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# Aging in Place: Accessible, Rent-Geared-To-Income Housing for Unattached Older Women: Phase I - Report Series # 11

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Report Series - # 11

***Aging in Place: Accessible,  
Rent-Geared-To-Income Housing for  
Unattached Older Women – Phase I***

**Project Team**

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### **About SERC (Sheridan Elder Research Centre)**

Through applied research the Sheridan Elder Research Centre (SERC) will identify, develop, test and support implementation of innovative strategies that improve the quality of life for older adults and their families.

1. Wherever possible, older adults participate in the identification of research questions and contribute to the development of research projects at SERC.
2. We conduct applied research from a psychosocial perspective which builds on the strengths of older adults.
3. Our research is intended to directly benefit older adults and their families in their everyday lives. The process of knowledge translation takes our research findings from lab to life.
4. SERC affiliated researchers disseminate research findings to a range of stakeholders through the SERC Research Report Series, research forums, educational events and other means.
5. A multigenerational approach is implicit, and frequently explicit, in our research.
6. To the extent possible our research is linked to and complements academic programs at the Sheridan College Institute of Technology and Advanced Learning.

### **EXAMPLES OF SERC RESEARCH**

<b>The Built Environment</b>	<b>Information &amp; Communication Technology (ICT)</b>	<b>Human Communication</b>	<b>Public Policy</b>	<b>Other research interests</b>
- Indoor/Outdoor Design - Graphic Design	- Accessible computing - Age appropriate games	- Hearing/low vision - Vision - Language	- Elder Abuse - Ageism	- Self image/self esteem - Care-giver support

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*This qualitative study has been structured to give a voice to an often forgotten population within social housing, namely unattached older adult women. To date, limited research has been conducted with this group. Canadian housing studies have traditionally focused on the needs of the frail elderly and the affluent elderly. However, current and projected demographics of Canadians, aged 65 to 84, indicate that the greatest number of “well older adults” is unattached women living on fixed incomes in subsidized housing. With little attention paid to this group, measures to improve quality of life for low income single women as they age in place are speculative at best. Through the co-operation of CityHousing Hamilton, and the Sheridan Elder Research Centre (SERC), this 3 stage qualitative study seeks to identify some of the needs of these women. Phase 1 results will inform a pilot project to retrofit existing apartments in 3 of CityHousing Hamilton’s buildings, each built in the 1970s and each within the urban environment. The pilot project will be followed by practical ongoing retrofitting solutions to be provided for use by the city. Phase 1, which began in January of 2005, is complete. Phases 2 and 3 are scheduled for completion by the end of 2007.*

## 1. Purpose

Statistics show that the number of older adults in Canada will increase dramatically in the next decade (Statscan, 1996). As more and more Canadians live longer and healthier lives, government agencies and private developers have identified housing needs as a key priority, and are seeking to meet this demand by building new long term care facilities, assisted living facilities and continuing care communities. Ironically, these areas within the housing sector address only a small portion of the ageing population. Just 5% of the elderly will ever require the services of long term care facilities, and then only after the age of 85 (Statscan, 1996). In 2003, the average income of Canadian seniors was just over \$20,000 and 19% of seniors were living below Statscan’s low-income boundary. Further, women are more vulnerable to poverty than men. More unattached (widowed, divorced/ separated or always single) senior women have low income compared with unattached senior men (approximately 428,300 compared to just over 173,000, respectively) (Statscan, 2003). Statistics in Hamilton, Ontario are a reflection of national averages with 35.6% of unattached women over the age of 75 and 54% of unattached elderly women 65 years or older considered to be “poor” (Statscan, 2003). Of these women, 77% live in some form of subsidized housing. Given these statistics, it is apparent that there is a gap between the types of facilities being built by the private sector and the government, and the needs of the population in question. Affordable, therapeutic solutions in rent-geared-to-income housing are more likely to meet the needs of a far greater number of older adults.

For Canadians who live on fixed incomes or below the poverty line there are few choices. About 5% of this group own their own homes and will be able to remain in place. Aging in place is the goal of the majority of older adults, regardless of income level (American Society of Interior Designers, 2000). One of the difficulties faced by older adults in achieving this goal is the need to alter the built environment to address their changing physiological requirements. Renovation and adaptation costs to housing

are often expensive. For those with a household income below the poverty line the possibility of comfortably aging in place is diminished due to the high cost of retrofitting for accessibility. Environmental stress, or the physical, interpersonal or social demands the environment places on people increases (Lawton 1973) with age. Users struggle to meet the increased stress of the environment, resulting in an increased likelihood of physical strain, exhaustion, depression and isolation (Lawton 1973). These environments do not encourage ageing in place. In fact, residents are more likely to experience unnecessarily rapid deterioration in an environment that is not supportive (<http://www.edenalt.com/>). The above scenario best describes the reality of the three buildings under study.

