLUS benefits.
The living wage for an individual working in Calgary is $13.50 per hour not including benefits.

Vibrant Community further shares that approximately 65,000 employed Calgarians, 10.8% of the working population over the age of 15, earn less than $12.25 per hour, with women comprising of 65.3% of this group.

This organization rightfully maintains the position that every Calgary, regardless of their occupation, deserves, at the very least to afford their basic needs.

The benefits of establishing a Living Wage are many and the costs of not implementing such a policy are evident in today’s economic picture. As shared by the Calgary Homeless Foundation, the status quo costs Calgarians $323,678,948 annually.

Currently, one in every eight children in Calgary live in poverty. (Source: Edmonton Social Planning Council). www.vibrantcalgary.com

Benefits include a stimulated local economy, the ability for working low-income families to locate and retain housing, increased capacity to engage in a supportive environment, greater overall health and well-being and less stress on health and social systems.

Aptly stated,

"When we invest in low income employees, we are investing in their families and in our community."

Other Cities
The CCPA (Canadian Centre for Policy Alternatives), First Call and Victoria’s Community Council has also been examining Living Wage principles, rationale, methodology, data sources as well as a business case for establishing a living wage calculation. Child poverty is highest in British Columbia topping all other provinces, thus, causing a growing need to address this situation. In Working for a Living Wage, a 2010 update reveals that the costs of living are steadily increasing, driving a previously targeted (2008) Victoria Living Wage of $16.39 and Vancouver Living Wage of $16.74 per hour to a current 2010 rate of $18.17 per hour in Vancouver.

Over 100 American jurisdictions have taken a stand in support of working families in the adoption of such an important poverty-reduction initiative. In addition, high-profile employers in the UK have also witnessed the benefits of paying a living wage to employees. Such participants as HSBC Bank, KPMG, PriceWaterhouseCoopers, some universities and others have all noted similar results. For example KPMG cites that once the Living Wage was implemented, turnover rates were cut in half, absenteeism declined, skills increased, as did morale and productivity levels. Recruitment and training costs substantially decreased and customer satisfaction rates increased.

2012 will mark the first Living Wage Olympics, in London, England. 129

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Public Policy and Government Initiatives – other nations

Supportive Housing Demonstration Program – U.S. Department of Housing and Urban Development

Spearheading two different initiatives:
- The Transitional Housing Program – assisted families to move toward housing stability
- The Permanent Housing Program – availed long-term housing situations for individuals with disabilities

The Transitional Housing Program enjoyed significant successes. Half of these clients came from shelters or the streets. Other living situations prior to the program included living on their own, with relatives, or in hospitals or treatment facilities. Common shared vital supports within this program include a mix of supportive services with additional supports such as household management, prevocational training, and vocational counseling. Seventy percent of clients completing this program moved on to stable housing situations, participant employment doubled, and reliance on most forms of public assistance declined. Two critical factors that impeded what may have been even more significant results were: lack of employment opportunities at the time, compounded by a shortage of affordable housing.

Of particular interest with regard to the current study at hand, The Permanent Housing Program worked with a traditionally transient population. Over 50% of those served in this program had mental illness diagnoses and over 30% had developmental disabilities. Some supports provided under the umbrella of this program included: money management, household management, counseling, medication monitoring and other required services. With significant histories of housing instability, nearly 70% of these individuals were still in the permanent supported housing provided after one year, with half of the just over 30% exiting, finding a further permanent and stable housing situation. Additional key factors attributed to the success of this program were:
- Case Management Services
  - Cost effective
  - Served diverse populations
  - Utilized a wide array of housing and service options suited to unique needs of client

- Flexibility of Federal Funding
  - Enabled specialized services tailored to the needs of both community and target population group

Vital information also gleaned from the Supportive Housing Demonstration Program review included:
- The collection of essential demographic information
Compilation of data with regard to service provider characteristics, nature of existing housing and supports provided

Information pertaining to cost distribution and funding sources

Comprehensive collection of data, allowing for the ability to find efficiencies, evaluate care and service continuum, leading to possibilities for consolidation of such programs as homeless assistance, etc.

Aging in Place – Denmark

Denmark has long supported “aging-in-place” within one’s own community. Denmark’s system provides for conditions which allow seniors to stay in their own homes as long as possible. Their framework and philosophy is one that brings care to the patient without the expectation of the patient to seek out care. Nurses and physicians employed by the municipality, visit elderly individuals in their own homes and in supportive living communities. The focus is squarely on the individual.

In addition, physically disabled individuals can have a safety phone-calling system installed, providing direct 24-hour contact to a public health nurse. Other preventive health measures, such as ensuring all seniors aged 75+ are entitled to at least two home visits per year, work to secure the health and well-being of community seniors. Visits involve education seniors about those resources available and accessible to them through the municipality.130

Caregiver Support Policy – Sweden

Innovative policies designed to support caregivers of elderly persons have been incorporated into Sweden’s social insurance system.

The first involves an expanded economic support policy which provides caregiver salaries to family members who are providing part-time to full-time care for elderly persons. Part of this program also entails direction from the federal government to municipalities to provide job retraining for salaried caregivers so that they are later able to move to alternate employment.

Secondly, a service support policy mobilizes community outreach services to locate family caregivers and identify support needs, thus to alleviate caregiver burden.

Finally, a care leave policy provides for up to 30 days paid leave to care for an ailing family member. 131

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National Policy for Elderly Persons and Individuals with Disabilities

In the year 2000, Swedish Parliament adopted a national policy for elderly persons and individuals with disabilities. This policy was based upon guiding principles of integration, full participation and equality.

Other guiding principles included:

The needs of the individual must at all times be paramount in the design and implementation of required services. Policy implementation is made possible through the development of a tax system whereby all taxpayers contribute, for the benefit and good of all and in accordance to their capacity to pay.

