

**The Council
on Aging
of Ottawa**



**Le Conseil sur
le vieillissement
d'Ottawa**

Seniors Housing Report

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Section 1: Introduction

Introduction

The goal of this bundle on affordable supportive housing for seniors is to guide the Council on Aging of Ottawa's Housing Committee for the 2016/2017 year by providing informative write ups on different aspects of seniors housing in Ottawa. This comprehensive bundle includes information on the housing and human demographics of seniors in Ottawa, as well as key neighbourhoods that could benefit from support, along with maps to illustrate this evidence. The bundle will profile vulnerable seniors and outline specific housing considerations that are sensitive to those groups. The bundle includes examples of successful alternative housing projects, and outlines how a project can achieve success within Ottawa and its grant structure. A focus group with Council on Aging of Ottawa (COA) members was conducted to provide a qualitative analysis of seniors housing issues in Ottawa. Finally, this information collectively will inform the housing committee on potential future directions that would benefit seniors in Ottawa.

The City of Ottawa and the COA have teamed up to make Ottawa an age-friendly city, as guided by the World Health Organization's (WHO) age-friendly guidelines. Age-friendly cities are senior friendly, and allow seniors to age in place and with dignity in the community. There are 8 action areas that create an age-friendly city: community & health care, transportation, social participation, outdoor spaces and buildings, respect & social inclusion, civic participation and employment, communication & information, and housing (World Health Organization, 2014).

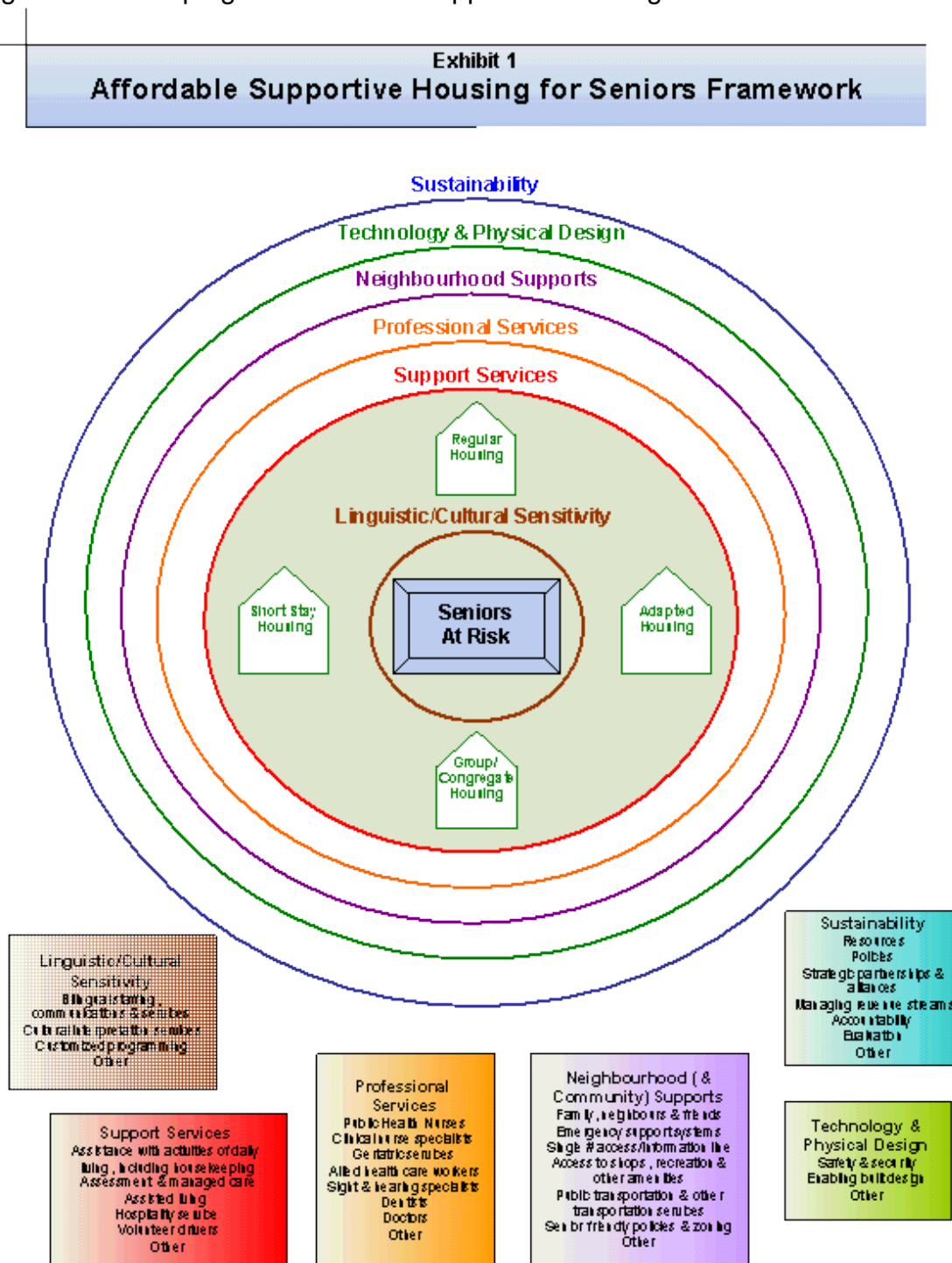
The housing aspect of the World Health Organization's age-friendly guidelines encourage cities to have affordable, supportive housing options for seniors regardless of income or social status. The WHO recommends that cities focus on two factors in regards to housing to create an age-friendly city; one being affordable, well-designed and safe housing, and two being a range of housing options with good connectivity to social services and the community (World Health Organization, 2014). The age-friendly guidelines along with best practise models suggest that seniors will be less likely to move to more suitable, age-friendly housing units if there are no affordable options available to them. That is where the COA and City of Ottawa step in, by being advocates for housing, health and wellness supports and creating more affordable supportive housing units. As well, new-builds are encouraged to be age-friendly by being mobility device accessible, and having modifications, such as grab bars, that would allow seniors to age safely in place. The supportive housing aspect includes having in-home supports, as well as having accessible social supports that encourage social connectivity and inclusion.

The Ontario Ministry of Health and Long Term Care refers to affordable supportive housing as "any kind of housing that links affordable housing and services that covers the gaps between housing for completely independent seniors and those living in long term care". This definition was extended upon in the *Developing an Affordable Supportive Housing for Seniors Framework* for the City of Ottawa in 2007. The framework guide included many factors that make housing age-friendly, and allow

seniors to age in place within their homes and the community. The framework includes: linguistic/cultural sensitivity, support services, professional services, neighbourhood and community supports, technology and physical design, and sustainability (City of Ottawa, 2007). These factors must be supportive of one another, to create a cohesive community that has the ability to impact all seniors, including those most vulnerable. An illustration of this guideline can be seen as figure 1.

This bundle combines the values and priorities of the COA with the City of Ottawa and the World Health Organization's age-friendly housing policies, to create a strategic informative guide for the COA's Housing Committee. The framework from *Developing an Affordable Supportive Housing for Seniors* can also be used as a guide to inform and direct both the COA and City of Ottawa on creating and supporting affordable supportive housing initiatives in Ottawa. This bundle hopes to supplement the valuable resources that already exist around this topic, and further advocate for seniors' opportunities to age in place in the community.

Figure 1. Developing an Affordable Supportive Housing for Seniors Framework



Section 2: Overview of Seniors in Ottawa

Section 2a: Demographics of Seniors in Ottawa

Seniors Demographics in Ottawa

Similar to the rest of the Canadian population, the senior (65 years and older) population in Ottawa is growing. In 2011, seniors made up 13.2% of the total population in Ottawa (Statistics Canada, 2011a), which is similar to the percentage of seniors in Canada at 14.8% and Ontario at 14.62% (Statistics Canada, 2011). Not surprisingly, the largest age group of seniors in Ottawa was 65-69 years of age. Refer to Figure 1 for a breakdown of seniors in each age group in Ottawa in comparison to Ontario and Canada statistics.

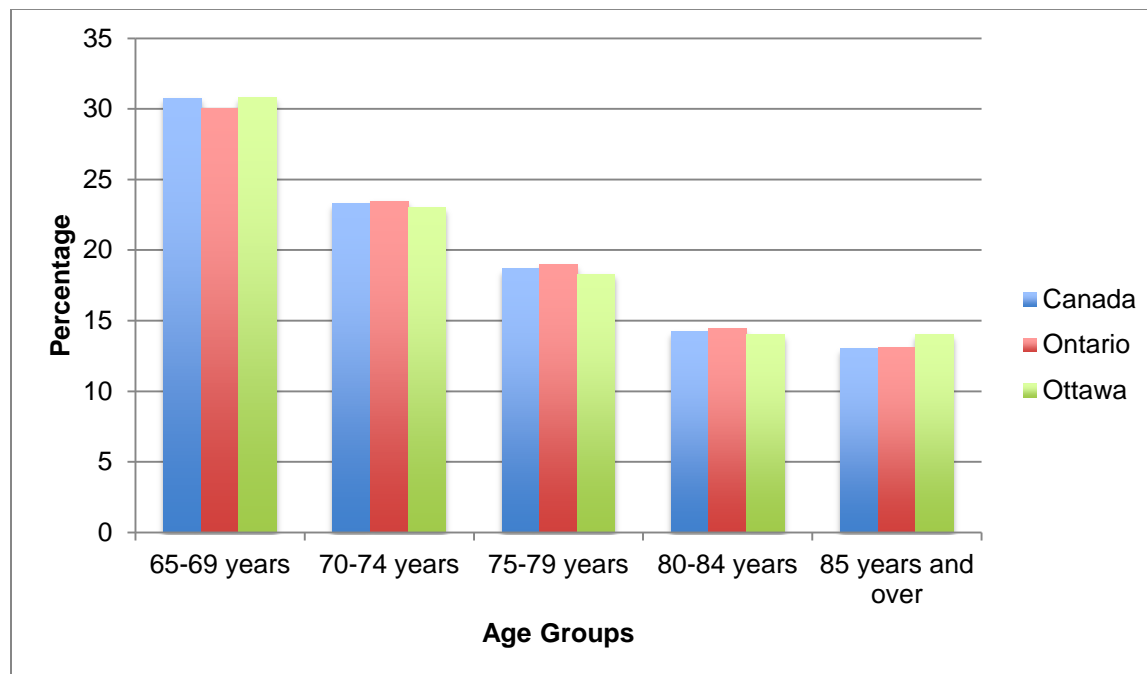


Figure 1: Percentage of seniors in each age category at the national, provincial, and municipal levels (Statistics Canada, 2011a).

Household Living Arrangements

In relation to seniors living arrangements in Ottawa, 25.8% live alone, which is similar to the national percentage of 26.7% and the provincial percentage of 24.4% (Statistics Canada, 2011a). Of Ottawa seniors, 15.4% of males and 34.4% of females live alone (Statistics Canada, 2011a). Refer to Figure 2 below for a comparison of seniors living alone at the national, provincial, and municipal levels.

Additionally, of those seniors who live alone, 26.9% are male and 73.1% are female (Statistics Canada, 2011a).

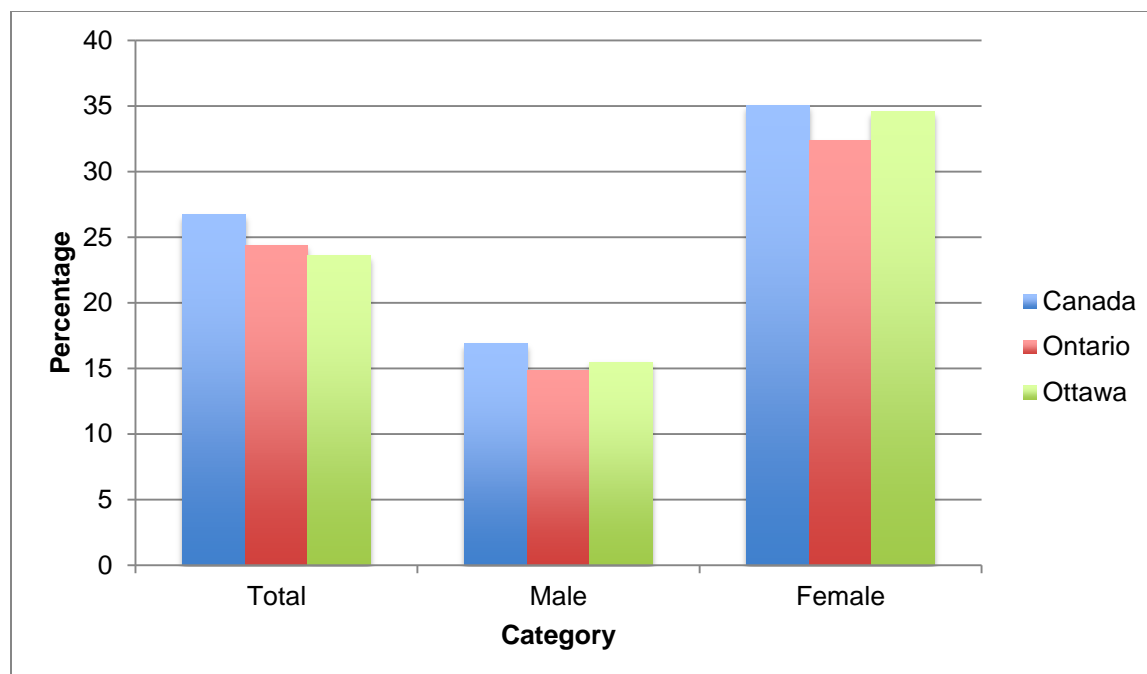


Figure 2: Breakdown of seniors who live alone by sex and national, provincial, and municipal levels (Statistics Canada, 2011a).

Housing Conditions

To provide a snapshot of housing conditions of seniors in Ottawa, Table 1 provides information on housing suitability, housing tenure, condition of dwelling, and shelter-cost-to-income ratio for different age groups of seniors and the total senior population (65 years and over). The “housing suitability” indicator classifies dwellings as 'not suitable' if the dwelling does not have enough bedrooms for the size and composition of the household, as calculated using the National Occupancy Standard. “Condition of dwelling” refers to whether the dwelling is in need of repairs. This does not include desirable remodelling or additions. The “regular maintenance needed” category includes dwellings where only regular maintenance, such as painting or furnace cleaning, is required. The “minor repairs needed” category includes dwellings needing only minor repairs, such as dwellings with missing or loose floor tiles, bricks or shingles or defective steps, railing or siding. The “major repairs needed” category includes dwellings needing major repairs, such as dwellings with defective plumbing or electrical wiring and dwellings needing structural repairs to walls, floors or ceilings.

Table 1: Percentage of seniors in different age groups in various housing situations, including housing suitability, housing tenure, condition of dwelling, and shelter-cost-to-income ratio.

Housing Suitability		
Age group	Suitable	Not suitable
65-69 years	97.86%	2.14%
70-74 years	97.67%	2.30%
75 years and over	98.55%	1.45%

Total seniors	98.13%	1.87%
Housing Tenure		
	Own	Rent
65-69 years	78.51%	21.49%
70-74 years	74.78%	25.22%
75 years and over	71.11%	28.89%
Total seniors	74.34%	25.66%
Condition of Dwelling		
	Only regular maintenance or minor repairs	Major repairs needed
65-69 years	95.51%	4.49%
70-74 years	94.67%	5.30%
75 years and over	94.82%	5.18%
Total seniors	95.01%	4.98%
Shelter-cost-to-income ratio		
	Spending less than 30% of household total income on shelter costs	Spending more than 30% of household total income on shelter costs
65-69 years	82.15%	17.32%
70-74 years	80.20%	19.58%
75 years and over	77.32%	22.35%
Total seniors	79.54%	20.10%

Noteworthy, 1.87% of seniors in Ottawa live in not suitable housing conditions, while about 5% of seniors live in homes where major repairs are needed. Also, interestingly, the 75 years and over age group has the highest proportion of individuals spending more than 30% of household total income on shelter costs. These factors are important to consider due to affordability of housing, safety of seniors, and affordability of repairs. Many seniors do not have extra income available to hire someone to do the major repairs and many are likely unable to do them on their own.

Mobility Status

A small portion of seniors (4.2%) moved within the past year; however, the majority of seniors stayed in their current dwellings (Statistics Canada, 2011b). Of those who moved, 70.3% of seniors moved from within Ottawa (Statistics Canada, 2011b). Of those who moved from outside of Ottawa, 48.5% of seniors moved from within Ontario, 26.8% moved from another province or territory, and 24.6% moved from outside of Canada (Statistics Canada, 2011b). Specific to immigration, 34.5% of seniors are immigrants, with 3.3% of those being recent immigrants who immigrated between 2006-2011 (Statistics Canada, 2011b).