The greater majority of older adults will be forced to seek alternate solutions, living in some type of social housing. Social housing is a way for impoverished older adults to realize the goal of independent living.

Social housing is available in a variety of forms. Rent geared-to-income (RGI) assistance, which is the focus of this study, is also known as subsidized housing. RGI assistance is available for eligible households who do not have enough income and/or assets to pay market rent. (<http://www.region.york.on.ca/Departments/Community+Services+and+Housing/Housing+Services/faqs.htm#1>). RGI assistance means paying a rent amount based on approximately 30% of your household gross income. (Gross means before taxes et cetera are deducted)

The building boom in social housing, or subsidized housing, in Canada began in the 1970s as government sought to address the needs of those less financially fortunate. This social housing boom affected not only adult residents and families, but it also affected older adults. The “new” housing of the 1970s would provide housing for an increased number of residents and was designed to provide comfortable, clean apartments based on the standards of the time. Much has changed in the design world since then. Given new standards of universal or inclusive design, buildings of this sort are low functioning and in need of updating. This study seeks to find solutions around retrofitting existing housing stock to improve the quality of life of older adults within the social housing system without incurring enormous cost to government agencies.

Through the cooperation of the City Housing Department at the City of Hamilton, Ontario and the Sheridan Elder Research Centre (SERC) this applied study seeks to find solutions to these questions. Hamilton, as the 4<sup>th</sup> largest municipally controlled housing provider (<http://www.myhamilton.ca/myhamilton/CityandGovernment/HealthandSocialServices/SocialServices/Housing/CityHousingHamilton.html>) and as one of the most impoverished communities per capita in Canada, faces increased stress on resources. Like other large Canadian cities, much of the housing “stock” was built in the 1970s. For Hamilton, this is further complicated by the amalgamation of 3 housing agencies into one centralized agency. As of January 1, 2006, Hamilton Housing Corporation, Dundas Valley Non-Profit Housing Corporation, and the Municipal Non-

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Profit (Hamilton) Corporation were amalgamated into CityHousing Hamilton Corporation. The city stock now includes 6,234 units.  
(<http://www.myhamilton.ca/myhamilton/CityandGovernment/HealthandSocialServices/SocialServices/Housing/CityHousingHamilton.htm>).

One goal of the newly formed CityHousing Department is to explore retrofitting existing buildings to both save money and to improve the quality of life of residents. A partnership based on shared aspirations was developed between SERC and CityHousing Hamilton.

One component of the data gathering process of this project included observation of the behavioural patterns within the selected facilities to determine the effectiveness and usage of space. Other information was gathered by interviewing residents about their housing experiences, and through discussions with a City of Hamilton representative, Deb Clinton. This information is necessary to develop the design solutions in phase two of the project, and to help determine long term solutions for retrofitting both public and private space in the CityHousing Hamilton stock.

The specific research questions addressed by this study are:

1. How do we develop design solutions that are responsive to and therapeutic for low-income older women so that they might age in place for a longer period?
2. How do we implement these design solutions within a sound economic model in rent-geared-to-income housing?

## **2. Methodology**

### *2.1 Research Design*

This qualitative study is structured to use a variety of methods for data gathering including discourse analyses of interviews and focus groups, summary analyses of questionnaires and observational methodology to establish patterns of behaviour within the selected facilities.

Focus group sessions with residents were based on voluntary resident attendance. Each of the sessions was structured in two halves. In the first half, the interviewer used a script of questions to guide the discussion. The purpose of the script was to keep conversation focused on the priorities and concerns of the participants relative to the built environment, and to encourage reflection and embellishment where appropriate. Residents were asked to explain what they felt was working well within their buildings, and what they felt might work better.

The second half of the focus group involved the use of an anonymous questionnaire. Participants were given the option to participate in the questionnaire. The focus of the questionnaire was issues that residents might more comfortably answer privately such

as security within the buildings and their own abilities to cope with activities for daily living. The questionnaire provided a tool to collect information and to allow for a greater degree of privacy and, therefore, a greater likelihood of honesty.