Development and implementation of services will stress "professionalization", whereby practical care is to be carried out by professionally trained and qualified staff members.

Additional policy elements of note include:

- By law, children with functional impairments must be granted placement in mainstream schools. Personnel with specialized training provide supports and oversight to both school staff and to parents.

- Individuals 65 years of age and younger with extensive functional disabilities have the right to personal assistance at no cost to the individual.

- Organized home-help services for elderly persons and individuals with disabilities are delivered through the local authority and include such essential assistance as personal care, house cleaning, cooking and shopping.

- “Assistive technologies should be based solely on need, regardless of the person’s age, economic status, or place of residence.”
Accessibility and Visitability

Since the implementation of integration and “normalization” policy in the 1950’s, the government has upheld the position that a person with a disability should not be responsible for costs of reducing environmental barriers that impede or restrict the performance of daily life activities.

Every local authority in Sweden is obliged by law to provide housing modification grants to any person with disabilities in need residing within the region’s catchment area. Some such disabilities may include: impaired mobility or vision, allergies, dementia or learning disabilities. Distribution of grant funding, on average, has been as follows: 80% of funding for persons with physical mobility issues, 15% for those with dementia or memory loss, 5% for other challenges such as vision loss, developmental disabilities, allergies, etc.

It has long been within Sweden’s building regulations standards that all new buildings being built or remodeled must meet accessibility requirements and thus be usable and visitable for individuals with disabilities.

Therefore:

- The exteriors and interiors of all buildings must be accessible
- All private homes and other dwellings built since 1978 must be visitable, accessible and usable.

Other important observations made through disability policy study in this area were conclusions drawn stressing the role of introducing preventive adaptive technology measures prior to need in the home environment. Making such practices commonplace through public health programming serves to substantially positively impact quality of life as well as decrease costs of health care delivery.

Similar to our government’s examination of best options for care and support delivery into the future, as Sweden’s population continues to age, so too is their government’s focus on the area of home-based care and supports as a primary arena for expansion. ¹³²

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Social Housing Initiative – Nation Building – Economic Stimulus Plan – Australian Government

In February of 2009, the Australian Government committed 42 billion dollars to serve as a stimulus package for four main areas:

- Education
- Social Housing
- Transportation
- Environmental – particularly private housing

6.4 billion dollars were targeted specifically toward Social Housing for the following purposes:

- to stimulate the building and construction industry through contracts for new construction and building improvements
- to increase the supply of social housing
- to assist more homeless individuals to acquire safe, secure, affordable and long term accommodation

Expectations:

- completed developments having good access to support services and employment opportunities
- creation of mixed communities to avoid ghettoization
- target groups with highest needs will be served
- selection of housing in both urban and rural locations available
- universal design – ensuring adaptability and access now and into the future
- achievement of high energy efficiency rating
- subsequent positive growth of the not-for-profit housing sector
- the development of partnerships and proposals resulting in relationships forming among housing providers, developers and investors

11. FINANCIAL IMPLICATIONS

Economic Challenges

The continuing challenge in the global and local economy is to rise to the resource demands of seniors, special needs and other populations through the provision of housing and related supports.

Economic forecasts for the city of Calgary for 2010 predict variable performance, reflecting the volatility of the current overall economic climate and, more closely, our export trading partner (the U.S.) as well as the natural gas market. Work to strengthen our economic base beyond oil and gas to other areas of the economy is currently underway. These efforts can take time to implement; however, they work to move us in a positive direction to ultimately become stronger as a community.

As presented by Calgary Economic Development (Calgary Economic Development, 2009):

- Calgary is forecast to see population growth in 2010 of 16,000 to 18,000 people, representing growth of between 1.5 – 1.7 per cent over that of 2009.
- Calgary is estimated to see an employment loss of −1.6 per cent in 2009, followed by modest growth in 2010 – forecast at between 0.7 and 1.0 per cent.
- The unemployment rate was expected to hit 8 per cent by end of 2009, achieving an estimated overall 6.5 per cent for 2009. It is forecast to continue to rise through the first half of 2010, averaging a forecasted 7.4 to 7.7 per cent for 2010 overall.
- Inflation was not expected to be a major concern through the balance of 2009, coming in at an estimated 0.4 per cent. It is forecast to be between 0.8 and 1.1 per cent in 2010.
- While showing some resiliency in the mid part of 2009, Calgary was slated to see an estimated 4,800 housing starts in 2009, followed by a forecasted 5,000 to 6,000 units, primarily single-family, in 2010.
- Publicly funded projects (provincial and federal funds); housing for seniors, schools, etc will generate some of the most active projects over the next two years.
- The office market has been impacted by the recession as a result of low deal flow, changing market conditions and additional new inventory. The industrial segment performance appears to be improving and showing to be steadier than that of the office segment. With an excess of available existing and new product under construction, vacancy rates could reach up to 18%.
- Building permit values were saved in 2009 by robust investment in the institutional real estate sector, and are estimated to reach a total value of $2.65 billion in 2009. However,
with no new commercial projects, limited residential spending and a reduced institutional spending, building permit values are forecast to decline from 2009 to between $2 and $2.25 billion in 2010.

- Real GDP was expected to contract in 2009 at an estimated annual rate of −2.5 per cent, reflecting local and global recessionary conditions. Calgary should continue to face economic challenges and variable performance in 2010. The flow of government stimulus dollars will continue into 2010 and should also be supported by moderate oil sector expenditure and modest consumer expenditure growth, generating a minimal elevation of economic activity over 2009. Calgary real GDP growth is forecast between 0.8 and 1.2 per cent for 2010.