Knowledge of Official Languages

From the 2011 Canadian Census, “knowledge of official languages” refers to the ability to conduct a conversation in English only, in French only, in both English and French, or in neither English nor French. For seniors in Ottawa, 62.8% have English only knowledge, whereas 2.7% have French only knowledge, and 29.8% have knowledge of

both English and French (Statistics Canada, 2011a). In Ottawa, 4.7% of seniors have no knowledge of either official language (Statistics, Canada, 2011a). Refer to Figure 3 for a summary of results.

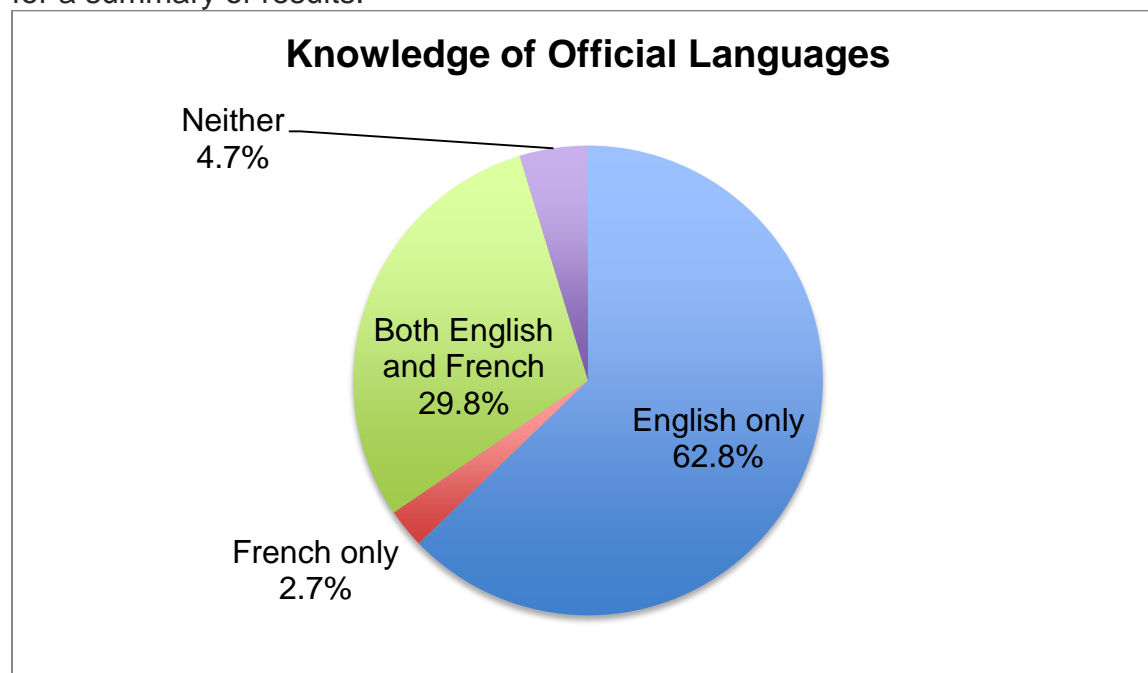


Figure 3: Percentage of individuals 65 years of age and over in Ottawa with knowledge of English only, French only, both English and French, and neither language.

Indigenous Seniors

Interestingly, 0.45% of seniors identify as an Indigenous person, which represents 2.64% of the total Indigenous population (Statistics Canada, 2011b). While this population is relatively small, it is important to consider the specific needs and strengths of Indigenous peoples as they reach later life (see Section 3b on considerations for Indigenous seniors housing).

Income

Using the Ottawa Neighbourhood Study low income measure, 6.1% of seniors live in low income (Statistics Canada, 2011a). This measure indicates income levels at which families or persons not in economic families spend 20 percentage points more than average of their after-tax income on food, shelter and clothing. Additionally, in Ottawa, retirement pensions, superannuation and annuities make up 40.5% of seniors' income on average, whereas Canada/Quebec pension plan benefits make up 13.8% of seniors' income on average (Statistics Canada, 2011b). Old Age Security pensions and Guaranteed Income Supplements make up 14.3% of seniors' income on average (Statistics Canada, 2011b).

Specific to income levels of seniors, overall, women are much more vulnerable to having lower incomes in comparison to men. See Table 2 for after-tax income levels of the total senior population, male seniors, and female seniors.

Table 2: Percentage of seniors in each income level by total seniors, male, and female (Statistics Canada, 2011b).

	Total seniors	Male seniors	Female seniors
Under \$5,000	2.1%	1.4%	2.6%
\$5,000 to \$9,999	4.4%	1.4%	6.8%
\$10,000 to \$14,999	7.5%	3.3%	11.0%
\$15,000 to \$19,999	14.5%	10.3%	17.9%
\$20,000 to \$29,999	17.8%	14.2%	20.8%
\$30,000 to \$39,999	15.4%	14.8%	15.9%
\$40,000 to \$49,999	12.6%	14.6%	10.9%
\$50,000 to \$59,999	9.8%	13.7%	6.6%
\$60,000 to \$79,999	9.2%	14.8%	4.6%
\$80,000 to \$99,999	3.3%	5.7%	1.4%
\$100,000 and over	3.1%	5.4%	1.2%

Overall, it is important to consider seniors who are living alone, who are living in low income, who have recently immigrated, and identify as an Indigenous person and to understand where these seniors are living within Ottawa and the specific needs of these groups of seniors. To help identify neighbourhoods that are potentially vulnerable to these factors, below is a neighbourhood-level look at seniors in Ottawa.

Section 2b: Highlighted Neighbourhoods

Highlighted Neighbourhoods

To create a more detailed analysis of the demographics of seniors in Ottawa, neighbourhoods were ranked from highest percentage to lowest percentage, using the Ottawa Neighbourhood Study boundaries, based on different variables that are specific to housing and social isolation. It is important to consider these statistics in relation to their geographical context (e.g., certain neighbourhoods may have more retirement homes and therefore, higher concentrations of seniors).

Neighbourhoods with over 20% of the population aged 65 years and over:

1. East Industrial (44.3%)
2. Woodroffe – Lincoln Heights (42.2%)
3. Hunt Club South Industrial (32.5%)
4. CFB Rockcliffe – NRC (28.7%)
5. Greenbelt (26.9%)
6. Bells Corners East (26.5%)
7. Playfair Park – Lynda Park – Guildwood Estates (25.6%)
8. Crystal Bay – Lakeview Park (24.1%)
9. Rothwell Heights – Beacon Hill North (23.7%)
10. Merivale Gardens – Grenfell Glen – Pineglen – Country Place (22.9%)
11. Riverside Park (22.6%)
12. Hunt Club Woods – Quintarra – Revelstoke (22.5%)
13. Galetta (22.1%)
14. Lindenlea – New Edinburgh (21.9%)
15. Beaverbrook (21.2%)
16. Whitehaven – Queensway Terrace North (20.8%)
17. Briar Green – Leslie Park (20.7%)
18. Carson Grove – Carson Meadows (20.5%)
19. Carlingwood West – Glabar Park – McKellar (20.4%)
20. Orleans Central (20.2%)

Below is a list of the top 5 neighbourhoods for variables that have the potential to make certain neighbourhoods more vulnerable to seniors' housing issues. The neighbourhoods are ranked from 1st to 5th.

Highest absolute numbers of seniors:

1. Elmvale – Eastway – Riverview – Riverview Park West (3400)
2. Stittsville (2980)
3. Centretown (2965)
4. Orleans Avalon – Notting Gate – Fallingbrook – Gardenway South (2735)
5. New Barrhaven – New Development – Stonebridge (2570)

Highest percentage of seniors aged 85 years and over:

1. Hunt Club South Industrial (40.7%)
2. Greenbelt (31.8%)
3. Elmvale – Eastway – Riverview – Riverview Park West (28.1%)

4. Glebe – Dows Lake (25.9%)
5. Bells Corners East (25.8%)

Highest percentage of seniors living alone:

1. Centretown (51.4%)
2. Woodroffe – Lincoln Heights (46.4%)
3. Britannia Village (46.0%)
4. Vanier South (45.7%)
5. Hintonburg – Mechanicsville (44.7%)

Highest percentage of seniors who are recent immigrants:

1. Chapman Mills – Rideau Crest – Davidson Heights (7.3%)
2. Kanata Lakes – Marchwood Lakeside – Morgan's Grant – Kanata North Business Park (7.2%)
3. Ledbury – Heron Gate – Ridgemont – Elmwood (5.3%)
4. New Barrhaven – New Development – Stonebridge (4.2%)
5. Glen Cairn – Kanata South Business Park (3.3%)

Highest percentage of seniors who identify as an Indigenous person:

1. Carlington (4.9%)
2. Vanier South (3.9%)
3. Civic Hospital – Central Park (2.8%)
4. Vanier North (2.8%)
5. Orleans Queenswood Heights (2.8%)

Given that the City of Ottawa's Affordable Supportive Housing for Seniors Framework is based on seniors whose income is low (less than \$20,000) or modest (\$30,000) (City of Ottawa, 2007), neighbourhoods where there are a high percentage of seniors whose income is between \$20,000-30,000 are highlighted below. Interestingly, of the top 5 neighbourhoods in this category, 3 are rural neighbourhoods: Kinburn, Russel – Edwards, and North Gower, which provides further evidence that affordable supportive housing options need to be considered for seniors living in rural communities.

Highest percentage of seniors whose income is between \$20,000 and \$29,999:

1. Kinburn (36.8%)
2. Russel – Edwards (31.4%)
3. Bayshore (27.5%)
4. North Gower (26.7%)
5. Orleans Chatelaine Village (26.0%)

Lowest average incomes of seniors:

1. West Centretown (\$23,916)
2. Ledbury – Heron Gate – Ridgemont – Elmwood (\$24,650)
3. Galetta (\$25,815)
4. Bells Corners West (\$27,742)
5. Cummings (\$28,326)

Highest dependence on Old Age Security (OAS) and Guaranteed Income Supplement (GIS):

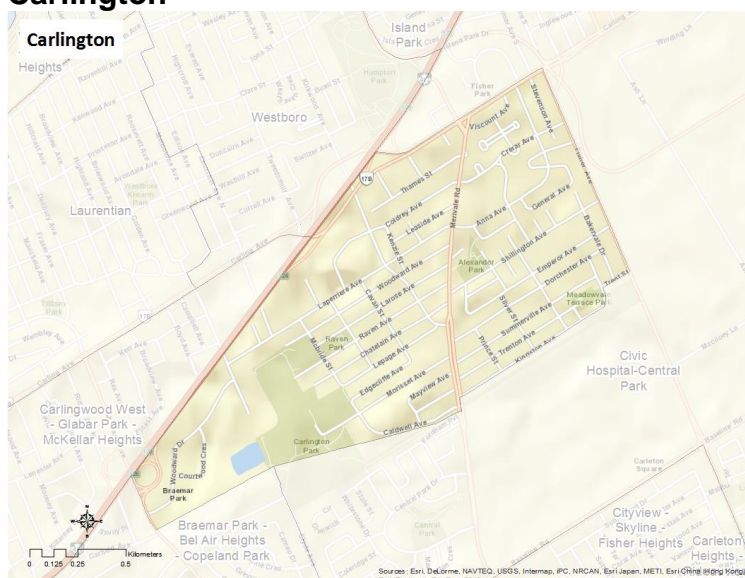
1. West Centretown (30.2%)
2. Ledbury – Heron Gate – Ridgemont – Elmwood (27.8%)
3. Galetta (25.3%)
4. Carlington (23.0%)
5. Bells Corners West (22.7%)

Highest percentage of seniors living in low income:

1. West Centretown (31.9%)
2. Hintonburg – Mechanicsville (27.2%)
3. Vanier South (24.9%)
4. Lowertown (24.7%)
5. Sarsfield (19.4%)

After analyzing these neighbourhoods, there are some that stand out as being more vulnerable than others to seniors' housing issues: Carlington, Centretown, Hintonburg-Mechanicsville, Vanier South, and West Centretown. These neighbourhoods were chosen based on having a top 5 ranking of two or more of the following variables: absolute number of seniors, living alone, living in low income, Indigenous seniors, lowest average income, and high dependence on OAS and GIS. For each highlighted neighbourhood, the factors that increase the vulnerability are described and additional demographics are listed. Data related to absolute number of seniors, percentage of seniors 85 years and over, and seniors living alone are from the Statistics Canada 2011 Census (Statistics Canada, 2011a). Data related to low income, Indigenous seniors, average income, and dependence on OAS and GIS are from the Statistics Canada 2011 National Household Survey (Statistics Canada, 2011b).

Carlington



<http://neighbourhoodstudy.ca/carlington/>

Vulnerability: Carlington ranked 1st for highest percentage of seniors who identify as an Indigenous person at 4.9%. It also ranked 4th for dependence on OAS and GIS, with the composition of total income attributed to OAS and GIS being 23.0%.

Absolute number of seniors: 1010

Percentage of seniors who are 85 years and over: 12.9%

Average after-tax income: \$29,289

Percentage of seniors in low income: 10.4%

Percentage of seniors living alone: 35.4% (29.9% are males, 70.1% are females)

Centretown



<http://neighbourhoodstudy.ca/centretown/>

Vulnerability: Centretown ranked 3rd for the number of seniors, with 2965 seniors living in this neighbourhood (Statistics Canada, 2011a). It also ranked 1st for the percentage of seniors who live alone, with just over 50% of seniors living alone.

Percentage of seniors who are 85 years and over: 11.5%

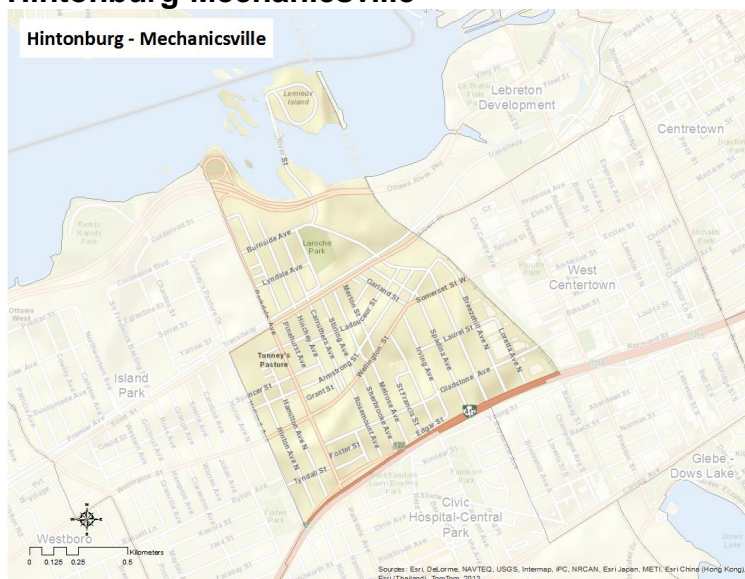
Percentage of seniors in low income: 18.5 %

Average after-tax income: \$39,204

Composition of total income that is dependent on OAS and GIS: 13.2%

Percentage of seniors who identify as an Indigenous person: 1.0%

Hintonburg-Mechanicsville



<http://neighbourhoodstudy.ca/hintonburg-mechanicsville-2/>

Vulnerability: Hintonburg-Mechanicsville ranked 2nd for low income, with 27.2% of seniors living in low income. It also ranked 5th for the percentage of seniors who live alone, with 52.3% of seniors living alone. Of those who live alone, 31.6% are males and 68.4% are females.

Absolute number of seniors: 1275

Percentage of seniors who are 85 years and over: 15.3%

Average after-tax income: \$34,046

Composition of total income that is dependent on OAS and GIS: 18.1%

Percentage of seniors who identify as an Indigenous person: 1.4%

Vanier South



<http://neighbourhoodstudy.ca/vanier-south/>

Vulnerability: Vanier South ranked 3rd for seniors living in low income, with 24.9% of seniors. It also ranked 4th for seniors living alone, with 49.1% of seniors living alone. Of those who live alone, 27.6% are males and 72.4% are females.

Absolute number of seniors: 1465

Percentage of seniors who are 85 years and over: 13.0%

Average after-tax income: \$35,572

Composition of total income that is dependent on OAS and GIS: 20.7%

Percentage of seniors who identify as an Indigenous person: 3.9%

West Centretown



<http://neighbourhoodstudy.ca/west-centretown/>

Vulnerability: West Centretown ranked 1st for the percentage of seniors living in low income, with 31.9% of seniors living in low income. It also ranked 1st for dependence on OAS and GIS, with the composition of total income attributed to OAS and GIS being 30.2%.