### *2.2 Respondent Sampling*

A sample of 3 facilities owned by the City of Hamilton was selected to identify older adult women (65 to 84) presently living within rent-geared-to-income housing. Facilities for the study were selected to represent the greatest cross section of this demographic population, and were based on location, type of facility and perceived future needs. Two criteria were used in determining the appropriate facilities: 1) that the building was within an urban setting, and 2) that the building was constructed in the 1970s.

The study was conducted through the use of 5 focus groups in the three facilities with a total of 80 participants (60 women and 20 men). The sites are of the same era but the socio-economic status of the residents varies in each. The buildings were chosen in an effort to capture the diversity of the demographic group under study.

### *2.3 Method*

This study is designed to be conducted in three stages. In the first stage, focus groups and observational patterns were determined to define the issues, resident needs and the problems faced by older adult women in rent-geared-to-income housing. Stage 1 seeks to define the hypothesized problem (lack of appropriate housing for low income older women who wish to age in place.)

In Stage 2, a pilot project will be implemented by retrofitting two or more apartments within one or all of the selected facilities. Resident experience within this retrofitted space will be monitored. With guidance from the city, residents will volunteer to participate in the retrofitting pilot project.

In the third and final stage, design solutions suitable and appropriate for the needs and budget of CityHousing Hamilton will be forwarded to the city for future implementation.

#### Stage 1 – Summer 2005

In co-operation with the city, an interview questionnaire was developed. The questionnaire employs both open-ended and closed questions. Information on the questionnaire includes such areas as the characteristics of the respondent, their perceived needs within the built environment to age in place comfortably and their expectations for ageing.

Volunteers were recruited to participate in the interviews. In all facilities, a letter stating the purpose of the research study was prepared and a request for the participation of the residents was distributed by CityHousing Hamilton. Posters announcing the focus group sessions further encouraged residents to participate.



Focus groups were conducted on site to encourage resident involvement. Participants were given a release form to sign to ensure voluntary participation. The “script” of questions for focus group participants was submitted to CityHousing Hamilton for prior approval.

The focus groups met over a one week period from June 27<sup>th</sup> to 30<sup>th</sup>, 2005. During these 2 hour sessions, data was gathered through notes taken in the researcher’s field notes and questionnaires distributed to participants.

In addition, residents in each of the facilities allowed the researcher to visit their individual units to observe modifications that had been made personally by the resident to improve accessibility. Photographs of the public areas of the facilities were taken as a permanent record and for additional observation purposes.

Observational methods of data gathering were also employed by the researcher in the public areas of the facilities to determine traffic patterns, etc.

#### *2.4 Data Collection Measures*

Every effort was made in the focus groups to ensure credibility and authenticity in the responses. One method used to remove bias from results was observer triangulation through the presence of a representative of the city during each focus group.

#### *2.5 Data Analysis Process*

All surveys and field notes were collected and analyzed qualitatively. The surveys were analyzed for overall themes. The focus of the data analysis centred on the issues raised by tenants in the focus groups, and the recurring themes within the surveys. Also included in the analysis were the behaviour patterns observed by the researcher concerning the day-to-day use of the building, and any improvements that might realistically affect quality of life within the facilities.

### **3. Results**

#### *3.1 Data Analysis Findings*

Data analysis revealed a number of recurring themes within all 3 of the facilities. The dominant themes are as follow:

- *Security issues:* Residents in all three facilities raised concerns regarding security measures provided by the landlord. In each focus session residents expressed their fears for their personal safety and security, both inside their units and as well as in the public areas (hallways, stairwells, lounge areas, parking, and so on). Security was perceived as virtually non-existent. Specific examples of security breaches included a large numbers of car break-ins in the underground parking, break-ins to first floor units while tenants were inside, and the jiggling of door handles as passersby in the corridors tried to find open doors. While some of the security vulnerability was attributed to tenant “good neighbourliness” – for instance, residents opening lobby doors for strangers,

residents propping open hall doors for increased airflow in the corridors in summer months and so on – the lack of security at entry points for the building including the parking garage of the one facility were identified as the key factors for personal and property security risks.