The variability in Calgary’s economic outlook presents both a challenge and an opportunity for this sector as options for the future are weighed and considered.

**Aging in Place in Community**

In a recent article, Elderly Care Crisis Looms, a senior researcher with Carleton University, Gabrielle Mason, examines costs of care for aging persons in Canada now and into the future. She stresses and associates the importance of investing in services to assist seniors in community now with resultant dramatically reduced costs down the road. Arming seniors with the information and support resources they require at present will enable them to live as independently as possible and age well at home. Also discussed are matters of preference for care and support delivery. In her research, she found that 90 percent of Canadians would prefer to remain in their homes with more formal/professional supports in place – over that of family supports. Factors that influence this choice include feelings of indebtedness, and loss of independence and self reliance, should a senior be put in to the position to rely upon family for day-to-day supports.

Mason uses the Veterans Independence Program (VIP) as an excellent example of effective program supports to care for seniors in-community. Included under this plan for aging veterans and their families are such services as: home care support, housecleaning, walk-shoveling, meal assistance and bathing assistance. With VIP delaying or eliminating the need for institutionalization and hospitalizations, this service provides a preventive alternative to more costly health interventions associated with aging.

Examining the differences between community-based care and facility based care for seniors, it was revealed that the cost of caring for a patient in community at $37,000 per year, whereas the cost for facility-based care was found to be $87,000 per year.  

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Current Health/Supports Costs

With a growing focus on sustainable planning for health service provision now and into the future, the provincial health system has been undergoing a significant restructuring, planning and development period.

With regard to health supports for in Supportive Living environments, demand targets have been forecasted, along with areas of demand and plans to meet these requirements over the coming 5 budget years. In the near future, it would be anticipated that budgetary announcements would be forthcoming, facilitating the commencement of plan implementation.

With regard to current costs of delivery of health services, some singular and comparative average costs to deliver health care in Calgary include:

- Approximate Average cost per home care client – $10 per day (this varies greatly across a wide spectrum of client needs and corresponding services provided)
- Cost to support client living in community awaiting placement for Supportive Living Level 3 care – $86 per day vs. Cost to support client in Supportive Living Level 3 environment – $33 per day
- Cost to support client living in community awaiting placement for Supportive Living Level 4 or Long Term care – $160 per day vs. Cost to support client in Supportive Living Level 4 environment – $92 per day and caring for an individual in Long Term care – $177 per day.
- Geriatric Chronic Mental Health – $180/day
- Geriatric Neurological Rehabilitation – $450/day
- Cost to support a patient awaiting placement in hospital – $500/day

Health Service Delivery – Cost Predictions

In recent Calgary Herald article, How our health-care system got so unhealthy, – a researcher’s work is discussed. According to the U of C released paper, outlining the costs to our Province; should we continue to spend as we are currently on Health Service delivery, it was forecast that an estimated 80 percent of our provincial government revenues will be required for the Health Services Budget by the year 2030.  

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12. RECOMMENDATIONS AND STRATEGIC DIRECTION

Recommendations

At such a significant point in the historic timeline of our city’s and province’s commitment to end homelessness, as well as the dedication to improve Health Service legislation, access and delivery, it is imperative to recognize the importance of the integrated and collaborative role several key entities must assume in order to successfully meet the housing and supports needs of seniors and aging individuals with special needs now and into the future. Thus, the recommendation of primary priority is as follows:

1. Establish New Framework and Protocol for Seniors and Special Needs Housing and Supports Sector

A singular overarching recommendation coming out of this project, responds directly to significant input from Advisory Committee, Stakeholders, Best Practice Reviews, and identified priorities and extensive research.

Utilizing the Protocol established by key stakeholders in the David Thompson Health Region in 2005 and further revised in 2006 and 2007, (this group formed a committed and collaborative partnership to meet the needs of individuals with Dual Diagnosis in Central Alberta) as a model for the formation of the new Framework and Protocol for the planning and provision of Seniors and Special Needs Housing and Supports, this will ensure positive direction and action toward achieving identified housing and supports targets.  

Leadership in the formation of the New Framework and Protocol should begin with active participation by key decision makers in Provincial and Municipal Departments including:

- City of Calgary
- Alberta Seniors and Community Supports
- Alberta Housing and Urban Affairs
- Alberta Health Services – Calgary Zone

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Partners in the formation of the New Framework and Protocol should also include key decision makers with

- Calgary Homeless Foundation
- PDD
- Mental Health

Leaders and Partners will set out the parameters of their commitment to carry out the collaboratively formed Protocol. Some key partner commitments modeled after the Protocol referenced for guidance to form this one might include:

- Never losing sight of the individual(s) requiring housing and supports
- Commit to this process as one that is for the long term
- The allocation of staff, resources and potential budget dollars wherever appropriate to carry out this protocol
- To foster commitment and support from organizations and staff represented on Leader Partner and Stakeholder teams
- Utilizing strategies based on best practice for populations under the protocol
- To take the risks necessary and be ready and willing to challenge and change existing policies and practices wherever necessary to implement stronger, more current and necessary practices to support populations under this sector
- Be preventive in planning
- Ensure protocol is assisting identified populations by implementing a regular evaluation process

Stakeholders to provide essential initial and project-related input and guidance in the development and implementation of the New Framework and Protocol include but are not limited to the following organizations:

- Trinity Place Foundation
- Metropolitan Calgary Foundation
- Kerby Centre Housing Department
- Calgary Catholic Immigration Society
- Accessible Housing Society
- Aboriginal Friendship Centre Calgary
- URSA
- SABIS

Initial Stages – Project Leaders from the City of Calgary, Alberta Seniors and Community Supports, Alberta Housing and Urban Affairs, and Alberta Health Services will be identified. In order for this Protocol to be effective, those assigned as leaders must have the authority to make decisions on behalf of the organization they represent.