Absolute number of seniors: 1530

Percentage of seniors who are 85 years and over: 10.5%

Average after-tax income: \$23,916

Percentage of seniors living alone: 48.0%

Percentage of seniors who identify as an Indigenous person: 0%

Section 3: Profiles of Vulnerable Groups in Relation to Housing Considerations

Section 3a: Caregivers

Making the Case for Caregivers

Executive Summary

In Ontario, 29% of individuals act as unpaid caregivers for a family member, neighbor or friend (Statistics Canada, 2013). Unpaid caregivers are defined as individuals who provide unpaid support for a person with complex needs, which often includes seniors.

Care can be provided to seniors in a variety of forms, and is most commonly seen as help with transportation, which 66.5% of seniors over 65 years of age who receive care receive (Hudson & Milan, 2016). Other common forms of care include: assistance with household chores (approx. 50%), banking (43%), and scheduling and making appointments (43%) (Hudson & Milan, 2016).

Unpaid caregivers who are over 45 years of age looking after patients that are over 65 years of age work the equivalent amount of time of 1.2 million full-time employees, and are reported to save the province over \$25 billion in home healthcare spending (Fast, Lero, DeMarco, Ferreira, & Eales, 2014; Hollander, Liu, & Chappell, 2009). It is important that caregivers themselves have adequate supports to deal with the stresses of caring, considering the irreplaceable care they provide to loved ones and the amount of money that unpaid caregivers save the province.

The Reality of Caring, a report done on caregivers of seniors long-stay patients in Ontario, outlined the complexities of caregiving and how it can be highly distressing on the caregiver themselves. Long-stay patients generally have the highest care needs in the province, and their caregivers represent some of the most distressed in Ontario. *The Reality of Caring* noted that:

- Distressed caregivers provided patients with 31.5 hours as opposed to caregivers who were not distressed who provided 17.1 hours of care per week on average
- Half (49.2%) of caregivers with patients suffering with dementia report distress
- In every aspect of illness and impairment, the more ill or impaired the patient was the more likely the caregiver was to experience distress
- Although 92% of caregivers felt that caregiving was a rewarding occupation, 55% noted that their caregiving responsibilities made them feel worried or anxious
- 43% of employed caregivers reported having to leave work early, show up late, or had disruptions in their workday as a result of the demands of caregiving, making caregiving financially stressful
- Many caregivers feel isolated socially as a result of caregiving
- Many caregivers feel unprepared to deal with the complexities of caregiving and with changes in their patients' health

These facts show that it is vital to look at caregivers as individuals with needs of their own, rather than just extensions of their patients. Overwhelming distress of caregivers can lead to burn out, and further the need for paid care to replace them, which would be costly on the Ontario government. But more importantly, with an aging population, the

complexities of seniors requiring care are rising, which has been shown to increase the distress of caregivers (Health Quality Ontario, 2016). This shows that caregivers need additional supports in relation to caregiving, but also supports to preserve their mental health, increase their quality of life, and decrease feelings of isolation.

Making the Case for Caregivers

In Ontario, it is estimated that over 29% of individuals act as unpaid caregivers for a family member (Statistics Canada, 2013). Unpaid caregivers are defined as individuals who provide unpaid support for a person with complex needs. Those needs can include factors such as long term health conditions, disabilities, or issues related to aging. Unpaid caregivers are most frequently the spouse of their patient (47.2%), but, children (34%), other relatives (27.3%), and neighbors/friends also take on this role (Health Quality Ontario, 2016). Unpaid caregivers who are over 45 years of age looking after patients that are over 65 years of age work the equivalent amount of time of 1.2 million full-time employees, and are reported to save the province over \$25 billion in home healthcare spending (Fast et al., 2014; Hollander, Liu, & Chappell, 2009). This demonstrates the importance of unpaid caregivers to taxpayers and patients alike.

Although unpaid caregiving is a common occupation for Canadians, it is not easy, as many caregivers experience distress as a product of their efforts. Caregivers often describe caregiving as challenging, but rewarding, and isolating, but necessary (Health Quality Ontario, 2016). Due to the demanding and complex nature of caregiving, it is important to recognize the needs of the caregivers themselves, rather than simply viewing them as extensions of their patients. Unpaid caregivers need support to continue the demanding job of caregiving, so that they can continue providing excellent care to loved ones.

Who is Receiving Care

Canada's age demographics are steadily shifting, as the baby boomer generation enters into retirement, and life expectancy rises. For the first time, the number of older aged citizens in Canada (over 65 years old) has exceeded the number of children (under 15 years old), which shows the growing importance having support for older adults (Statistics Canada, 2008). Just as age demographics are shifting, so are the demographics of who is needing care, and to what degree that care is needed. Health Quality Ontario has published a report, *The Reality of Caring*, that examined how the health status of long-stay patients has shifted over the past decade. Long-stay patients are usually people living in their own homes who require substantial care and support from paid and unpaid caregivers (Health Quality Ontario, 2016). Although the statistics from this report focused on long-stay patients, it can be assumed that similar trends to a smaller degree are being replicated amongst other aging patients who require a caregiver.

The Reality of Caring used factors such as rates of dementia, ability to perform activities of daily life (ADLs), cognitive performance, and overall health status to determine the complexities of those needing caregiving in Ontario. It was determined through these factors that the needs of those requiring a caregiver are rising, which means more time and effort on the part of the caregivers is required (Health Quality Ontario, 2016). The rates of patients living with dementia has risen from 19.5% in 2010 to 28.6% in 2014, and the rates of those living with severe cognitive impairment has risen from 38.1% to 62.2% in that same 4-year span (Health Quality Ontario, 2016). Since many individuals

living with dementia and/or severe cognitive impairment often cannot be left alone, it is the responsibility of the unpaid caregiver to ensure the safety of those vulnerable patients.

The *Reality of Caring* noted that the over-all health status of long-stay patients has severely declined, as in 2010, 27.3% experienced unstable health, which grew to 43.2% in 2014 (Health Quality Ontario, 2016). Unstable health can include poor health changes, end-stage disease, and signs and symptoms related to disease. Declining over-all health status can be emotionally and physically stressful on both the unpaid caregiver and the patient, as well having unstable overall health can lead to the lack of ability to easily perform activities of daily life (ADLs) and the need for increased care. Activities of daily life (ADLs) are the self-care and maintenance actions that a person performs every day. Many can perform most ADL's on their own, and are not emotionally or practically prepared for when they become unable to do things such as bathe, eat, dress and cook on their own. In 2010, 27.6% of long-stay patients were severely- moderately impaired in their ability to perform ADLs (Health Quality Ontario, 2016). This number grew to 44.5% in 2014. Unstable health conditions as well as the inability to perform activities of daily life can make living independently difficult for a patient, and therefore caregivers are often required frequently throughout the day to assist with previously personal, necessary tasks.

Older adults who are not identified as long stay patients are also receiving increased attention from unpaid caregivers, and gender differences between seniors receiving care are prevalent. Statistics Canada notes that women over 65 years of age more commonly report having unpaid care or assistance (18%), whereas men less commonly report having unpaid care or assistance (13%) (Hudson & Milan, 2015). This trend continues when older adults are divided into age categories, as 10% of women aged 65-74 compared to 8% of men receive unpaid care, as well as 20% of women aged 75-84 compared to 18% of men report receiving unpaid care. This trend is most notable among those aged 85+, as 48% of women report receiving unpaid care, compared to only 30% of men in this age category (Hudson & Milan, 2015). These differences are important to acknowledge when considering the demographics of who is receiving care.

An explanation for the gender differences in who is receiving unpaid care in the general population may lie in the caregivers themselves. There are notable gender differences in who the patient considers to be their primary care giver. 60% of men aged 65+ consider their spouse to be their primary caregiver, compared to only 19% of women (Hudson & Milan, 2015). Women aged 65+ most commonly report (42%) that their daughter is their primary caregiver (Hudson & Milan, 2015). This statistic illustrates that due to gender norms, women more often than men take on the role of caregiving. Studies have noted that even when the female spouse is aging or experiencing a burden herself, she will continue to care-give, because it feels like a natural role (Williams, Giddings, Bellamy, & Gott, 2016). Since many women view caregiving as a natural role, it is possible that men do not consider the assistance they receive from their wives or daughters as caregiving, but rather just a part of life, which could explain why older men report lower rates of receiving unpaid care than older women.

The Types of Care Provided by Caregivers and Its Relation to Distress

Unpaid caregivers provide care and support to their older adult patients in many ways and to many degrees. The most common form of unpaid caregiving provided for older adults in Canada is help with transportation, which 66.5% of seniors over 65 years of age who receive care receive (Hudson & Milan, 2015). Other common forms of care that individuals over 65 with care report receiving include: assistance with household chores (approx. 50%), banking (43%), and scheduling and making appointments (43%) (Hudson & Milan, 2015). These less intensive types of care may occur as the only form of care given, or might be a few of many types of care given to a patient. Caregiver's distress levels are directly correlated with how intensive the needs of the patient they are caring for are, meaning that the more complex a patient's needs are, the higher likelihood of the caregiver experiencing distress.

Some patients with complex needs receive paid care or assistance from the province, but most often additional, unpaid care is also needed. 97% of people receiving provincially funded home care over a long period of time also have an unpaid caregiver, and that unpaid caregiver is the source of the majority of their care (Health Quality Ontario, 2016). As reported in *The Reality of Caring*, on average, distressed caregivers provided patients with 31.5 hours of care per week, and caregivers who were not distressed provided 17.1 hours of care per week (Health Quality Ontario, 2016). This statistic shows how caregivers are often overburdened, and that support to caregivers directly is needed to reduce distress rates.

Many factors are correlated with the distress of a caregiver, although correlation does not imply causation. Caregivers caring for older patients, patients with dementia, and patients with complex needs are far more likely to be distressed in comparison to caregivers with less complex patients (Health Quality Ontario, 2016). As well, caregivers that help patients with hygienic needs and ADLs also experience more distress than those who do not (Health Quality Ontario, 2016). Considering that more Canadians are living longer and older age often comes with complexities, increased caregivers will have patients with complex needs. Since this is a fact that cannot be changed, it is important that caregivers and patients are provided with support to assist with the complexities of dementia, older age and more difficult needs. Supports must include both increased help for the patient with their needs, and support for the caregiver's own needs to ensure that the caregiver does not suffer from poor mental or physical health as a result of the demands of caregiving.

Needs of Caregivers

According to the Canada Mortgage and Housing corporation, 87% of seniors plan to remain in their homes for as long as possible, regardless of changing health status (Rodriguez, 2007). Considering the increased needs that patients have, as outlined in *the Reality of Caring*, remaining in one's home will require the assistance of unpaid caregivers. Unfortunately, many caregivers feel distressed because of the intensive nature of caregiving. In order for caregivers to continue caregiving mentally, physically and emotionally, it is important to recognize them as individuals who are separate from their patient, with their own needs for support.

Although 92% of caregivers felt that caregiving was a rewarding occupation, over half (55%) noted that their caregiving responsibilities made them feel worried or anxious (Statistics Canada, 2013). This shows the complex nature of caregiving, as often it is not a solely enjoyable or unenjoyable occupation. This suggests that most unpaid caregivers enjoy providing care to their patients, but clearly need assistance to avoid the mental health consequences of caregiving, such as fatigue (51%), irritability (36%), feeling overwhelmed (35%) and having loss of sleep (34%) (Statistics Canada, 2013). A suggestion to improve the mental health status of caregivers would be to have additional support for their patients, whether it be community health day programs, in home assistance, or programs that assist with specific needs, such as meals on wheels (Health Quality Ontario, 2016). By alleviating some of the duties of caregivers, stress and anxiety levels could decrease.

Many caregivers feel socially isolated, as the demands of caregiving can be extensive and time consuming (Health Quality Ontario, 2016). Support groups and further acknowledgement of the importance of caregiving should be increased, as many caregivers feel alone in their struggles and feel guilty about being strained by caregiving (Health Quality Ontario, 2016). Addressing and increasing awareness of the challenges of caregiving could assist in improving the mental health of caregivers, and reduce the harmful feelings of isolation that are common among unpaid caregivers. Programs such as support groups for caregivers, or social programs that can be attended by both the caregiver and patient would act as a good outlet for caregivers to socialize and share experiences, increasing unity and decreasing isolation.

Although most unpaid caregivers provide care to spouses or parents, the caregivers who most frequently receive financial assistance are caring for their children (Statistics Canada, 2013). 43% of employed caregivers reported having to leave work early, show up late, or had disruptions in their workday as a result of the demands of caregiving (Statistics Canada, 2013). Some unpaid caregivers are forced to leave work completely due to their caregiving needs (Health Quality Ontario, 2016). This can be financially and mentally stressful on the caregiver, as employment is a source of money and fulfillment for many. Considering many caregivers for older adults are their children, this is an issue that is especially impactful. In order to decrease the financial strain and increase the ability for caregivers to remain working, financial benefits for caregivers of parents or working spouses would be beneficial. Having financial benefits for caregivers would allow the caregiver to be compensated for not working, or would allow them to return to work as they would have the option of acquiring paid care to assist. Increasing benefits for unpaid caregivers of older adults could allow the caregiver to continue caregiving, while also experience lower rates of distress, as some monetary assistance gives the caregiver and patient the flexibility to design their own care plans.

Finally, many unpaid caregivers of older adults feel ill-equipped to handle the specific needs of their patients, especially when the needs of the patient become more complex. *The Reality of Caring* discussed how a common issue for caregivers is not having a proper care plan in place for their patient (2016). This includes not being equipped with

adequate information on care and resources after a hospital visit, and not having other care forms provided and coordinated. Caregivers indicated that after leaving the hospital with their patient, they were ill informed as to how to assist their patient with their new needs. Caregivers in Ontario also indicated that they frequently spend many hours per week advocating for their patient to receive other forms of care and services, which they found to be taxing and stressful. A solution to this issue would be for hospitals to acknowledge the roles of caregivers in the health of their patients, and provide caregivers with adequate resources upon leaving the hospital.

Improving the Futures of Caregivers

In 2015, the Ontario Government has implemented a 3 year, 10 goal plan for strengthening home and community care (Ontario Ministry of Health and Long-Term Care, 2015). This plan aims to address some of the issues listed above, and assist people requiring home care and their caregivers independently. Ontario plans on increasing the spending on home and community care by 5% each year, creating more opportunity for support programs and care, which can alleviate some stress of caregivers. Some of the initiatives involved in the plan include increasing consistency of care to patients, and ensuring that services and assessments are standardized (Ontario Ministry of Health and Long-Term Care, 2015). Bundled health care is also a priority, meaning that now a group of healthcare providers will be given a single payment in which they can determine where the money should go in order to best suit the needs of the patient. By doing this, less advocacy will be required on the part of the caregiver, as there is more flexibility in what care can be provided with government funding, and what the province is willing to assist with will be clearly outlined. In addition to this, the province is offering self-directed care, where the caregiver and patient can work together to determine which paid care services are needed and further purchase the services themselves (Ontario Ministry of Health and Long-Term Care, 2015). This solution is highly beneficial, as it recognizes the individuality of each circumstance and allows autonomy for each patient and family.

The Ontario government is focusing on caregivers and their needs specifically. The plan includes investing in more training and education programs for caregivers, as well as creating a one-stop online resource for caregivers (Ontario Ministry of Health and Long-Term Care, 2015). The province hopes to enable caregivers to identify their own needs and needs of their patients, to ensure that proper services are provided (Ontario Ministry of Health and Long-Term Care, 2015). These initiatives show that Ontario understands the importance of unpaid caregivers to the economy, health care system and residents of Ontario. Considering the increasing demands of caregivers and the increase in caregiver distress as outlined by *The Reality of Caring*, it is important that other organizations look at caregivers as a priority population. In the near future, the expectations of caregivers will rise as the complexities of patient's increase, therefore looking at caregivers as separate from their patients, with their own needs, is important in allowing caregivers to continue fulfilling their highly important role.

Section 3b: Indigenous Seniors

Housing Considerations for Indigenous Seniors

Executive Summary

Housing is recognized by many researchers, policy-makers, and human rights advocates as a basic necessity of life; however, there are some groups who are more systematically disadvantaged in terms of access to affordable housing, such as Indigenous seniors.

In Ontario, there are 43,655 Indigenous individuals who do not have suitable housing, of these, 800 are 65 years of age and older. In Ottawa, these numbers are 2170 and 30 respectively (Statistics Canada, 2011). While Indigenous seniors represent only 0.45% of the total senior population in Ottawa, 0.86% of seniors who live in not suitable housing are Indigenous seniors (Statistics Canada, 2011), which represents an inequity in housing distribution. Housing suitability is not the only factor to consider for Indigenous seniors housing. Additional factors include cultural appropriateness, discrimination, and financial resources.

Research has shown that many of the health issues faced by Indigenous peoples are a direct result of inadequate housing (Weeks & LeBlanc, 2010), such as mold, lack of safe drinking water, and overcrowding (NCCAH, 2010). Poor housing conditions are associated with infectious disease, injuries, poor nutrition, and poor mental health (NCCAH, 2010). Consequently, housing quality and accessibility are significant determinants of health for First Nations, Inuit, and Métis peoples in Canada.