- *Building maintenance – lighting, duct cleaning, repairs:* Residents also expressed concern regarding building maintenance. In many instances, residents were concerned with fans that did not work in their bathrooms, with vents that were clogged with dirt, and with plumbing that was left unfixed even though facilities management had been notified. Also problematic is the introduction of high efficiency fluorescent light bulbs that provide inadequate lighting in kitchen areas and bathrooms. Part of the ageing process is the ageing of the eye. Reduced lighting produces real problems for older adults. Overall, the lighting requirements within the facilities are not adequately met by the limited number of fixtures in each unit and in the public spaces.
- *Communication* – with the new administrative structure, tenants are unsure of who is in charge. Residents seemed unsure of what to expect regarding new levels of responsibility and job roles within housing.
- *Building systems – i.e. Heating:* Tenants identified concerns with the overall temperature of the facilities. Apartment temperatures are impossible to control within units. The units are either excessively hot in the summer or freezing cold in winter.
- *Access to gardens and outdoor space:* Access to the grounds for those non-ambulatory tenants is limited as the pathways throughout the grounds were not paved with a regular surface. Tenants in scooters identified this as a real limitation as the paving stones used on the walkways are sharp enough to puncture tires et cetera. Any outdoor events, such as barbeques and building garage sales were inaccessible to these tenants.
- *Scooter storage and parking:* Residents in scooters have difficulty negotiating the buildings. The entranceways do not provide automatic door openers; the elevators are too small to maneuver a scooter without hitting the walls; the hallways are too narrow to easily turn and enter the units; in addition, the individual units are poorly planned with narrow entryways, cramped bathrooms and too many small closets with swing doors.
- *Non-compliance with barrier free codes of the Ontario Building Code (OBC):* All three facilities are, to greater and lesser degrees, in non-compliance with Part 3.8 of the OBC. The most obvious non-compliance is the two story low-rise facility as it provides no accessibility to the upper floor or to the laundry room below grade for those who are non-ambulatory.
- *Powerlessness:* Tenants repeatedly referred to questionable practices by managers and authority figures within the buildings. Specifically, tenants referred



to extra assessments for lighting fixtures and screens that had been purchased by previous tenants, were left when they moved and then were “sold” to the new tenant when they took possession.

### *3.2 Limitations*

A number of potential limitations to gathering unbiased information in the focus groups were identified. Given focus group sessions were held in the presence of a representative from the city, participants may have experienced some reluctance to speak openly and honestly regarding their housing concerns. Additionally, the presence of an authority figure may have lead participants to be reluctant to discuss personal physical limitations. In a group that is so disempowered, the presence of an authority figure may result in skewed results.

Another important limitation was the make-up of the focus groups, which were not gender specific. While the intent was to focus on women, the focus group sessions were most often dominated by the male members of the group, even though they were fewer in number. One on one interviews held outside of the focus groups, along with the questionnaires, proved more fruitful than the larger group sessions in garnering the women’s responses.

Limited participation by residents in some facilities is also a limitation in accuracy of results.

## **4. Implications for Research and Policy**

- Inclusion of older persons in the determination of priorities and deficiencies within the built environment is essential to ensure that design solutions are appropriate and desirable.
- A qualitative design enables older persons to participate more actively in design considerations.
- There is an ever present and growing need for change to environmental design to assist elders with physical challenges. Some suggestions include:
  - Brighter lighting in elevators and foyers;
  - Larger buttons in elevators;
  - Larger print and bold font for labels and signs for wayfinding;
  - Increased security measures; and
  - Greater sense of ownership and individuality.
- The need is great for more affordable housing solutions for older adults.

## **5. Conclusions**

Conclusions from this study fall under two broad categories. The first category, a need for a feeling of safety and security within a multi-unit living facility, resonated with residents in all 3 buildings, whether male or female, attached or unattached. The experience of vulnerability was common in all discussions and interviews. Suggestions for an increased sense of security within the buildings were provided in all sessions, with the focus on both new equipment and heightened awareness of residents in helping one another.

The second category, the powerless feeling of residents within these facilities, was also a common theme. Many expressed frustration with decision-makers who did not consult residents when making changes to the facilities. Suggestions for improvement included a need for regular focus groups to provide older adults with a forum to exercise self-determination.

In summary, design solutions to assist unattached female residents to age in place in the Hamilton buildings under study will focus on retrofitting existing facilities to make units more accessible and user friendly. These solutions will be addressed in Phase 2 of the study. These solutions will be supportive and address the residents concerns of safety and independence.

Phase 1 of this study is now complete. Phase 2 is scheduled to commence in the fall of 2006, with a view to completion in 2007.

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