Initial discussion with regard to the shared mission of partners and stakeholders will take place, along with that of primary principles, purpose, scope, process and accountability.

Leaders will invite Partners to the table to continue discussions with regard to establishing a new Framework and Protocol for the Seniors and Special Needs Housing Sector, with the same requirements of assigned representatives to have authority to make decisions on behalf of the organization they represent.

Resultant work from initial discussion with regard to primary principles, purpose, scope process and accountability will be shared and resultant input will assist in the solidification of these categories. Some such principles identified in the model Protocol reviewed included:¹³⁸

- Appreciation of Diversity
- Valuing Relationship
- Value Created
- Investment
- Integrity
- Collaboration
- Excellence

Next Steps – With a draft Protocol readied for review, Stakeholder representatives (those identified above, with additional key stakeholders up to a maximum of 25 – one representative per organization) will be invited to a meeting to discuss openly and transparently, the new protocol and framework for planning and implementation of Seniors and Supportive Housing and Supports for the city of Calgary.

The morning session will involve input with regard to draft work shared with regard to the New Protocol. All input will be valued and innovative ideas welcomed with regard to the formation of the Protocol.

The afternoon session will involve discussion with regard feedback, prioritization, and ideas around identified recommendations from the Strategic Plan research. Participants will be purposefully mixed with regard to housing and supports background and will have either a Partner or Leader at the table to facilitate discussion around recommendations.

All information gathered on this day will be recorded and utilized to inform further action with regard to the framework and protocol formation.

2. Once established, the role of the Seniors and Supportive Housing Protocol working group will be to actively engage and advise various government departments and ministries as to the current and forecasted needs within this portfolio. Additional activities of the Protocol team include:

- Stakeholders, Partners and Leaders communicate housing and supports needs for the various populations under the Seniors and Special Needs Sector

- Leaders and Partners vet project proposals/ideas, prioritize, and submit to government and or funding bodies for approval, RFP, etc.

- Stakeholders are approached by Leaders to advise, participate in certain initiatives, provide service, collaborate across agencies, etc.

- Housing and supports projects are monitored and evaluated, especially where two or more: services are provided, sectors are represented, funding sources are required, populations are present, etc.
3. Policy/Program Change

a. Brain Injury Strategy

As previously recommended in the *Calgary Brain Injury Strategy – Foundations for Direction*, November 2005, it is essential that Alberta Health Services (formerly Calgary Health Region) and Alberta Seniors and Community Supports to revisit this Strategy, update data and current needs in community, and develop an implementation plan out of the recommendations of this detailed analysis in order to provide a coordinated approach to service delivery to survivors of Brain Injury throughout provincial and regional jurisdictions. This research also entailed in-depth analysis and literature review, development of a conceptual service delivery model, and the identification of the core needs of survivors. 139

b. Brain Injury Screening

Due to the overwhelming number of persons with housing careers that take them in and out of homelessness who have undiagnosed brain injuries, (according to research) are served under a number of possible supports umbrellas within our system, such as Complex Needs, Aboriginal Services, Pathways, Addictions, Mental Health, Health Services, Shelters, etc, it is recommended that a universal screening system for brain injury be professionally developed and implemented, including a collection of verbal personal history from program clients.

As aforementioned, on average, over 50% of all homeless persons in the research gathered had sustained brain injury in their lives. Seventy percent of these individuals report having sustained these injuries prior to becoming homeless.

Brain injury is often a hidden injury, but requires specific supports and/or interventions. Universal screening for all individuals receiving services within the aforementioned areas will assist in assessing appropriate supports for clients and will contribute to greater success in treating those with additional issues such as those mentioned above. Should a client then receive adequate supports due to this process, this will go far to prevent unnecessary and expensive hospitalizations, emergencies, incarceration, etc.

c. PDD review process

As part of the ongoing PDD review process, it is recommended to hold a series of collaborative workshops with PDD, Service Agency, Health and Wellness and other appropriate stakeholders present to address, realign and redesign programs, utilizing inventiveness and resourcefulness that can best occur within

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an open and transparent environment, fostering a spirit of trust, cooperation and mutual ownership in design and implementation. Informed and engaged stakeholders contributing in a spirit of mutual interest and collaboration which ultimately benefits their client groups can contribute innovative ideas with regard to service delivery, cost savings, etc.

d. **Establish quality of life indicators** applicable to all seniors and special needs populations. Issues identified around such areas as marked differences in client access to services, array of services and community supports offered, eligibility requirements, etc for different populations requiring similar supports, have resulted in the recommendation that **universal quality of life indicators** for all seniors and special needs populations be identified with respect to the above listed areas, including access and eligibility to participate in and receive funding for meaningful inclusive community activities, etc. Groups with far differing access to services include populations such as PDD clients, those with Asperger’s, FAS, Brain Injury, etc.

e. Establish **minimum training/certification standards** for support workers delivering specialized services to populations under this portfolio. Staff training and skill building for support workers, with funding intact to implement.

f. Revitalize drive to establish a **Living Wage** policy for the city of Calgary. As with the City of New Westminster, who established passed a living wage policy in April 2010, Calgary could take a lead role in the Province of Alberta by setting such a precedent.