While housing conditions have vastly improved for Indigenous peoples in Canada, housing and living conditions are still major health concerns for this population. The NCCAH (2010) suggested that there are three main issues with Indigenous housing policy in Canada: “lack of adequate incomes to support the private acquisition of housing, absence of a functioning housing market in many localities where Aboriginal people live, and lack of clarity and agreement on the nature and extent of government responsibility to respond to the problem” (p. 3).

Many Indigenous seniors wish to live in their communities and remain involved through intergenerational teaching and learning; however, they face many challenges related to housing, including poor health, limited financial resources, and few programs that support them as they age. Weeks and LeBlanc (2010) found that some of this concern was due to the seniors not feeling accepted in their communities. In Ottawa, given that many Indigenous seniors are from communities outside of Ottawa, this is a particular concern to address to ensure that the seniors feel welcome and comfortable in their homes and community.

Even though the population of Indigenous seniors in Ottawa is small, this population is expected to grow 415% between 2011 and 2031 because the Indigenous population has a large number of individuals aged 40-49 who will age over the next 20 years (City of Ottawa, 2011). As such, there will likely be an influx of Indigenous seniors requiring

affordable housing over the next 15-20 years. While there are many housing considerations for Indigenous seniors, addressing the housing needs of this population should be a priority for seniors' advocates and policy-makers given their high levels of unsuitable housing and their lack of representation in many housing-related decisions.

Housing Considerations for Indigenous Seniors

Housing is recognized by many researchers, policy-makers, and human rights advocates as a basic necessity of life; however, there are some groups who are more systematically disadvantaged in terms of access to affordable housing, such as Indigenous seniors. The 2011 National Household Survey used a “housing suitability” measurement to help determine the housing needs and shortfalls of Canadians. In the 2011 National Household Survey, housing suitability refers to whether a private household is living in suitable accommodations according to the National Occupancy Standard (NOS); that is, whether the dwelling has enough bedrooms for the size and composition of the household. A household is deemed to be living in suitable accommodations if its dwelling has enough bedrooms, as calculated using the NOS. Housing suitability assesses the required number of bedrooms for a household based on the age, sex, and relationships among household members. In Ontario, there are 43,655 Indigenous individuals who do not have suitable housing, of these, 800 are 65 years of age and older. In Ottawa, these numbers are 2170 and 30 respectively (Statistics Canada, 2011). While Indigenous seniors represent only 0.45% of the total senior population in Ottawa, 0.86% of seniors who live in not suitable housing are Indigenous seniors (Statistics Canada, 2011).

Housing suitability is not the only factor to consider for Indigenous seniors housing, there are additional factors, such as cultural appropriateness, discrimination, and financial resources. There is a dearth of research that has focused specifically on the housing needs of Indigenous seniors; however, some research has addressed housing as a social determinant of health for Indigenous peoples and housing considerations for Indigenous peoples in general in Canada.

Housing as a Social Determinant of Health for Indigenous Peoples

Research has shown that many of the health issues faced by Indigenous peoples are a direct result of inadequate housing (Weeks & LeBlanc, 2010), such as mould, lack of safe drinking water, and overcrowding (National Collaborating Centre for Aboriginal Health [NCCAH], 2010). Poor housing conditions are associated with infectious disease, injuries, poor nutrition, and poor mental health (NCCAH, 2010). Consequently, housing quality and accessibility are significant determinants of health for First Nations, Inuit, and Métis peoples in Canada. Housing is also interrelated with many other determinants of health, such as socioeconomic status, unemployment, poverty, social exclusion, and educational attainment (NCCAH, 2010).

Housing for Indigenous Peoples in Canada

While housing conditions have vastly improved for Indigenous peoples in Canada, housing and living conditions are still major health concerns for this population. Indigenous peoples in Canada have lower homeownership and rental rates in comparison to the non-Indigenous population and are more likely to have higher core housing needs and lower income levels (Belanger, Head, & Awosoga, 2012). Lower home ownership rates are often attributed to low employment participation rates and low-wage jobs; however, racism and discrimination are also factors (Belanger et al., 2012). As such,

affordable, supportive housing is an important issue for this population. Interestingly, even though housing is still a major concern for the Indigenous population in Canada, in comparison to the attention paid to non-Indigenous housing issues, Indigenous housing shockingly remains a low priority for the federal and provincial governments and existing programs are inadequate to address these issues (Belanger et al., 2012). Given the federal government's historically colonizing relationship with Indigenous peoples, researchers and advocates are continuously urging the government to advance their policy and program development in relation to Indigenous housing (Belanger et al., 2012). The NCCAH (2010) suggested that there are three main issues with Indigenous housing policy in Canada that need to be addressed in order to improve the housing conditions for Indigenous peoples: "lack of adequate incomes to support the private acquisition of housing, absence of a functioning housing market in many localities where Aboriginal people live, and lack of clarity and agreement on the nature and extent of government responsibility to respond to the problem" (p. 3).

Housing for Indigenous Seniors

Many Indigenous seniors wish to live in their communities and remain involved through intergenerational teaching and learning; however, they face many challenges related to housing, including poor health, limited financial resources, and few programs that support them as they age. Cultural appropriateness is also a factor to consider for Indigenous seniors. Weeks and LeBlanc (2010) found that some of this concern was due to the seniors not feeling accepted in their communities. In their study, the Indigenous seniors also discussed how "they felt a special attachment to a particular location where they no longer lived, and this had a great impact on their well-being" (Weeks & LeBlanc, 2010, p. 340). Many of the Indigenous seniors desired to be a part of an Indigenous community in an urban centre that was similar to what they experienced while growing up on a reserve or in small Indigenous communities (Weeks & LeBlanc, 2010). In Ottawa, given that many Indigenous seniors are from communities outside of Ottawa, this is a particular matter to address to ensure that the seniors feel welcome and comfortable in their homes and community.

Availability of affordable housing options is also a concern for Indigenous seniors. Even though the population of Indigenous seniors in Ottawa is small, this population is expected to grow 415% between 2011 and 2031 because the Indigenous population has a large number of individuals aged 40-49 who will age over the next 20 years (City of Ottawa, 2011). As such, there will likely be an influx of Indigenous seniors requiring affordable housing over the next 15-20 years. Another housing factor to consider for Indigenous seniors is interdependence. Weeks and LeBlanc (2010) found that helping neighbours, remaining involved in the community, and interacting with and teaching youth were important values to Indigenous seniors. While there are many housing considerations for Indigenous seniors, addressing the housing needs of this population should be a priority for seniors' advocates and policy-makers given the high levels of unsuitable housing and their lack of representation in many housing-related decisions. Including Indigenous seniors in discussions around their housing needs should be a crucial first step in ensuring that they have affordable, supportive, and culturally appropriate housing.

Section 3c: LGBT Seniors

Housing Issues for LGBT Seniors Community

Executive Summary

When no longer able to live independently, the majority of LGBT seniors wish to live in communities and care facilities that are LGBT friendly (Goldblatt & Horne, 2015; Hartsgrove & Davy, 2015). While many communities and facilities discuss that they are inclusive of all seniors, only 45% of LGBT seniors in Ottawa think that they will die with dignity in a place of their choice, which is much lower in comparison to the 75% of the general Canadian senior population who have the same belief (Hartsgrove & Davy, 2015). Consequently, there are numerous factors to consider for the housing needs of LGBT Seniors in Ottawa, including income, support at home, housing preferences, and trust. To provide a snapshot of LGBT seniors' housing needs in Ottawa the majority of this report is based on the Ottawa Senior Pride Network's Housing Survey (Hartsgrove & Davy, 2015).

Obtaining affordable and safe housing affects all aspects of an individual's life, including access to education and employment opportunities, to support networks, and to health and social services; however, LGBT seniors specifically face numerous and complex issues related to housing. Discrimination in health and social services (e.g., housing) has many health implications for LGBT seniors. There are many negative health impacts that result from discriminatory acts, such as increase in stress levels, lower life satisfaction, lower self-esteem, higher risks of depression and suicide, addictions, and substance abuse (Brotman, Ryan, & Cormier, 2003). Indeed, exploring and implementing ways to have more inclusive and less discriminatory housing options for LGBT seniors is becoming an increasingly important issue.

In Ottawa, LGBT seniors are more likely to be in a lower income bracket in comparison to the general Ottawa senior population with 35% of LGBT seniors earning less than \$40,000 per year (Hartsgrove & Davy, 2015). Additionally, 46% of LGBT seniors included in the survey indicated that they intend to stay in their own homes for at least 5 years or more (Hartsgrove & Davy, 2015). They are also more likely than Ottawa seniors to live alone, have no children, and be single (Hartsgrove & Davy, 2015), so with these two factors combined it is likely that they will require greater access to safe, affordable support at home. For many LGBT seniors, their housing concerns stem from issues of trust, cultural sensitivity, security, safety, homophobia, and social integration issues. Less than half of LGBT seniors in Ottawa (45%) feel that the staff would accept them if they moved into a retirement home or long term care facility (Hartsgrove & Davy, 2015). Additionally, less than half would feel comfortable about expressing themselves (45%) and their sexual orientation (41%) in a traditional retirement community (Hartsgrove & Davy, 2015). As such, in-home support services and retirement and care facilities need to ensure that their LGBT senior clients feel safe, accepted, secure, comfortable, and respected through their policies and practice.

Housing Issues for LGBT Seniors Community

Obtaining affordable and safe housing affects all aspects of an individual's life, including access to education and employment opportunities, to support networks, and to health and social services; however, LGBT seniors specifically face numerous and complex issues related to housing. In a historical context, the life course of the current cohort of LGBT seniors was characterized by hostile and homophobic environments (Brotman, Ryan, & Cormier, 2003; Hartsgrove & Davy, 2015). Their youth and young adult lives were mainly prior to the gay liberation movements that changed the lives of many members of the LGBT community (Brotman et al., 2003). As such, this cohort "is commonly referred to as 'preliberation' as a means of calling attention to their particular reality" (Brotman et al., 2003, p. 192). Their realities consist of feelings of great stigma and are often more complex and harsh as they age and face decisions about their housing options. Despite the significant progress that has been made in advance the rights of LGBT communities, "LGBT individuals continue to be denied equality opportunity in housing" (The Equal Rights Centre, 2014, p. 4). Of note, this report addresses the housing needs of lesbian, gay, bisexual, and transgender seniors in Ottawa. While it does not address the housing needs of seniors of all sexual orientations and gender identities, LGBT is used in this report as this is the population that was addressed in the Ottawa Senior Pride Network Housing Survey.

Health and Discrimination

Discrimination in health and social services (e.g., housing) has many health implications for LGBT seniors. Brotman and colleagues (2003) noted that homophobia and heterosexism are even more common in seniors care systems in comparison to general health care systems. As such, keeping their sexual orientation hidden has been a means of survival for many LGBT seniors in different housing situations, such as long term care facilities (Hartsgrove & Davy, 2015). There are many negative health impacts that result from discriminatory acts, such as increased levels of stress, lower life satisfaction, lower self-esteem, higher risks of depression and suicide, addictions, and substance abuse (Brotman et al., 2003). Clearly, exploring and implementing ways to have more inclusive and equitable housing options for LGBT seniors is becoming an increasingly important issue.

Factors Affecting Housing Needs of LGBT Seniors

When no longer able to live independently, the majority of LGBT seniors wish to live in communities and care facilities that are LGBT friendly rather than those that are for LGBT seniors only (Goldblatt & Horne, 2015; Hartsgrove & Davy, 2015). While many communities and facilities discuss that they are inclusive of all seniors, only 45% of LGBT seniors in Ottawa think that they will die with dignity in a place of their choice, which is much lower in comparison to the 75% of the general Canadian senior population who have the same belief (Hartsgrove & Davy, 2015). To address this disparity, it is important for organizations to develop a common understanding of a safe space for LGBT seniors and to create the necessary training and policies for the organization (Hartsgrove & Davy, 2015). Consequently, there are numerous factors to consider for the housing needs of LGBT Seniors in Ottawa, including income, support at

home, housing preferences, and trust. To provide a snapshot of LGBT seniors' housing needs in Ottawa the specific factors discussed in this report are based on the Ottawa Senior Pride Network's Housing Survey (Hartsgrove & Davy, 2015).

Income. Income is a very important factor to consider with housing needs as it determines what type of housing is most fitting for the individual, what services the individual can afford in addition to their housing, and how financially safe and secure an individual feels in their home. In Ottawa, LGBT seniors are more likely to be in a lower income bracket in comparison to the general Ottawa senior population with 35% of LGBT seniors earning less than \$40,000 per year (Hartsgrove & Davy, 2015). Additionally, a higher number of LGBT seniors are likely to be without regular benefits, such as pension plans, Registered Retirement Saving Plans, since many LGBT seniors indicated that they were self-employed (Hartsgrove & Davy, 2015). Specifically regarding housing finances, 69% of LGBT seniors owned their own homes, compared to 82% of Ottawa seniors (Hartsgrove & Davy, 2015). Additionally, 46% of LGBT seniors included in the survey indicated that they intend to stay in their own homes for at least 5 years or more (Hartsgrove & Davy, 2015), which suggests that, as they age, affordable support at home will become a significant concern for LGBT seniors.

Support at home. Affordable support is an important issue to address in order to enable LGBT seniors to stay in their homes or remain independent in a home of their choice as they age. 82% of LGBT seniors wanted to stay in their own homes and indicated that they would do anything to avoid moving to a retirement community or long term care facility (Hartsgrove & Davy, 2015); however, there are specific support factors related to the LGBT seniors community in Ottawa that need to be considered in order to enable them to age in place. Typically, home support is provided formally (e.g., paid caregiver) or informally (e.g., unpaid caregiver, such as a spouse, partner, child, sibling, friend, or neighbour). One-third of LGBT seniors would use paid support services, but they have many concerns around affordability, trust, and security and safety (Hartsgrove & Davy, 2015).

More than twice as many LGBT seniors (45%) in Ottawa live alone in comparison to the national seniors average (21%) (Hartsgrove & Davy, 2015). Additionally, four times more LGBT seniors (37%) compared to Ottawa seniors (8%) are single or never married and 67% have no children (Hartsgrove & Davy, 2015). An Edmonton study (Goldblatt & Horne, 2015) showed that many LGBT individuals in relationships have a significant age difference, so their support can differ since it is likely that the partners will be at differing stages of health and would need accommodation for these differences. This is also a consideration for care facilities and retirement homes that serve older adults of specific ages. In Ottawa, very few LGBT seniors (10%) said that their family members would care for them in their home should the need arise (Hartsgrove & Davy, 2015). Hartsgrove and Davy (2015) suggested that for LGBT seniors, traditional family support is often not available, so they need to rely heavily on friends and family of choice for support. As such, given that LGBT seniors are more likely than Ottawa seniors to live alone, have no children, and be single, they will require greater access to safe, affordable support at home, which should be considered to be a

significant priority for this population in Ottawa. LGBT seniors have identified that the most important types of supports are those that accept their partner/relationship, allow them to share one's suite/room with their partner, and have anti-discrimination policies that address the diversity of all individuals, not just LGBTQ individuals (Goldblatt & Horne, 2015). It is also recommended that there should be greater access to and public education on resources that are available to help LGBT seniors stay in their homes or remain independent in a home of their choice for as long as possible (Hartsgrove & Davy, 2015).

Housing preferences. As previously mentioned, 82% of LGBT seniors would prefer to live independently in a home of their choice with some assistance rather than live in a retirement community or long term care facility and 58% of LGBT seniors would do everything they could to avoid moving into either type of housing situation (Hartsgrove & Davy, 2015). Some reasons, however, that are cited by many LGBT seniors as to why they would leave their homes are health deterioration, if they are unable to care for themselves, if their current home becomes cost prohibitive, the home requires too much work to maintain, and if the home is unsuitable for their physical condition (Hartsgrove & Davy, 2015). It would be beneficial for LGBT seniors to have access to affordable and supportive housing options and health, social, and maintenance services to help prevent them from having to move and from becoming less independent. For many LGBT seniors, their housing concerns stem from issues of trust and cultural sensitivity, which are the sources of much apprehension around housing for many members of this community (Hartsgrove & Davy, 2015).

Trust. Many LGBT seniors do not want to move into a retirement or care facility due to trust, cultural sensitivity, security, safety, homophobia, and social integration issues. Less than half of LGBT seniors in Ottawa (45%) feel that they would be accepted by the staff if they moved into a retirement home or long term care facility (Hartsgrove & Davy, 2015). Upon moving, 70% indicated that they would feel uncomfortable moving into a non-LGBT community and most LGBT seniors in Ottawa agreed that finding an LGBT friendly community was very important to them (Hartsgrove & Davy, 2015). Additionally, less than half would feel comfortable about expressing themselves (45%) and their sexual orientation (41%) in a traditional retirement community (Hartsgrove & Davy, 2015). Trust is not only an issue for LGBT seniors upon moving into a new environment, it is also something that concerns this population with home care. When asked about their concerns with in-home support services, 21% of LGBT seniors cited concerns related to trust, which included privacy, personal care, cultural respect, and sensitivity and 14% had concerns related to security and safety, which included homophobia and abuse (Hartsgrove & Davy, 2015). As such, in-home support services and retirement and care facilities need to ensure that their LGBT senior clients feel safe, accepted, secure, comfortable, and respected through their policies and practice.

Recommendations

While this report provides important information on the housing needs and preferences of LGBT seniors, it is important to realize that housing preferences are diverse amongst all seniors and uniform preferences should not be assumed across and within all LGBT

senior communities (Goldblatt & Horne, 2015). To work towards meeting the more general and systemic housing issues of LGBT seniors in Ottawa, however, there are several recommendations that should be considered by seniors' housing policy makers, researchers, advocates, organizations, and service providers:

- Given that most LGBT seniors want to remain independent and out of a retirement community or care facility for as long as possible, more education should be provided to this community on the range of available housing options (Hartsgrove & Davy, 2015);
- Greater public education and access to resources should be given to LGBT seniors to educate them on being safe in their homes and raise their awareness of programs and support in their communities (Hartsgrove & Davy, 2015);
- Community and care facilities should develop and implement training and policies to ensure that the facilities are safe spaces for LGBT seniors (Hartsgrove & Davy, 2015);
- Advocates for seniors' housing and community and care facilities should be sensitive to the unique needs of LGBT seniors (The Equal Rights Center, 2014);
- LGBT seniors should be included in policy development and research to ensure that their perspectives are heard in decision-making processes;
- Further research should be conducted with culturally diverse LGBT seniors (Goldblatt & Horne, 2015); and
- Community organizations should work with LGBT seniors to understand and put into practice "LGBT-friendly communities" (Hartsgrove & Davy, 2015).

Section 3d: Multicultural Seniors

Housing Considerations for Multicultural Seniors in Ottawa - Overview

Executive Summary

Multicultural and new immigrant seniors have specific considerations in relation to affordable supportive housing, such as cultural sensitivity, cultural friendliness, effective communication and social inclusion. Below are facts that describe some of the risks, barriers and considerations for providing affordable supportive housing these populations.

- Systemic prejudice and stigma can make it harder for individuals to receive an adequate job, proper housing, or access services (Ng, Lai, Rudner, & Orpana, 2012)
- The 2011 Census estimated that in 2016, individuals aged 65+ in Ottawa would represent 14.1% of the population, and will rise to 16.3% in 2021 (Statistics Canada).
- Within Ottawa, people of a visible minority represented 23.7% of the population in 2011 and foreign born residents made up 23.4% of Ottawa's population (Statistics Canada).
- Ottawa has Canada's third-largest West Indian community, fourth largest African and Middle-Eastern communities respectively (City of Ottawa, n.d.b).
- The Chinese community specifically was the fastest growing ethnic community in Ottawa
- By 2017, one fifth of Canadas population will belong to a visible minority
- "Immigrants who settle in Ottawa are typically more educated, earn higher wages, and have higher employment rates than immigrants who settle in other Canadian cities." (City of Ottawa, n.d.b).
- "Ottawa receives the highest percentage of refugees and family-related immigration of any major Canadian centre." (City of Ottawa, n.d.b).
- Approximately 200 seniors immigrate to Ottawa annually (City of Ottawa, 2011)
- "Recent immigrants are more prone to ill health in the long run than Canadian-born seniors because of limited social networks, inadequate knowledge of official languages, and relatively low income, particularly if they live alone" (Ng, Lai, Rudner, & Orpana, 2012)
- Of the more recent immigrant seniors, more than 50% did not have any working knowledge of either official Canadian language upon arrival (Ng, Lai, Rudner, & Orpana, 2012)
- Social isolation is a large risk factor for recent immigrants, as it can be problematic for their health and wellness.
- Many refugees, considering their vulnerable situation, will need to enter social housing. Yet, there is a very long line for social housing in Ottawa.
- OCISO provides culturally appropriate integration services for new immigrants, and can link multicultural Canadians with services and supports that are culturally sensitive (OCISO, n.d.)
- Since service barriers are a key indicator of depression in recent immigrants, addressing this barrier should be highly beneficial (Ng, Lai, Rudner, & Orpana, 2012).

Housing Considerations for Multicultural Seniors in Ottawa

The 2011 Census estimated that in 2016 individuals aged 65+ in Ottawa would represent 14.1% of the population, and that number is expected to rise to 16.3% in 2021 (Statistics Canada). Within Ottawa, people of a visible minority represented 23.7% of the population in 2011, and foreign born residents made up 23.4% of Ottawa's population (Statistics Canada). Of the seniors in Ottawa, over 10% indicated that they belonged to a visible minority. These numbers are growing as the population ages, immigration increases, Canada takes in more refugees, and Canada's population becomes increasingly diverse. Multicultural and new immigrant seniors have specific considerations in relation to affordable supportive housing, such as cultural sensitivity, cultural friendliness, effective communication and social inclusion.

Often new immigrants and multicultural seniors face stigma or prejudice due to systemic racism in Western culture, which can lead to poor health and few opportunities for social inclusion. Systemic prejudice and stigma can make it harder for individuals to receive an adequate job, proper housing or access services (Ng, Lai, Rudner, & Orpana, 2012). On the contrary, there is a phenomenon called "the healthy immigrant effect", where many new immigrants are healthier than the general population or previous immigrants. This occurs because the Canadian government requires that most immigrants (refugees not included) be of high health, have adequate resources, be readily employable, etc. But contrary to this, many immigrants will experience worse health in comparison to the general population after years of living in the host country (i.e. Canada) (Ng, Lai, Rudner, & Orpana, 2012). This is likely due to the prejudice and lack of opportunities that many people of visible minorities experience. Therefore, although Canada most often requires that new immigrants be of good health and wealth, systemic social exclusion often makes new immigrants and multicultural Canadians health worsen due to the stress, lack of opportunities and lack of support received after living in Canada for a period of time.

A Glimpse at Multicultural Communities in Ottawa

Immigration trends were heavily examined by the City of Ottawa in 2001. Although the facts might be outdated, it can be assumed that the trends noted will project into the future. Also, it should be noted that those who immigrated in or around 2001 are living as multicultural Canadians now, with specific cultural considerations. The City of Ottawa's trends have shown that Ottawa has Canada's third-largest West Indian community, fourth largest African and Middle-Eastern communities respectively, and the Chinese community specifically was the fastest growing in that time period (City of Ottawa, n.d.b). These statistics show that multicultural communities are growing, and that Ottawa receives high amounts of new Canadians from very specific parts of the world, such as East India and China. This means that housing and support services must be culturally friendly and appropriate, so that people who are new to Canada and looking for housing/supports can access them. It is also estimated that by 2017, one fifth of Canada's population will belong to a visible minority, and that this ratio will continue to grow, showing that immigration and multiculturalism is permanent and should be embraced (City of Ottawa, 2011).

The City of Ottawa states that “Immigrants who settle in Ottawa are typically more educated, earn higher wages, and have higher levels of employment than immigrants who settle in other Canadian cities. Ottawa also receives the highest percentage of refugees and family-related immigration of any major Canadian centre.” (City of Ottawa, n.d.b). This statistic illustrates the education level and socio-economic status of many people who are new to Ottawa. Knowing these facts can help direct service providers as to what services to provide, and at what price. Although the statement acknowledges that many immigrants living in Ottawa earn higher wages, it also noted that Ottawa received the highest number of refugees of all of the large Canadian cities (City of Ottawa, n.d.b). This shows that not every immigrant in Ottawa has a high income, as many refugees flee distressed countries with very little resources. Since there are many family related immigrations, this illustrates that there are frequently pre-established connections and communities for new immigrants in Ottawa. Again, these facts are important for service providers to consider when creating community specific programs and services.

Although most seniors who were once immigrants in Ottawa have been here for many years, approximately 200 seniors immigrate to Ottawa annually (City of Ottawa, 2011). The most common age group of immigrant to move to Ottawa are those under 14 years old, followed by those 25-34 years old (City of Ottawa, 2011). This reflects the large amount of families that Ottawa receives annually. Based on a projection done by the City of Ottawa, it can be estimated that approximately 44% of seniors 75 and over who have immigrated to Canada immigrated before 1961. This reflects the high amount of European, especially Western European, immigrants in Ottawa as there was an influx of immigrants from this area post World War Two. More recent immigrant seniors in Canada are not from Western Europe, but most commonly South Asia and East Asia (Ng, Lai, Rudner, & Orpana, 2012). Of the more recent immigrant seniors, more than half did not have any working knowledge of either official Canadian language upon arrival, showing that services must have culturally competent individuals that can effectively communicate with new immigrant seniors (Ng, Lai, Rudner, & Orpana, 2012).

Housing and Support Action Areas for Immigrant Seniors

As previously stated, many recent immigrants to Ottawa and Canada have the same area of origin, such as China and East India, and therefore likely share some aspects of their home cultures and languages (City of Ottawa, n.d.b). Since over half of recent immigrants who are seniors have little to no knowledge of English or French, it is important that service providers can communicate in an effective, culturally appropriate way. A study on immigrant seniors in Canada noted that “recent immigrants are more prone to ill health in the long run than Canadian-born seniors because of limited social networks, inadequate knowledge of official languages, and relatively low income, particularly if they live alone” (Ng, Lai, Rudner, & Orpana, 2012). This shows that social isolation for recent immigrants can be problematic to their health and wellness. In order to address this issue and promote active living within the community, it is vital that supportive integration programs are accessible and culturally appropriate.

Although many immigrants in Ottawa earn a relatively high wage, Ottawa does receive the most refugees out all of the big cities in Canada (City of Ottawa, n.d.b). The housing in Ottawa should reflect the needs of the population, and therefore, especially for the refugee population, affordable supportive housing is necessary. Many refugees, considering their vulnerable situation, will need to enter social housing. Unfortunately, there is a very long line for social housing in Ottawa, as well Ottawa has a shortage of affordable housing units, especially with supportive services. The lack of social and affordable housing puts multicultural and immigrant seniors at risk, as housing, a key factor for successful aging, is not always readily available.

Adequate supports do exist in Ottawa that address some of the needs listed, but should be expanded upon considering the increase in immigrants, as well the aging population. Ottawa Community Immigrant Services Organizations (OCISO) provides culturally appropriate integration services for new immigrants, and can link multicultural Canadians with services and supports that are culturally sensitive (OCISO, n.d.). OCISO offers counselling for all ages, employment services and language instruction for immigrants who would like to learn an official Canadian language. These services can benefit new immigrants and multicultural seniors as they provide opportunities which can lead to a decrease in the risk for social isolation. As well, many community health centres in the Ottawa area offer health and wellness programs, as well as social assistance in a culturally appropriate manner, often having instructors or liaisons who speak the language of clients. Since service barriers are a key indicator of depression in recent immigrants, addressing this barrier should be highly beneficial (Ng, Lai, Rudner, & Orpana, 2012).

Section 3e: Seniors Experiencing Homelessness or Home Insecurity

Considerations for Seniors Experiencing Homelessness or Home Insecurity

Executive Summary

Individuals who are experiencing homelessness and/or home insecurity have specific considerations in regards to affordable supportive housing. Factors such as systemic prejudice, poverty, untreated mental illness and lack of support often cause homelessness, while the same factors make it difficult for formerly homeless people to become home secure. Below are considerations that are specific to the senior homeless population in Ottawa that illustrates their needs.

- Close to 10% of those staying in Canadian shelters are over 55 years of age
- Homelessness is not a choice, but rather a product of underlying issues, which are not exclusively personal.
- 235,000 Canadians experience homelessness each year
- An additional 50 000+ people experience home insecurity, or hidden homelessness as they call it, where individuals couch surf, sleep in cars, etc.
- Poverty is the most common cause of homelessness
- Seniors are at risk for homelessness for a variety of reasons, such as reduced income, poor health, death of a spouse or social isolation.
- Seniors face social exclusion in the form of ageism, and are therefore a vulnerable population in regards to the risk of homelessness.
- Seniors have specific mental health considerations, as in later age conditions such as Dementia and Alzheimer's can occur.
- Half of renters in Canada are paying more than 30% of their monthly income in housing.
- Ottawa has a shortage of social housing and affordable housing units
- There is a 5.1% increase in the number of older adult men using shelters, and a 5.8% increase in the number of older adult women in Ottawa since 2014

Considerations for Seniors Experiencing Homelessness or Home Insecurity

According to The Homeless Hub, an organization that aims to end homelessness in Canada through research and advocacy, close to 10% of those staying in Canadian shelters are over 55 years of age, making them seniors (Homeless Hub, 2016). Often the range for who is considered a senior is 65+, but it is well understood that being homeless or home insecure is very hard on individuals emotionally, physically and socially, which causes homeless adults to age at a greater rate than the average Canadian, which is why the “senior age” for homeless adults is younger. Homelessness is not a choice, but rather a product of underlying issues, which are not exclusively personal. Factors such as systemic prejudice, poverty and lack of supports often cause homelessness, while the same factors make it difficult for formerly homeless people to become home secure. Individual blame is the source of the little empathy homeless people often receive, and because of this misconception homeless individuals often do not receive proper care or equal opportunity to better their situations. But, it is important to understand that homeless individuals are more than just their housing status- they, as like any human, have a history, individual wants, needs, and housing preferences.

Raising the Roof, a Canadian homeless advocacy group, estimates that 235,000 Canadians experience homelessness each year and that an additional 50 000+ people experience home insecurity, or hidden homelessness as they call it, where individuals couch surf, sleep in cars, etc. (Raising The Roof, n.d.). Raising the Roof indicates that poverty is the most common cause of homelessness, but it is often intersected with poor physical or mental health, violence or abuse in the home, lack of employment or income and a shortage of affordable housing (Raising The Roof, n.d.). Seniors specifically can be at risk of homeless for a variety of reasons, such as reduced income, poor health, death of a spouse or social isolation (Raising The Roof, n.d.). Seniors face social exclusion in the form of ageism, and are therefore a particularly vulnerable population in regards to the risk of homelessness.

Homelessness in Canada, in part, is a result of lack of affordable housing. Affordable housing is person, place and situation specific, but generally is regarded as housing that requires less than 30% of one's monthly income to maintain. Renters especially suffer from the lack of affordable housing issue in Canada. The Homeless Hub reports that nearly half of renters in Canada are paying more than 30% of their monthly income in housing, as opposed to less than 1 in 5 people who own (Homeless Hub, 2013). This shows that those who cannot afford to own, and therefore rent, are being put into vulnerable and unfavorable circumstances that could be a risk factor for homelessness.

Along with affordable housing, seniors who are experiencing homelessness need permanent, supportive housing as well. As previously mentioned, there are many factors that result in homelessness, and people who experience homelessness, just like the rest of the population, have individual needs for support. There are many successful support programs for homeless seniors, including the Housing First initiative, that provides tailored services and supports from coordinated service providers to help them move into independent and permanent housing (Homeless Hub, 2013). Senior specific

supports are important as well, such as services that concentrate on (dis)ability, mental health, mobility supports, transportation, finances and elder abuse while respecting seniors' autonomy, as outlined by the Homeless Hub (2016). Seniors also have specific mental health considerations, as in later age conditions such as dementia and Alzheimer's can occur. It is vital that supports understand the intersectionality in being both a senior and homeless while providing support to this vulnerable population. That being said, supports should be culturally sensitive and person first, to ensure homeless seniors are treated with dignity and respect.

The Alliance to End Homelessness Ottawa reports that although the number of people using homeless shelters is declining, of those people using shelters the number of seniors is increasing, which reflects the aging population of Ottawa and Canada. They report a 5.1% increase in the number of older adult men using shelters, and a 5.8% increase in the number of older adult women, in comparison to the 2014 data (Alliance to End Homelessness Ottawa, 2016). Considering this statistic, creating affordable supportive housing units in Ottawa that are age-friendly should be a priority, and supports to help seniors out of homelessness should be further developed.