Benefits include a stimulated local economy, the ability for working low-income families to locate and retain housing, increased capacity to engage in a supportive environment, greater overall health and well-being and less stress on health and social systems.

g. Build in **accountabilities** for government departments/ministries serving individuals with unique needs who must access **two or more departments/ministries** for housing, services, supports, health, etc. Establish provisions whereby services can be accessed in a more **user friendly** fashion for clients, families, support persons and service agencies providing supports to individuals.

h. **Urban Aboriginal Housing**

As previously discussed, Aboriginal homelessness is a critical issue in the city of Calgary and their proportional representation in the homeless sector far outweighs actual Aboriginal representation within the population as a whole. As has been recognized by the City of Edmonton, Vancouver, and Toronto, to name
a few, there is a growing realization among municipal and/or provincial governments that urban Aboriginal homelessness solutions require innovative and culturally appropriate applications in order that we may see some positive resolution. While there can, at times, be hesitation to consider Aboriginal Homelessness and/or housing creation and/or funding, separately from that of general homeless and/or affordable housing initiatives for the population as a whole, there exists a need to do so in some areas in order to provide an effective approach, environment and support strategy for the long term.

i. Visitability/Accessibility

The City of Calgary has been making inroads with regard to accessibility due to the recent adaptation of new Access Design Standards involving any building, residential or commercial, for which municipal funds have been utilized in whole or in part, to build. In addition, it is recommended the City adopt a progressive policy with regard to visitability in Calgary, as we look forward to the planning of our neighbourhoods now and into the future.

Visitability promotes the inclusion and social integration of people with disabilities into the community as a whole, rather than isolating them in their own home or forcing them into institutions. American cities such as Bolingbrook and Atlanta have established visitability criteria that must be met, and are thus creating model communities that are truly more inclusive.

4. Movement toward Supportive Housing Models and away from Social Housing Models

a. Review Social Housing Models in Calgary and ability to implement Supportive Housing Strategies in order to ensure these environments are both preventive and supportive in nature. Those housing environments that house older adult populations and/or special needs and/or multicultural populations are of specific interest to target, in order that they can access required supports and avoid crisis situations and/or interventions due to the inability to access minimal critical supports.

Model supports after such projects as Trinity Place Foundation and Metropolitan Calgary Foundation by identifying role such as Community Access Coordinator. Refer to Best Practices Section re: Supportive Housing vs Social Housing, funded by the United Way. As referenced, it is less expensive to provide minimal supports through effective case management in Supportive Living settings than it is to provide Social Housing environments with little to no supports.
b. Develop a Comprehensive and Integrated Housing, Supports and Services Campus for Inner City Seniors

Due to the scattered nature of affordable housing and supports services for inner-city seniors in the city of Calgary, it is recommended that a concentrates resource be planned and developed, similar to that operated by OFSS (Operation Friendship Seniors Society) in Edmonton, Alberta. With various levels of affordable supportive living provided (independent to Designated Assisted Living), and wrap-around services offered, the preventive nature of this programming enables inner-city seniors the ability to achieve optimal levels of independence and thus prevent hospital visits and premature admissions to long term care.

In addition to supportive housing, essential services to be provided within this campus include: a drop-in centre with free meals, services, shower facilities, supports, recreation activities, visiting health services, clothing assistance, barber/salon service, housing registry information, outreach, transportation to shopping and medical appointments, health supports (i.e. health nurse, foot care), advocacy, assistance with forms, in a safe and non-judgemental environment.

5. Recommended Housing Projects

a. Mixed Use

In alignment with Stakeholder’s expressed needs, research as well as examination of best practices, a project of priority would be the planning and construction of an affordable mixed population supportive living community. As demonstrated by projects identified through Best Practices research, the Kehilla Foundation’s Mutually Assisting Residential Community (Project Marc), a 90-unit mixed-use residential building is home to seniors, families and persons with disabilities. The Avenel also provides a similar environment in a 111-unit building. Modeled after a traditional community framework to create a mix of income levels, age groups, abilities and family structures, the units range from one to three bedrooms with a large proportion of units designed for seniors and persons with disabilities. For seniors, families, and individuals with a variety of disabilities, this building, containing a large number of accessible units, with appropriate supports, can become an inclusive environment where residents can feel an important and contributing member of their community.

As previously discussed, a reality for aging individuals with developmental disabilities who have been residing in community with their parent(s), is having to live separately due to either both the parent(s) and or child requiring
additional supports. A community such as this would allow both individuals to age in place with appropriate supports. Other individuals and/or families both independent and/or requiring supports could live successfully together with any number of similarities, be it the need for affordable housing, personal assistance, minimal supports, counselling, etc. The provision of administrative, office, social and meeting space would provide appropriate areas for this community to function well, encourage communication and participation.

b. Aging Individuals with Mental Illness

As previously reported, there has been identified, a critical and immediate need to create supportive housing spaces (DAL) in order to respond to the imminent reduction of seniors supportive (DAL) mental health spaces through the closure of Sunnyhill Wellness Centre, slated for the end of February 2011. Due to the urgent nature of this need, this recommendation is regarded a high and immediate priority.

Through a contract between Alberta Health Services and the Salvation Army in Edmonton, a successful 100-unit Seniors’ Mental Health supportive living community aids in meeting the needs of aging individuals with mental illness. The creation of a similar relationship between Alberta Health Services and an appropriate organization/provider here in Calgary, to create a similar environment, is a further recommendation for completion within the coming 2–3 years.

c. Aging Individuals with Developmental Disabilities

i. Transitional Housing

Together with Alberta Health Services, PDD and key community support agencies and stakeholders, the design and development of a transitional supportive housing environment for PDD clients is recommended. As often occurs, PDD clients who have been hospitalized for a time and no longer require acute care, yet are not well enough to return to their more independent home environments in community, are often inappropriately accommodated in hospital at considerable expense, where a more suitable setting (transitional community environment) providing only those health and personal supports necessary, could offer a far more suitable environment in which to recuperate/rehabilitate on several levels – and at a lesser cost than a hospital stay.