Section 4: Seniors Housing Projects

Section 4a: Overview of Current Seniors Housing Options in Ottawa

Overview of Current Seniors Housing Options in Ottawa

Dwelling Type	Description	Private/ Publicly Owned	Pricing detailed	Locations or amount in Ottawa
Single Family Dwelling (SFD)	Single family dwellings are generally free standing houses that are privately owned with multiple bedrooms. Although single family dwellings are usually owned by one person or a couple, they can be shared with family, renters or friends. Single family dwellings provide the most privacy.	Private	- Price of purchasing the dwelling varies on size, location, etc. SFD are generally the most expensive living choice, but are an investment that can be resold. -Amenities paid for by owner -Upkeep paid for by owner	-Very common throughout urban and rural Ottawa
Condominium	Condominiums are generally units inside of a larger complex that are sold individually. The condominium building is managed by the developer; and single units are purchased privately. Post selling, a condominium board is created and comprised of unit owners. This board sets out the rules of conduct for the building, and makes decisions for the building regarding maintenance, etc. Residents of a condo do not need to be involved in the condo community or join the board, making condos very private. Some amenities, such as gyms, are commonly shared.	Private	-Price varies by size and location. Generally, less expensive than a comparable SFD. -An investment is needed to purchase a condo, making it an expensive housing option, but it also can be sold as an investment. -Condo fees are to be paid monthly, also making condos a fairly expensive housing option. The fees include amenities such as power, snow clearing, etc. Condo fees can range from hundreds of dollars a month, to over a thousand depending on the condo.	-Common throughout Ottawa, more common urbanely. Some are 55+ for seniors only.
Rentals (Apartments, condos, dwellings,	Rental housing units are owned by a landlord and leased out to tenants on contracts. Rental units can	Private, rented on a lease	-“Rent” is paid to the landlord by the tenant as a monthly fee for occupying the unit.	-Common throughout Ottawa, more common

townhomes, etc.)	be anything from a full SFD to a room in an apartment. A common example would be an apartment building owned by a landlord where each apartment is rented out separately on a yearly contract. Apartments can be shared with family members, friends or a roommate. Although ones' unit is generally private, some amenities such as gyms or elevators are shared.		Rent varies by location and size. -Rent can include amenities such as power, hot water, etc. but is not necessarily included, and my need to be arranged by the tenant. -Renting is generally more affordable and accessible than owning, as a large down payment is not required. -Renting a unit does not allow for the investment of reselling	urbanely.
Equity Co-op	Equity co-ops house members that each own a share of the house (or project) which is equal to the value of the unit that they own inside the house. The cost of building or operating the house is covered by the buy in price of the unit. The members, like in co-housing, own their land and property collectively. New members are welcome to join the co-op, but there is often a waiting list. Lower shares (unit prices) are often made available for lower income members. Equity co-ops provide a more communal style of living, as some areas of the co-op complex are shared and members have to participate in the management and upkeep of the complex (Burr, n.d).	Private, partially shared	-Memberships to the co-op are paid through shares, which are similar in price to buying a condo. Ones share is equal to the buying price of their unit in the complex. -Members have control over the property due to part ownership, but often decision making requires a consensus -Amenities are collectively covered, such as snow removal and repairs -Shares in the co-op can be resold to a new member, meaning that the large purchase payment is an investment -By investing in creating the co-op, members may gain a profit when it is complete or sold -Equity co-ops are	-41 co-ops exist in Ottawa, with most being non-profit co-ops. -Equity co-ops require a buy in, and are a popular choice when the co-op is being developed. -A wait list often exists.

			less affordable than non-profit co-ops (Burr, n.d)	
Non-profit Co-op	In a non-profit co-op, members jointly own the building they live in buy purchasing a share and paying housing charges. Members occupy a unit in the complex, and have shared spaces and amenities. These co-ops also require a lot participation from members, as they act as landlords for themselves and other members. Members can decide who joins. Non-profit co-ops can also operate using the rental system, making them more affordable. This model offers a more active, participatory style of living comparison to private ownership (Burr, n.d).	Private, partially shared	<ul style="list-style-type: none"> - Because of the non-profit nature of these co-ops, they are more affordable as they can receive government grants, and are self managed. -Affordability is a priority, so the co-op aims to breakeven in any build or renovation -Amenities are shared, cutting those costs -Members can pay a monthly rent or buy a unit, depending on the co-op's management -Some co-ops offer subsidized units and rent geared to income units (Burr, n.d) 	-41 co-ops exist in Ottawa, with most being non-profit co-ops. 5 co-ops exist just for seniors in Eastern Ontario. Some co-ops have a wait list.
Co-housing	Co-housing requires members to own or rent their space within a common complex, such as a modified apartment building. Individuals will have their own separate units, but can share spaces and features such as guest bedrooms and common rooms. A landlord is not involved in a co-house, it is owned by its residents. Co-housing focuses on building a community within the shared home, and time is required by the residents to collectively manage the complex. Co-houses are similar to co-ops, but in a co-house there is more emphasis on sharing	Private, partially shared	<ul style="list-style-type: none"> -Co-housing offers a range of affordability, depending on the co-houses' structure. Some require a large deposit to purchase your unit, others act as a rental system. -Amenities are covered in the buy-in or renting fee. Services such as lawn mowing are shared. -Many co-housing units have an equitable pay system, with subsidies for those who would have to pay more than 30% of their income in rent. -Other co-houses 	<ul style="list-style-type: none"> -Currently, there is one large co-housing operation in Ottawa with a few private co-housing initiatives in select areas. - A large seniors co-house is being proposed to developers, offering housing to 40 seniors. -Most co-houses have a wait list.

	spaces and resources.		require a member to pay a similar deposit as what they would pay for a single family dwelling, but the unit can be sold to a new member later on so it can act as an investment (Burr, n.d)	
Social Housing	Social housing is accessible to most low income seniors. Social housing requires that tenants rent a unit and pay less than 30% of their income in rent. This option offers lower income seniors affordable housing that is private. One must qualify for social housing, and it is not available to everyone. Social housing units are most commonly provided by the municipality, but other non-profit organizations offer it as well. Living in social housing is similar to living in a rented unit (City of Ottawa, n.d.a)	Publicly owned, private units	<ul style="list-style-type: none"> -Subsidies and rent geared to income are available to the seniors that are eligible for social housing -Many amenities or care would be paid for privately -Rent would include maintenance of the property -Many seniors who are eligible for social housing are also eligible for other forms of government assistance, and should research the supports available to them (City of Ottawa, n.d.a) 	<ul style="list-style-type: none"> - Approx. 22500 social housing units exist in Ottawa, with 4350 being seniors housing. -Wait lists for social housing are common (City of Ottawa, n.d.a)
Retirement Communities-Active Living Complexes	Active living complexes are a type of retirement residence that aims to attract active, independent seniors over the age of 50. Active living units are often bungalows or apartment units that are situated in a retirement community, so that aging in place is natural. The community creates easy access to age-friendly resources and activities. Active living communities are good for healthy older adults requiring little homecare, who would like to live independently, near	Private	<ul style="list-style-type: none"> -Residents of an active living community usually buy their dwelling, but renting is sometimes an option. Buying requires a large deposit, but this can be an investment as one can sell their unit later. -Taxes are different for each community -Some active living communities require annual dues, membership fees or monthly fees for amenities, others 	<ul style="list-style-type: none"> -Active living is offered at many of the 100+ retirement homes throughout Ottawa. -Some residences have a wait list.

	other seniors (Comfort Life, 2016).		require that resident to cover their own amenities	
Retirement Communities-Independent living	Independent living complexes are a type of retirement community. Independent living complexes often take the form of apartment complexes, where residents can enjoy a fairly independent life with their own space, but share some common spaces with other residents. This model is popular for active, healthy seniors. This model provides seniors with easy access to most services and amenities, and provides things such as meals, cleaning services and activities to its residents (Comfort Life, 2016).	Private	<ul style="list-style-type: none"> -Costs of independent living complexes depend on the specific units' size, the location, what services are provided and what costs are required by the individual (i.e. homecare). -Renting is most common in an independent living complex, but buying a unit is available in some complexes. -Average rent for a unit in Ontario is \$3204/month, making retirement communities fairly expensive (City of Ottawa, n.d.a). 	<ul style="list-style-type: none"> -Over 96 complexes in Ottawa have independent living units, more in surrounding areas. -Some residences have a wait list.
Retirement Communities-Assisted living	Assisted living retirement communities are designed for older adults with some physical and/or cognitive impairment, requiring them to need access to in-home, consistent assistance. Assistance includes things such as meal preparation, cleaning, and assistance with activities of daily life. Assisted living communities are designed to be both private and communal, with residents generally having a room to themselves but sharing many common areas. Assisted living, as like all retirement communities, are usually owned by a large business (Comfort Life, 2016).	Private, shared spaces	<ul style="list-style-type: none"> -Assisted living communities can be more expensive than the other types of retirement communities, as more amenities and types of care are offered to residents. -Generally, residents pay rent and sometimes additional monthly fees. -Caregiving at this stage is often required, ranging from \$35-72/day. -Some insurance companies cover aspects of living in an assisted living community, and this should be looked into by the resident (Comfort Life, 2016) 	<ul style="list-style-type: none"> -Over 106 complexes in Ottawa have assisted living units, more in surrounding areas. -Some residences have a wait list.

Long Term Care Facilities (Nursing homes)	<p>Long term care facilities (LCTFs) are residences that provide 24 hour/day care to residents. Residents often need to be referred to a LTCF by a social service agency or doctor. LTCF residents often have very complex needs, such as dementia. This is a fairly communal style of living, as meal halls, living rooms and even bedrooms are often shared with other residents. Nurses can provide assistance with medication, activities of daily life, bathing, food prep and eating, etc. Activities are offered at LTCFs, but more focus is put on care than amusement (City of Ottawa, 2015).</p>	Public	<p>-Province fully funds medical and support services and residents pay for room and board.</p> <p>-Subsidies are available for those who cannot afford the full resident co-payment.</p> <p>-LTCF do not refuse residents based on ability to pay, as there are a mix of private, provincial, municipal, non-profit and charitable operators and funders (City of Ottawa, 2015).</p>	<p>-29 in the City of Ottawa, more scattered in smaller areas of Champlain.</p> <p>-Some residences have a wait list (City of Ottawa, 2015).</p>
Life-Lease	<p>Life-lease housing complexes include members that purchase an “interest” in a project that allows them to occupy a unit in the complex. The projects and completed complexes are usually owned and managed by non-profit organizations, such as faith groups. Living in a life-lease complex is similar to a co-op, as there are separate and shared spaces, and more community bonding than one would experience in a condominium (Burr, n.d).</p>	Private, shared	<p>- A person can sell or inherit their interest, giving someone else occupancy of their unit in the complex. This makes living in a life-lease complex an investment</p> <p>-The initial investment that is similar but less expensive than a condo is required to gain interest.</p> <p>-Monthly fees are required for the shared accommodation (Burr, n.d).</p>	<p>Life-leases are quite uncommon, as there few provincial regulations around them.</p> <p>-4 retirement communities that offer the life-lease style can be found publicly, and more can be found through private organizations.</p>

**Section 4b: Amenities to Consider when Choosing a New Residence
or Living Situation**

Amenities to Consider when Choosing a New Residence or Living Situation

When deciding on a new residence or living situation, one must consider the affordability, availability or accessibility of the following amenities and services in their new location. Some living situations, such as single family dwellings, will require most of these factors to be acquired privately. Other living situations, such as renting, owning a condo or living in co-housing will provide many of these services for a bundled fee (i.e. condo fees, rent etc.). This list of amenities encourages one to think of the location and supports around their new home, and what the community has to offer.

One should consider the following factors when thinking of changing living situations:

- Rent geared to income availability
- Government subsidy availability
- Second person occupancy fee
- Self contained units
- Independent living
- Assisted living
- 24h emergency services
- On-site staff 24h a day
- Physiotherapy/occupational therapy
- Nursing care and medication management
- Respite care or dementia care
- A space for an occasional guest or caregiver
- Bilingual services
- Telephone access and cable television
- Computer and/or Wi-Fi access
- Kitchen or kitchenette
- Gyms or recreations areas/facilities
- Games rooms or space for entertaining
- Access to libraries, theatres, salons
- Access to stores (drugstore, grocery store, shopping malls)
- Access to faith centre (church, mosque, temple, etc.)
- Availability of social activities or planned fun
- Walking/bike paths
- Gardens
- Pool (outdoor, indoor or community)
- Transportation (parking, access to buses, taxis, friends, etc.)
- Proximity to bus stops
- Laundry services or machines

For more information on amenities, types of housing in Ottawa and retirement homes, please visit: <http://www.myvirtualpaper.com/doc/fifty-five-plus-magazine/ultimate2016/2016041401/#0> (information sourced from Fifty-Five Plus Magazine)

Section 4c: Considerations when Developing a Seniors Housing Project Plan in Ottawa

Considerations When Developing a Seniors Housing Project Plan in Ottawa

The 2011 Canadian census reported that 13.2% of the population was over 65 years of age, and that this number is projected to grow greatly. The census also reported that 23.6% of seniors live alone, and 6.1% live on low incomes. These statistics illustrate that seniors are at risk of vulnerability, and there is a need for affordable supportive housing to reduce this risk. In order to create a successful proposal for an affordable supportive housing project for seniors, there are many Ottawa specific considerations that can impact the feasibility of the project taking off. The City of Ottawa recognizes that there is a significant need for affordable supportive housing, and that seniors especially are being hospitalized or moved into Long Term Care Facilities (LTCFs) prematurely as a consequence. To address this issue, the City of Ottawa has developed a program called Action Ottawa, with guidelines where organizations and community groups can submit Requests for Proposals to fund affordable supportive housing projects. The successful proposals receive funding from all levels of government to implement their housing project under the City's Ten Year Housing and Homelessness Plan. Listed below are considerations for organizations that would like to be successful when applying for funding to implement a supportive, affordable housing initiative for seniors.

The plan for your initiative should be reflexive of the housing needs of the area.

Understanding the demographics of the area, including ages, cultures, incomes, etc. is important when creating a housing plan to ensure the success and sustainability of the project. Projects that receive funding are filling a gap that needs to be addressed, such as a lack of affordable supportive housing for seniors in Ottawa. Knowing what the income levels of the target demographics are is need for budgeting how much funding will be, planning for subsidies and deciding on the rent needed to complete the project. For example, the Ottawa Neighbourhood Study has found that 11.6% of seniors live in low income, and only 27.2% of seniors in Ottawa have an annual after tax income over \$50 000. The Ottawa Neighbourhood Study outlines many factors, such as where seniors are living, with whom, with what incomes, etc. By looking into these types of data, a community group can better determine the needs of their community housing-wise, and gain a better picture as to what affordable means to their target population.

The plan should fit into the guidelines and objectives of the funder(s). To create affordable supportive housing for seniors in Ottawa, municipal, provincial and federal governments are often needed for financial support. Within each level of government there are specific expectations of the projects, and certain goals that must be met. The municipal government (City of Ottawa) has created Action Guidelines for organizations to follow. Action Ottawa sets out a Request for Proposals (RFP) for funding of housing initiatives. This serves as the first step for prospective non-profit supportive housing initiatives in Ottawa. The key objective of Action Ottawa is to “to target limited municipal resources to the most pressing housing problem - the need for a new supply of permanent, affordable housing for the lowest income people in our City, including those experiencing homelessness” (City of Ottawa, n.d.c). To achieve this goal, all proposals of future projects must meet the three criterions of:

- Increasing the supply of new affordable rental housing including meeting the housing affordability goals.
- Housing residents from the social housing registry waiting list including meeting the various types of housing needs.
- Contributing to the building of healthy communities.

Action Ottawa guidelines fit under the City of Ottawa's Ten Year Housing and Homelessness Plan, where the three priorities are: Everyone has a home, people get the support they need and that organizations, the city and community works together (City of Ottawa, n.d.c). The City gains its funding from the province and the federal government to support affordable housing projects. When a project is successful under the Request for Proposals program, the project's application is submitted to the Ontario Ministry of Municipal Affairs and Housing for funding approval under the Investment in Affordable Housing for Ontario (2014 Extension) Program (Canadian Mortgage and Housing Corporation, 2011). This program is funded by the federal government through the Canadian Mortgage and Housing Corporation's Investment in Affordable Housing initiative (IAH).

The IHA is a program set up to encourage the provinces to fund and support affordable housing developments. The federal government is investing \$1.9 billion on affordable housing spread across 8 years in each of the country's provinces and territories (Canadian Mortgage and Housing Corporation, 2011). Provinces are required to match the funding given by the federal government in each of their projects. Half of the IHA funding is to go towards increasing the amount of affordable housing units in Canada, and smaller sections are to go to increasing the quality of affordable housing, etc. The IHA's objectives include:

- increase the supply of affordable housing across Canada (49.5% of funding)
- improve and preserve the quality of affordable housing (19% of funding)
- improve housing affordability for vulnerable Canadians (23% of funding)
- foster safe, independent living (8.5% of funding)

Considering these objectives and allotments of funding, projects aiming to be successful in receiving funding should aim to model their housing initiatives to adhere to this guideline. If a non-profit project aims to receive funding, it is best to consider all of the goals and objectives of the funders, and collaborate so that all needs are met.