II. Housing Specifically for Aging Individuals with Developmental Disabilities

As with Ontario’s Elm Ridge Group Living Residence a 14-unit supportive living community for aging residents with developmental disabilities, this setting is also an alternative when considering options for the provision
of both supports and care within a residential and social setting. Residents not only face greater health care needs, but also increased mobility challenges. Health care delivery more effective and cost-efficient than on a house-by-house visit, however, the smaller scale community, similar to URSA’s Inglewood project, still provides a home-like environment.

d. Aboriginal Housing – Older adults

Form a task team of stakeholders with regard to further identifying types of housing/supports required for the growing number of aging Aboriginal people in Calgary. Discuss, among stakeholders, the formation of a Calgary-based status-blind Aboriginal housing organization. Examine both affordable rental and home-purchase programs.

Potential housing partners:
City of Calgary
Provincial representation
Private Sector builders
Aboriginal Sector stakeholders
Alberta Real Estate Foundation

As the Canadian Real Estate Association (CREA), the Assembly of First Nations (AFN) and the federal government have concluded, transformative change is required in the area of Aboriginal housing.

Key recommendations for implementing an Aboriginal Seniors Housing plan in Calgary include:

i. Utilizing key information/recommendations resulting from the research initiative partnering Aboriginal Friendship Centre and the University of Calgary (Sept 2010–April 2011), establish housing and supports targets for this population. Projects should be targeted for completion within the next 3–5 years.

ii. Through further consultation with Aboriginal Community Stakeholders, develop a model of supportive housing that will effectively serve Aboriginal Seniors Needs

iii. Provincial and Municipal Governments to then collaborate in response to the needs identified by stakeholders and, in turn, develop programs to address current shortage of Aboriginal supportive housing.

iv. Seek out innovative housing and supports partnership opportunities, such as the model and relationship currently in place with Trinity Place Foundation and Aboriginal Friendship Centre Calgary.
e. **Accessible Housing with Supports – in Community**

An area that is vastly underserved in the Special Needs Housing sector is that of supported housing for persons with advanced mobility issues in community. People with Spinal Cord Injury, Multiple Sclerosis, Cerebral Palsy, Muscular Dystrophy, ALS, and other physical mobility issues are too often placed in institutional settings, which are far from appropriate on many levels. Minimal existing social/recreational programming available in Long Term Care Facilities caters primarily to older populations with cognitive deficits.

With average daily costs to care for individuals in Long Term Care at $177 per day, a preferable setting, such as exists at The Fourth Dimension Group Home, staffed by Accessible Housing Society, costs $156 per day. This setting houses persons with advanced physical mobility issues such as quadriplegia, paraplegia, advanced MS, and other mobility challenges. Housing, supports and care are delivered in such a manner and during such times that residents can fully participate in daily activities, such as work, university, and other community-based activities. Having the ability to participate and contribute out in community is vital to achieving quality of life for this population. With the ability to achieve such a marked difference in quality of life at a lesser cost to deliver than institutional care, additional housing and supports of this nature must be made available to this population.

As aforementioned, MS Society of Alberta has embarked on a project of over 100 units to serve persons with advanced physical mobility issues in Edmonton. Through innovative partnerships, they have teamed with organizations representing various physical disability groups, as well as a supports services provider. It is recommended that within the next 3–5 years, a similar project be developed within the City of Calgary.

In the interests of creating truly inclusive communities, it is recommended that within two to three mixed-use sites which include seniors, persons with disabilities and the general population, that 25–30 out of approximately 100 units on each site be designated for persons with advanced physical mobility issues. A similar partnership should be formed, as with the MS Society project in Edmonton, and plans carried forward to construct the first of three projects in an area close to amenities and accessible transportation. Operational and Supports cost savings will be realized over that of the current Fourth Dimension Group Home, due to the greater number of clients to be served and staffing efficiencies realized. Office and Staff space for the supports delivery organization, as well as kitchen space for meal preparation will be required in these buildings. Common space for socialization will also be essential for these buildings and provide a natural area for group activity. With the kitchen and supports present within the
building, this creates opportunities to extend independence for other types of residents housed in this building, as well as chances for community engagement.

Other important housing and supports to be implemented include independent affordable and supported housing situations whereby individuals with advanced physical mobility issues receive supportive care in hours that allow them to work and participate out in community for the duration of the day. Supports are delivered first thing in the morning, and then in the evening/night time. A model for this type of housing is located in the Chinook House apartment building. Five clients supported in barrier-free units within this building receive assistance at appropriate times that allow residents to go to work during the day. Due to the timing and nature of supports required in this setting, again, even greater cost savings are realized in supports delivery. Costs to deliver supports to residents at Chinook House are $70/day.

Due to the extensive waitlist to access either of the above model programs referenced, many individuals who could otherwise participate in community in meaningful ways are unable to do so. Five additional units in *appropriate affordable housing applications of 75–100 units or over should be availed in each building, along with one bachelor apartment to serve as staff unit while on–shift. Staff unit should be rent–free to the supports service agency delivering care to residents. Recommended goal would be 5 additional units each year for the next 3–5 years. Again, a service/supports provider must be selected.*

**f. MULTICULTURAL SENIORS and SUPPORTS**

With a growing aging multicultural population in the city of Calgary, there is an urgent need to address affordable supportive housing solutions for this diverse group of seniors.

It is very difficult for this multicultural age group, especially for those for whom English is not a comfortable language in which to converse, for these individuals to access housing and/or supports they require. As aforementioned, the last Calgary census information revealed that the age group over 75 years old comprised of almost one quarter of all non–English speaking Calgarians over the age of five.

* When referencing “appropriate” affordable housing applications, care and attention must be paid when placing persons with advanced physical mobility issues in at–risk environments due to exposure to other individuals being housed in the same building who may exhibit dangerous behaviours. Mixed–use housing does not reference all types of populations living together, rather, it assumes populations who may be naturally compatible due to the type and nature of the supports they require and or common interests and/or abilities they may share.
As aforementioned, over one third or 33,565 of Calgary’s seniors had a non-English first language and over 20 per cent of these individuals regularly spoke a non–English language at home. Of Calgary’s multicultural seniors, over 8.6% of these individuals were unable to converse in English.

As supported by the United Way–funded research in the greater Toronto area, multicultural seniors succeed best in supportive living communities where translation services are accessible, where groups of seniors with similar ethnocultural backgrounds can live and socialize together and where banking, shopping, and doctors offices were close by and delivered services in their first language.

Other factors to consider with regard to multicultural affordable seniors housing are those of eligibility challenges, due to current access requirements to affordable housing. Policies must be reviewed with the view to decrease barriers to affordable supportive housing for multicultural seniors.

Utilizing Leaders and Partners identified in the Seniors and Special Needs Housing and Supports Protocol, as well as key stakeholder participants to form a Multicultural Seniors’ Supportive Housing Task Force, neighbourhoods where housing and amenities cater to various ethnocultural backgrounds are to be identified, with a minimum of three multicultural seniors affordable supportive living buildings to be constructed over the next 3–5 years of 60 – 100 units per building. With particular attention to accessibility and required indoor amenity space to enable the addition of necessary services over time, this would offer the flexibility to provide perhaps a more independent setting initially and serve as a natural aging–in–place environment. Buildings can be multi-cultural in nature, so long as there are clusters of similar ethnocultural groups within the building that may socialize, and so long as overseeing supportive management facilitates a positive, purposeful and inclusive atmosphere. Through partnerships with organizations such as Calgary Catholic Immigration Services and the Centre for Newcomers, translation services and connections to cultural activities, amenities and services can equip seniors to function happily and independently with minimal assistance. With such consultative and collaborative practices in place to develop these housing models, Calgary’s provision of supportive housing for multicultural seniors could fast become a model for Best Practices in this area.


g. Hard to House Seniors and Complex Needs

Research and Stakeholder interviews have revealed the need for both transitional and permanent hard–to–house accommodation, allowing individuals with unique needs to be supported appropriately within community vs. in expensive and inappropriate hospital settings.
A proven effective model in Calgary is that of Peter Coyle Place. It is recommended that in a central location, close to amenities and essential services, an additional 60–75 units of supportive housing is provided to aging individuals with complex needs. As with other population groups, it is imperative to forecast for the long-term, the numbers of individuals that will be requiring this type of housing into the future.

6. Research
   a. Seniors Housing and Supports
      In order to forecast accurately, medium and long range targets for affordable supportive living for seniors, following the 2010–11 awarding of Provincial Funding for affordable supportive living projects through the ASLI program, it is recommended that a re-evaluation of need for the Calgary area take place in order to provide accurate targets for the future – taking into consideration the units that will be built as a result of this program over the next 2–3 years.

   b. Developmental Disabilities Housing and Supports
      A complete analysis and housing inventory of supportive environments for persons with developmental disabilities is recommended in order to establish a Housing Directory accessible to all clients, family and primary supports, agencies and organizations working with individuals with developmental disabilities.

      With particular attention to aging individuals with developmental disabilities (those 45 or 50 years of age and over), examine living environments throughout the Calgary community
      - In family settings
      - In independent settings with minimal supports
      - In more supported settings – up to and including live-in settings

      Review quality, appropriateness and efficacy of the supports service delivery component. It is important, when focusing on aging individuals with growing health and other support needs, to continually re-evaluate for the appropriateness of certain environments. The primary drive for this assessment should not be one of budget, but rather for quality of life purposes, and the ability to meet the overall needs of a client in community as they age in place.

      As identified through research and stakeholder interviews, members of this population can develop age-related conditions from the age of 45–50 and beyond. Such conditions can affect mobility, cognition (with early-onset dementia), overall health and medical needs and the ability to engage in once-enjoyed outside community events.
Out of this assessment will emerge the information required to forecast need for supported living environments for this population over the medium and long-term, as the imperative to create immediate supportive spaces for this population has already been established. Through the Seniors and Special Needs Protocol, these forecasts are to be shared with the Province along with funding requirements for housing and supports and a strategic plan for implementation, thus allowing for long range budget planning.

c. **Group Home Living**

The option of living in a Group Home setting remains a choice for consideration for a variety of populations under this sector's umbrella. In smaller community settings, some individuals thrive to their maximum capacity, where other types of environments may be less suitable. Further research is required with regard to these supportive settings and creating viable environments from a number of perspectives including: quality of life accommodations and programming, staffing, affordable service delivery, etc.

Examining and identifying ideal designs for new group home construction that prioritize accessibility, operational design, and optimal number size of rooms, commons spaces, etc. is essential in when planning for future development for special populations. This process will allow a balance to be struck.

d. **Multicultural Seniors Housing and Supports**

As aforementioned, as part of role of the Seniors and Special Needs Housing Protocol mid to long-term planning for multicultural seniors housing and supports will be necessary in order to plan appropriately for these populations. Due to very little best-practice models to reference within this area, a thorough and in-depth research initiative will be required both locally and in areas where diverse aging populations are being housed and supported elsewhere. Current and forecasted demographics for Calgary and area of local aging multicultural populations will be required, as will corresponding growth forecasts.