The plan should be sustainable, supportive and allow for aging in place. When funding has been approved to support an affordable housing initiative, it is important that the design and specifics of the building residents to age in place by having accessible supports. Affordable supportive housing, according to the United Way, is housing that is accessible, regardless of income, and has supports for seniors who are not living fully independently, but do not need to be in a long term care facility. Supports could include easy access to health care, recreational & social activities, transportation, assistance cooking or anything in between. The organization developing the project should know the area and target demographics needs when considering what supports to have nearby or on site. For example, The Carlington Community Health Centre's new

housing initiative will be composed of affordable housing units, with the medical clinic and other health services on the first floor. Creating on site supports, or ensuring there is adequate access to supports for residents will allow residents to age in place, as they will not necessarily need to move if a health complexity were to arise.

The plan should be inclusive. All affordable supportive housing initiatives and should accommodate and support marginalized populations, and understand as well as celebrate differences among residents. Organizations should set up codes of conduct, mission statements and ideals that will reflect the beliefs and actions of all residents and staff. When making decisions as to the layout or supports of the housing, it is important to have diverse stakeholders help to inform decision making. For example, having physically accessible facilities is very important when allowing residents to age in place. As well, it is important to establish respectful policies that will discourage exclusion or discrimination. Cultural considerations must also be made when looking at the demographics of who will be living in the house. Having culturally sensitive staff and supports are vital for sustainable, inclusive communities.

Section 4d: Successful Alternative Housing Models

Successful Alternative Housing Models

Life Lease Model- Luther Village, Waterloo Ontario.



The Luther Village was created non-profit community support group that holds a special focus on supporting seniors. The Luther Village is a retirement community that houses 450 older adults and provides two housing options for individuals over 55 years of age: one being a standard retirement residence, the Sunshine Centre, which requires a monthly rent, and the other being garden villas and atrium suites that can be purchased on a life lease basis.

Life Lease communities operate by allowing members to purchase the rights to occupy their homes in the built community at a set price. This is similar to buying a home or condominium, although buying into a life lease agreement comes with the protection of a set price (i.e. their homes will not depreciate in value). Life leases require members to pay monthly fees for shared amenities (\$600-1000/month), and contribute to a fund reserved for major renovations. Life leasing communities have many amenities on-site for their members, such as recreation centres, health care services, and other community services. Life leasing allows members to be a part of a community of like-minded people who are at a similar life stage, and allows residents to have their needs of life met within the community.

When one purchases a life lease, at the end of their occupancy, their home is guaranteed to be sold at the market price or can transferred to a loved one. In the event of an equity appreciation, half is given to the owners and half to Lutherwood (the non-profit organization), making this venture profitable for the start-up organization. These factors combined make the life lease option a favorable choice for many older adults wanting a secure investment from their choice of residence, and who want to be a part of a supportive, age-friendly community.

Life-leases are a unique form of housing, different from private ownership, co-ops or renting. They differ from co-ops, as members do not partially own the facilities in the community, just their own dwelling. This reduces some of the responsibility of living in a

co-op, while the closeness and connection to the community of a co-op remains. This style of residence is suggested to older adults who require little care, are active and independent. This style of residence is suitable for both more outgoing or shy adults, as participation in the community can vary based on personal interest.

Community groups such as Lutherwood benefit by owning life lease retirement communities, because it is equitable, profitable and directly benefits their organization. Developers, community groups, and faith groups could benefit by creating life lease style retirement communities as it is a sustainable venture and gives members the opportunity to remain connected to the community and age in place.

For more information, please visit:

<http://www.luthervillage.org/assets/general/Atrium%20Suites%20and%20Garden%20Villas.pdf>

Co-Housing- Wolf Willow Seniors Co-Housing Project, Saskatoon Saskatchewan



Wolf Willow Seniors Co-Housing Project is a housing initiative in Saskatoon, SK that opened in 2012. It houses 36 people who all bought their individual “condo” within the co-house, and share the common spaces, such as recreation areas, gardens, guest rooms and living areas. Co-houses often house a group of passionate, like-minded people who would like to live in a tight-knit community. In the case of Wolf Willow, the members (residents) met years before the opening of the co-house to advocate for its development, and to work with architects to design a complex that would sustain their group vitality.

In order to live in a co-house, one must purchase their private apartment, which includes a share of the shared space. By doing this, one becomes a member of the co-house. The group creating the co-house can become a corporation (generally made up of its residents) which technically owns the shared spaces. This allows the co-house to operate as a condominium for policy and regulation purposes, but the ownership, governance and management is very different from a traditional condominium. Members are required to manage the co-house and make vital decisions, often through consensus decision making, as co-houses aim for residents to have an equal say. Members are encouraged to be active participants of the development, planning and management stages. This model allows members to design their own living situations, and create a community that they feel welcomed in. Wolf Willow focuses on 3 pillars of sustainability: social, environmental and economic.

Wolf Willow Seniors Co-housing Project was a new build in 2012. Co-houses can arise from older apartment buildings or condos, but it was important to the members of Wolf Willow that their co-house had ample shared spaces so that the community could thrive within its walls. Wolf Willow cost \$7.4 million to construct, and “condos” were sold from \$275 000-457 000. Members can sell their unit and share of the co-house, but the new owner must be approved by the current residents of the co-house. This is a measure to

ensure that new members have similar values, and are a good fit for the co-house community.

Beginning a co-housing project requires a cohesive group of individuals who have similar aspirations regarding housing. To begin a co-house, there is a fair amount of money required in the planning, development and building of the project, meaning that prospective members must be able to pay their share required to complete the project. This requires individual wealth of members to afford a unit, and an established group with some common wealth for consultations and to partner with a developer. Creating a co-house is a manageable project for a driven group, and is a sustainable way for seniors to age in place.

For more information, please visit: <http://www.wolfwillowcohousing.ca/>

Eastern Ontario Christian Senior Citizen Co-Operative Homes Inc.



The Eastern Ontario Christian Senior Citizen Co-operative Homes Inc. is a non-profit housing co-op for older adults in the Ottawa area. Eastern Ontario Christian Senior Citizen Co-operative Homes Inc. was formed in 1982 as a faith-based housing initiative, as many members needed housing for themselves or their parents that was supportive and affordable. In 2009, this pre-established group applied for funding to vastly expand the co-op and received \$8.3 million to create a co-op housing complex with 69 units. Of these 69 units, 60% are reserved for low-income seniors, where the units are rented for below market rent or have rent geared to income rates.

Since this is a non-profit co-op, each member pays a monthly rent of \$715.00- \$1 048.00 to occupy their unit, and to have access to the shared space as well as partially own the whole complex. Currently, 160 residents occupy this co-op. Co-ops are generally self managed, as the members (residents) make group decisions on the maintenance and upkeep of the co-op. Non-profit co-ops are generally more affordable than renting.

The co-op expansion's application for funding was successful because the group was pre-established, and ready to "put their shovel in the ground". Often to get funding to create a housing project, being an established organization with sufficient start-up funds greatly helps. Having a plan drawn up and ready to go in a grant application is highly beneficial, as the funder wants to see guaranteed success. Since this plan offered accessible and affordable housing, the plan was more popular as it addressed a need in the community. Therefore, if another organization aimed to build a non-profit co-op housing complex for seniors, it is vital that they are addressing a need, have adequate status and funds, and have a plan that is ready for action.

We would like to acknowledge and thank Sharon Irvén of the Convivium Co-housing operation, and Jamey Burr, housing expert, for sharing their knowledge and expertise on alternative housing models. This segment was inspired by project profiles compiled by Jamey Burr, that outlined the design of alternative housing models.

Section 5: Seniors' Perspectives on Housing

Section 5a: Housing Focus Group and Survey Results

Housing Focus Groups- Summer 2016

Focus groups and surveys were conducted on July 27th, 2016 and August 24th, 2016 at the COA office. The events were created by Help For Mom, a for-profit organization that specializes in senior care and aims to educate older adults on their housing options. The events were publicized to members of the Council as well as through Help For Mom. The survey and focus group asked questions to seniors and caregivers about lifestyle, health and housing. 15 participants attended the July event and 17 attended the August event, completing a survey and participating in the focus groups. No compensation was given to participants, but a \$25 gift card door prize and snacks were offered as incentives to participate and as a 'thank you'. The participants were split up into groups of 3-6 individuals. 10 minutes were allotted to complete each of the two surveys (the first on health and wellness, the second on housing) and after each survey 15 minutes were allotted for the groups to reflect on the pre-provided discussion questions. Following the smaller discussion groups, a representative of each of the groups was asked to share their group's answers to the focus group questions, where a bigger discussion occurred. A note-taker was required to write down the smaller discussion groups' answers to the focus group questions. The focus groups ran from 10-12:30, and only relevant questions from the survey and focus group will be used in this analysis.

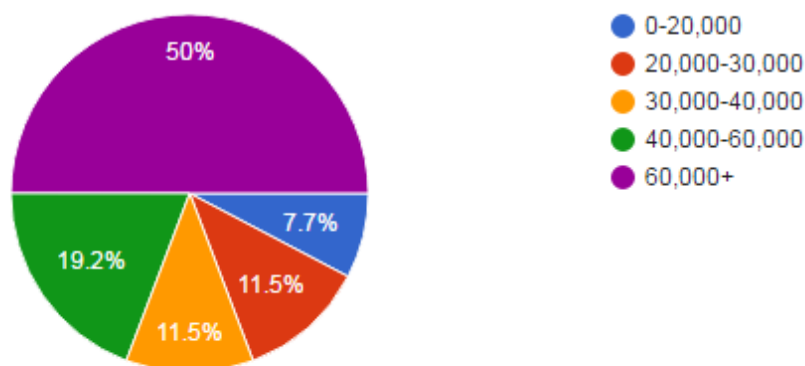
Survey Results

Demographics of Participants

The demographics of participants include 6 men and 26 women, with 68% of participants being 60-70 years of age, 25% being 70-80 and 7% being 80-90 years of age. 73.3% of respondents mentioned that they were not a caregiver, although many indicated in their own words or in the margin of the survey that they provide care for themselves. The health status of the participants greatly varied: 31.3% believed their health was excellent, 47% good, 18.8% ok, 3% poor, and none responded with very poor. The annual household incomes of the participants are as follows: 50% responded \$60 000+, 19.2% responded \$40 000-60 000, 11.5% responded \$30 000- 40 000, 11.5% responded \$30 000- 20 000, 7.7% responded with under \$20 000, and six participants did not respond (figure 1). 94% of participants responded that they continue to drive, and 6% indicated that they do not.

Figure 1.

What is your annual household income? (26 responses)

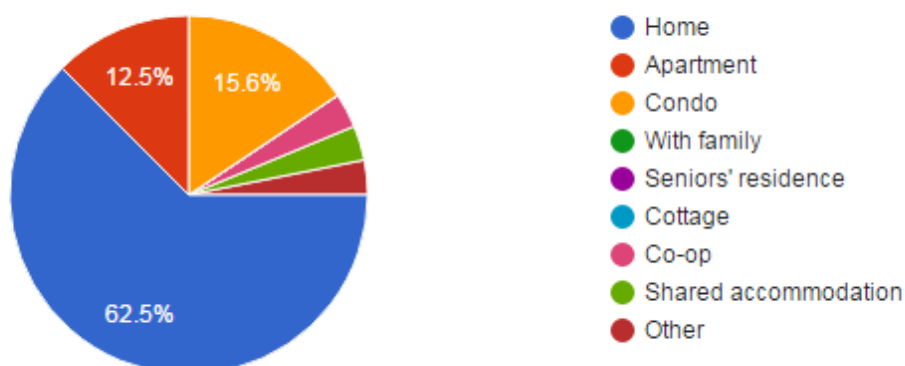


Current Housing Demographics

Housing was the focus of COA, and therefore mainly housing questions will be discussed in this analysis. The type of housing participants resided in varied greatly: 62.5% lived in a home, 12.5% lived in an apartment, 15.6% in a condo, and 3.1% lived in a co-op, shared accommodations home, and “other” respectively (figure 2). When asked where the participants lived, 71% responded urban, 29% said suburban and 0% said rural. When asked, “On average, what is your monthly mortgage or rent?” only 15 participants responded. 7 participants responded \$0-500, 3 participants responded \$500-1000, 4 responded \$1000-1500, and 1 participant responded \$1500-2000.

Figure 2

Where do you currently live? (32 responses)

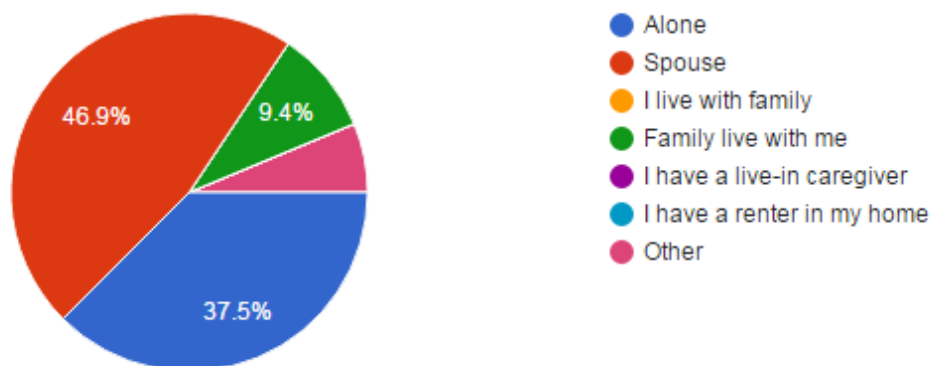


All participants answered the question “who do you live with?” (figure 3). 37.5% live alone, 46.9% with a spouse, 9.4% live with family, and 6.3% live with “other”. Continuing

on with questions about the participants' current living situations, "Can you afford your total monthly home expenses?" was responded by all participants with 90.6% yes and 9.4% no. Finally, when asked, "Do you plan to age in your current home?" as to allude to aging in place, 77.4% said yes, and 22.6% said no.

Figure 3

Who do you live with? (32 responses)

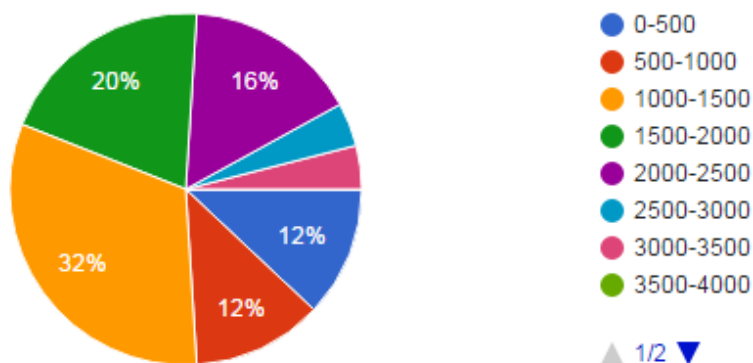


Affordable and Supportive Housing Questions

When looking at affordability, the participants had varied amounts of how much they could afford to spend on housing per month. 12% responded with \$0-500, 12% said \$500-1000, 32% said \$1000-1500, 20% said \$1500-2000, 16% said \$2000-2500, and 4% said \$2500-3000 and \$3000-3500, respectively (figure 4). The question had options ranging to \$5000+, but none of these options were selected.

Figure 4

How much can you afford to spend on housing per month? (25 responses)



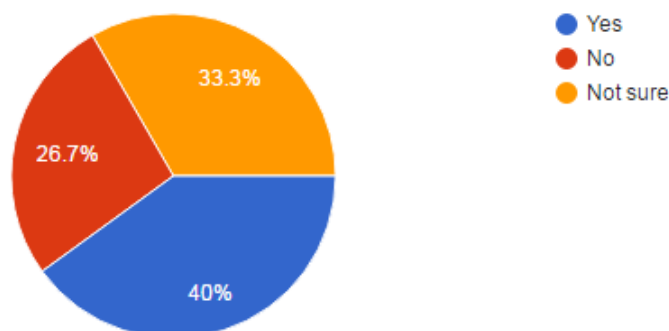
When asked, "In your opinion, are there housing options available to you that fit your needs and wants both practically and financially?" 26.7% said no, 40% said yes and

33.3% said not sure (figure 5). This shows that there is some degree of uncertainty in regards to the accessibility of affordable, supportive housing.

Figure 5

In your opinion, are there housing options available to you that fit your needs and wants both practically and financially?