As part of the United Way-funded project comparing Supportive vs. Social housing models out of Greater-Toronto, multicultural elements in seniors housing were also explored. It is recommended the Seniors and Special Needs Housing Protocol team, along with key stakeholders and a similar funder such as United Way, undertake this in-depth research programme.
e. **Housing and Supports for Aging Individuals with Mental Illness**

In May 2008, an in-depth research study of the Mental Health Sector and corresponding Strategic Plan for years 2008 through 2012 was released. Conducted by Jeannette Waegemakers Schiff, PhD, Barbara Schneider, PhD, and Rebecca Schiff, PhD, the following care and support needs were determined:

i. “Support the development of long-term care facilities specifically for people under 65 who are seriously disabled by mental illness with possible co-occurring physical disabilities.”

ii. Support the development and acquisition of 432 tertiary beds, with additional staffing requirement of 72 support workers at a staff to patient ratio of 1:6

iii. Support the development of 1728 scatter-site independent living units, with additional staffing requirement of 69 support workers at a staff to patient ratio of 1:25

However, further research is required with respect to forecasting housing and supports needs for aging individuals with mental illness. Under the guidance of the Seniors and Special Needs Housing Protocol Team, further research to aid in the examination, forecasting and planning for appropriate housing and supports for this aging population should take place at the earliest opportunity, as timely strategies to provide for aging populations currently located in existing Supportive Housing for persons with mental illness are imperative.

f. **Brain Injury**

Identified through stakeholder interviews and research, there is much to learn about persons with Brain Injury and how best to identify, serve, house and support this population.

Areas for immediate examination include:

- Multi-agency query as to the prevalence of screening for brain injury in such service areas as:
  - Brain Injury
  - Addictions
    - Alcohol
    - Substance
  - Mental health
  - Homelessness

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- Complex Needs (dual diagnosis)
  - Assess for interagency collaboration/formal links between those who serve these groups
  - Assess for ABI (Acquired Brain Injury) awareness and presence of related staff/agency/community information or training programs
  - Inventory clinical expertise in this area and access paths for consultation, treatment, and ongoing treatment and/or rehabilitation
  - Identify number of clients with ABI utilizing above service areas
  - Determine resources required to serve individuals with ABI and/or AOD (Alcohol or Other Drug related) ABI
  - Examine client referral process in these areas

Once data is collected, it is to be shared with protocol team members, key agency/service provider groups, and appropriate levels of government. Strategic Directions are to be made in the following categories:
  - Improving understanding of ABI
  - Assessing presence, availability of and need for specialist ABI expertise
  - Accommodations
  - Community access
  - Improving accountability mechanisms for service provisions
  - Ensuring coordination of programs for the ABI target group

\[g. \textit{Existing and Potential Housing}\]

i. There is a need to review existing affordable/government subsidized housing and discuss:
   1. Strategies to provide supportive housing for populations currently under study
   2. for buildings with significant vacancies, considerations should be made for reappointing buildings for alternate supportive housing applications

ii. Compile and review a comprehensive inventory of City owned buildings and/or properties currently not in use and consider innovative ideas for supportive housing applications and/or used for essential community supports.

iii. Explore new construction methods which maximize efficiency and minimize construction time.

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7. **Funding for Development of Current Targeted Housing and Supports Needs**
   Recommendations also include the provision for funds for key projects identified through this Strategic Plan, in order that those projects of highest priority can move forward without significant delay.

   Commitment from both the City and the Province with possible involvement of such entities as Calgary Homeless Foundation, Calgary Land Trust and/or CMHC to fast-track certain initiatives through collaborative action, along with members of the Calgary Seniors Housing and Supports Protocol team, is recommended in order to ensure critical initiatives move forward in order to meet the needs of aging individuals within this sector.

   Other potential funding sources for the development of Seniors and Special Needs Population Affordable Supportive Housing include any future availability of ASLI and/or Capital Bond RFP opportunities.

8. **Housing and Supports Data Collection and Evaluation**
   In order that information within the Senior and Special Needs Housing Sector is may be utilized to measure success, growth, efficiencies, services utilized, costs, etc, it is recommended that a singular housing management information tool is utilized by all operators and service providers within this portfolio. Possibilities for adaptation or expansion of HMIS tool currently utilized within the homeless sector should be examined with this endeavour overseen and finalized by Leadership group of the Seniors and Special Needs Housing Protocol.

9. **Community Supports**

   **Brain Injured**
   As identified through research and Stakeholder interviews, funding and supports for persons with acquired brain injury are lacking compared to some other disability groups and, as a result, decreased quality of life and the inability to actively participate in the community (for a great number of clients) are significant concerns for service providers, family and other support persons. Following the rehabilitation process and placement in community, low-income persons with brain injury, after accommodation charges and minor necessary expenditures, have very little money to engage and participate within their own communities. If the individual has debts to repay from before their brain injury, or other bills, etc, this can leave the individual with little to no residual funds for accompanied activities and thus, isolation is often a factor for these clients in community.
It is recommended, that funding for Brain Injured persons be reviewed, and that, as part of their funded supports, four to eight hours weekly of meaningful and purposeful supervised activity in community be added to this program. Such as the Best Practices Mentorship Program and Study out of Flinders University Australia recorded, mentorship contact, once per week or once every two weeks, significantly improved quality of life for brain injured clients, as well as functional scores within three indicator categories, including community integration, home integration, and productivity.

In order to rise to the challenges that lie ahead, commitment to collaboratively plan a strategy for the provision of sustainable affordable supportive housing for the aging populations under the Seniors and Special Needs umbrella is critical. It is through the formation of the new Framework and Protocol and the involvement and direction of its key team members, that fulfillment of these strategic directions can truly be realized.
APPENDIX I

SENIORS AND SPECIAL NEEDS HOUSING SECTOR COMMITTEE

- Calgary Homeless Foundation
- Alberta Seniors and Community Supports
- Accessible Housing Society
- Seniors Advisory Council for Alberta
- Trinity Place Foundation of Alberta
- City of Calgary
- SCOPE Society
- Alberta Housing and Urban Affairs
- Persons with Developmental Disabilities.
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