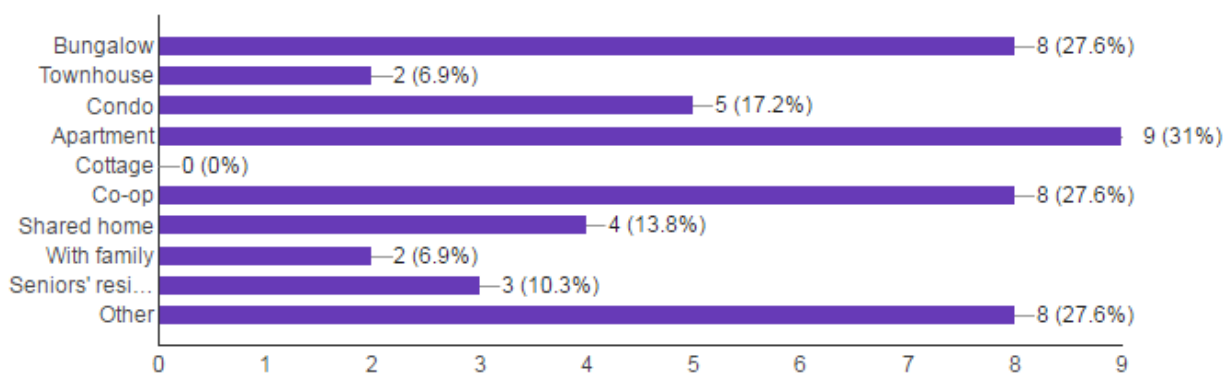
(30 responses)



When asked, “If you were to move, where would you like to move?” participants were given unlimited amount of options (i.e. they could pick multiple options, rather than just one) and 29 participants responded (figure 6). 27.6% expressed interest in living in a bungalow, 17.2% in a condo, 31% in an apartment, 27.6% in a co-op, 13.8% in a shared home, 10.3% in a seniors’ residence, 27.6% of participants responded that they would be interested in living in “other” forms of housing, and 6.9% responded in a townhouse or with family, respectively. No participants indicated that they were interested in living in a cottage.

Figure 6

If you were to move, where would you like to move? (29 responses)



In another section of the housing portion of the survey, participants were asked to rank how important or unimportant certain aspects of living are to them. The large majority indicated that having services accessible in their neighbourhood (groceries,

pharmacies, hospitals, seniors' centres, and churches, specifically) was very important to them. A smaller majority also indicated that maintaining the same services that they are currently using (same doctor, same place of worship, etc.) was very important, with a similar amount responding that it was somewhat important. Participants ranked remaining in their same neighbourhood with differing levels of importance, with no clear trend. The importance of staying in one's own home had varied results, with the majority saying it was more important than unimportant. Finally, participants were asked to rank how important it was to live close to their children. This question used the same very important to not important scale, without an option to indicate that the respondents do not have children. This might pose as a flaw in the data collected for this question, as not all participants indicated that they had children. The responses for this question also showed no clear trend.

Concerns with Housing

The survey included an open ended question, "What is your biggest concern about your current home?" where 30 participants responded. Key themes that emerged were the concern of not being able to age in place, due to the accessibility, affordability or supports of the home. Many expressed concerns about not being able to upkeep the home, again due to ability or affordability. Responses are as follows:

- Condo fees are high/ repairs high.
- I live in a one bedroom apt in a senior complex. I need more space for storage.
- Stairs. If my daughter moves on, I can't stay there alone.
- Not aging in place.
- Amount of upkeep- I need a good handyman.
- Cold downstairs in winter.
- It's ok- but this is a temporary arrangement.
- Using prices of everything- water, services, etc.
- Stairs inside and out.
- Upkeep in the future.
- Long term ability to afford.
- Wheel chair accessibility.
- Ability to get housework done.
- Municipal taxes- city just increased my taxes by \$1340.
- Too big and too much stuff - must declutter massively
- Two storey instead of one
- Stairs and continuing upkeep
- Keeping fit to do the stairs
- Too large, too expensive
- Amount of work to maintain home, accessibility and safety
- Too many concerns when we leave for the winter
- Stairs and rising costs, need for help
- How long I can stay there, full bathroom on 2nd floor, powder room on main floor, so no room to expand
- Improve some accessibility features, moving laundry to main floor basement
- Stairs

- It is important that there is good sunlight and space within the suite (e.g., a guest room/office and a room for dinner guests)
- House and yard maintenance would be difficult without my spouse

Perceptions of Long Term Care Facilities

The last section of the housing survey focused on the participants' perceptions of long term care facilities (LTCFs). Living in long term care is a reality for many older adults in need of assistance, as unlike with private housing options, LTCFs have subsidies and are affordable/accessible to all regardless of income. Participants were asked, "If the time comes would you want to move to a LTCF?." 42% responded no, 42% responded maybe, and 16% responded yes. Participants were also asked to rank their perceptions of long term care facilities on a scale from 1-10, with 1 being not good and 10 being very good. The average of the responses was 3.9 out of a possible 10, indicating that the average impression of LTCFs was poor among this group. 4 participants did not offer a number, but offered the comments "Depends on the facility, some are good some not so much" and "Some are better than others" instead.

Discussion Questions Results

The discussions that occurred during the focus groups were based on pre-determined questions created by COA staff and Help For Mom staff. This analysis is based on discussion questions from the Lifestyle and Housing components of the discussions.

Lifestyle Discussion

All of the groups were asked to discuss "what is important to you in your current day to day lives?" and "what concerns you as you age in your current day to day lives?" These open-ended questions encouraged the groups to discuss what they value in the activities that they participate in and what challenges they anticipate that they might have with these activities as they age. The groups all shared similar views on what they valued in their daily lives. The groups all discussed non materialistic factors that related to their overall happiness and wellbeing. Some discussed more social factors, such as involvement in the community, family and friends, remaining active, and personal contact. They also discussed the emotional factors that they valued, such as spontaneity, intimacy, happiness, and laughter. Finally, the groups all discussed the importance of their overall health as being key to all other aspects of their lives. The groups also discussed the concerns that they had with aging and how it would influence their daily lives. Their main concerns centred on finances, safety, and health. Many of the participants had financial concerns specifically about affording uninsured healthcare costs and maintaining financial independence. They were concerned about their safety in terms of living alone, mobility, and falling. The participants also discussed their health concerns. They were concerned with the onset of dementia, becoming less mobile and independent, and having adequate healthcare options available to them. Overall, the participants in the focus groups voiced the importance of independence and health and that losing these were two of their biggest concerns.

Housing Discussion

In the questions related to housing, the participants were asked to discuss their meanings of “own home” and what would help them to stay in their own home. They were also asked questions about their neighbourhood, how their neighbourhood would support them as they age, and the housing challenges faced by seniors in Ottawa. The groups had differing opinions on what they viewed as the meaning of own home. One groups discussed that it would be their current, long term house, while another group discussed that it was more related to choice and that it meant staying in a home of their choice. Other groups suggested that they viewed their own home as a somewhere where they can be comfortable, keep their dignity, and maintain their independence. This shows that own home can be viewed differently amongst seniors and can have different meanings.

Important factors to remain in own home. The participants’ discussions centred on two main themes: affordability, accessible homes, and support. Many participants discussed that financial assistance to maintain their homes would be important to allow them to stay in their own home or having more affordable housing options that they could move into would be important. The groups also suggested that having more accessible homes would be important in their homes. For example, they suggested that factors such as grab bars, wheelchair accessibility, walk-in tubs, main floor bedroom and bathroom, and main floor laundry would allow them to remain in their homes. They also discussed the importance of having affordable support services available to help them to stay in their own homes (e.g., emergency support, snow removal, personal support, etc.), which would reduce their likelihood of moving and contribute to removing safety risks. Social support was also an important consideration for the seniors in the focus groups. Many of the groups discussed the need to have visitable homes (i.e., enough space to host guests, party rooms and guest suites, in condo buildings, enough free parking for guests, accessible homes for guests, etc.).

Important neighbourhood amenities for seniors. The amenities that the seniors found as most important to stay in their own home as they age are medical care, transportation, bank, places of worship, community centres, public transit, parks with areas to walk and hike, and grocery stores. Some of the participants discussed that their current home does have all of these options that will allow them to age in place and most of the participants felt that their neighbourhood would allow them to age in place; however, a few participants discussed that their current neighbourhoods had limited rental opportunities, which would limit their ability to age in place. Some also discussed that there are barriers in their current home that will not allow them to age in place in the long term. The main concerns that the participants had about their current homes were that it was unaffordable, the maintenance (e.g., landscaping), and downsizing. In terms of downsizing, some groups discussed how upon moving it was very challenging to downsize from a large home into a smaller home and that it was an overwhelming task. Some of the participants suggested that to address these concerns they would want to sell their current home and purchase a new home or rent a new home. One group discussed that diet restrictions can really limit the extent to which they can move to a retirement home or into a co-housing living situation because often these

kitchens are not equipped to deal with their nutritional needs (e.g., diabetes, celiac disease.) All participants in this group agreed that it would be very useful to have an affordable service that would aid in the downsizing process. Most of the participants said that they would be comfortable moving into a new neighbourhood, especially if it had good public transit and was a community-based neighbourhood that was supportive and engaging and had affordable and high quality housing options.

Awareness of housing options and main housing challenges facing seniors.

When asked if they were aware of the various housing options for seniors in Ottawa, most the participants said that they were aware; however, some of the groups suggested that not all of their members were aware and that it would be beneficial to have more workshops available to seniors to heighten the awareness on housing options. The participants were also asked to share their opinions on the biggest housing challenges affecting seniors in Ottawa and to discuss how these challenges could be addressed. The groups all discussed that the main concerns for seniors' housing are the affordability of options for not just those in low income, but also those in the middle income bracket; the lack of rental opportunities for seniors; the availability of proper housing to suit each individual's needs with accessibility and availability of space; the upkeep costs of homes; and public transit availability in their neighbourhoods. The participants suggested that these concerns should be addressed on an individual basis, but could more broadly be addressed through the political willingness to respond to the large aging population, for politicians to act on their promises and discussions, to address these concerns more in the short term rather than long range planning and thinking, to not have such strong alignment with the private sector, and to address the changing needs of seniors. Participants also discussed that there should be more coordination between the LHIN, City of Ottawa, and community organizations. Additionally, they suggested that it would be important for seniors organizations and community organizations to work with developers to create facilities for seniors that better suit their needs and to create a universal age-friendly design for new apartment and condo buildings.

Overall, the housing discussion demonstrated that the participants want to be able to remain independent in their homes in a community-driven and engaging neighbourhood, which they felt could be facilitated through affordable and supportive housing options and services and greater coordination between stakeholders in the community.

Section 5b: Redefining “Own Home”

Redefining “Own Home”

The United Way Ottawa has a priority goal to “enable vulnerable seniors to remain living in their own homes and engaged in the community”. The United Way views the term own home as “the continuum of community living up to and including supportive housing but does not include those living in institutions”, as defined by Statistics Canada. According to this definition, institutions include: retirement homes, nursing homes, long term care facilities, and hospitals. The United Way estimates that 30% of seniors in Ottawa are living on low-incomes, and do not have the supports that they need to remain in their own homes. Without affordable and accessible supports, many of these vulnerable seniors must result to hospitalization or institutionalization in a long term care facility (LTCF), as they are often the only affordable option that vulnerable seniors are aware of and have access to. Since to many vulnerable seniors, the only clear housing options are their current dwelling, which might not be supportive, and a long term care facility or hospital, which is not always needed, it is important to investigate how the term “own home” is interpreted by seniors and what message using that term sends. By doing this, the United Way and the COA can assist seniors to “live independently in the community” rather than potentially remain in a home that is not supportive, or prematurely enter a LTCF as a result of not having adequate options or supports.

Personal Perspective of “Own Home” from Ottawa Seniors

A focus group and survey was conducted at the COA office, where 32 participants answered questions about lifestyle, health and housing. The event was organized by Help For Mom, an organization that aims to educate seniors on their housing options, and by the COA for their Affordable Supportive Housing Project, which is partially funded by the United Way. The survey and focus groups asked questions that examined the meanings of staying in one’s “own home” to Ottawa seniors, and the implications of those meanings.

The groups had differing opinions as to what own home meant to them. One group discussed that it was their current, long-term house, such as the single family dwelling that they raised their children in. This group suggested that moving to a new unit would indicate leaving their “own home”, which is contrary to how the definition is used by the United Way and Statistics Canada, as their focus is independent living in the community. Another group discussed that “own home” was more related to choice, rather than physical location or emotional attachment. This group felt that it meant staying in a home of their choice, which fits with the current usage of term. The last group suggested that they viewed their own home as somewhere where they can keep their dignity and maintain their independence. This group felt as though moving meant losing independence, and eluded that a move for them would be into a long term care facility. It is also important to note that this group felt that they could afford their current housing situations, but that the only other affordable housing option for them would be to live in a long term care facility, which the group viewed negatively. This shows that the term “own home” can be viewed differently amongst seniors and can have different meanings. A commonality between the three groups of seniors and their interpretations of “own home” is the key theme of independence and choice. Whether it be choosing to move or stay, the groups felt that having the independent ability to choose

their living situation created their home, as opposed to being forced to move to a LTCF due to declining health, for example.

77.4% of participants indicated that they were planning on aging in their current homes. Since many seniors viewed the term “own home” as remaining in their current home or where they choose to be, researchers wanted to gain a deeper understanding as to whether people felt they could age in place, and how age-friendly they felt their current homes were. The groups were asked to discuss “what would be most important to help you stay in your own home?” and the participants’ discussions centred on two main themes: affordability and support. Many participants discussed that financial assistance to maintain their homes would be important to allow them to stay in their own home, and that having more affordable housing options to move into would help. They also discussed that having affordable support services available would help them to stay in their own homes and reduce their likelihood of moving. The supports indicated as important for remaining in their own homes were: affordable options for snow removal, medical care, transportation, community centre, and grocery store. The focus groups mentioned that moving could be daunting, and that a support in downsizing homes would be beneficial for moving to a unit that would allow them to stay active in the community. Therefore, healthy aging in the community and staying in ones “own home” will require financial supports and community supports, as most participants expressed concerns about aging in their current homes, but do hope to remain in their current homes.

To refer back to the formal definition of own home, it is not necessarily the goal of the United Way or the COA that seniors remain in current homes, but rather that they live independently in the community. The United Way indicates in their priority goal that they would like to keep seniors from prematurely entering hospitals or LTCFs due to lack of supports. When asked, “In your opinion, are there housing options available to you that fit your needs and wants both practically and financially?” 26.7% of participants said no, 40% said yes and 33.3% said not sure. This shows that there is some degree of uncertainty in regards to if affordable housing options and supports are available.

Most participants indicated that they would not want to move into a long term care facility, unless very necessary. If “own home” is interpreted as ones’ current home, then seniors could be living in vulnerability due to lack of adequate support within their current units, or living in age unfriendly units. This could result in a health decline, making LTCFs or early hospitalization their only next option due to affordability. This shows that a preventative approach to providing health and community services would be beneficial, as needs of life can be met before a large decline, resulting in less premature moves to LTCFs.

In conclusion, seniors in Ottawa, the COA and United Way Ottawa share the same vision: for seniors to live independently in the community. The term “own home” has been interpreted in different ways, including living independently, remaining in ones’ current home, and having a say in where one lives. In order to reduce confusion over the term “own home”, “living independently in the community” could be used as a substitute that would better reflect what seniors in Ottawa want from their housing experience.

Section 5c: Lunch and Learn Age-Friendly Evaluation Responses

Lunch and Learn Age-Friendly Evaluation Responses- May 2012- June 2016

Lunch and Learn events are held by the COA multiple times every year. The aim of the events is to provide an accessible, age-friendly educational experience to seniors in the Ottawa area. There is a small admission fee, and seniors are encouraged to bring a lunch to eat while they learn about a new topic related to aging. Each session has a different topic, covering areas such as legal matters, driving, mental health and safety. After the Lunch and Learn event has finished, an evaluation is given to all who attend. One question focuses on how Ottawa can become more age-friendly, *“Based on the presentation, what do you think should be a priority in transforming Ottawa into an Age-Friendly city?”*. Using the results of this question, one can gain a better understanding as to what seniors in Ottawa think will help them age in the city and with good health and connections to the community. Below are the raw evaluation answers for the specific question about age-friendly Ottawa, followed by a summary of key themes regarding how Ottawa can improve in the eyes of seniors, and what should be focused on by the COA.

May 2012- Topic: Road Map to an Age-Friendly Ottawa

Answers:

- Communication- provide various avenues of disseminating information (i.e., radio, public announcements, community TV and church services). Have live people answering phones.
- Cut long lines for accessing services
- Affordable housing for seniors
- Education
- Accessible transportation- Para Transpo, affordable taxis and busses, volunteer drivers, etc. Increase bus routes to rural areas. Sidewalks and lighting in the streets also important.
- All areas of the city should be 100% accessible to everyone, including those in a wheelchair, deaf, blind, etc. Accessibility should also be considered for those with an intellectual disability.
- Recruit “champions” to help spread change in each of the areas. Start with no cost projects.
- Larger, lit street lights
- Make sure committees have a purpose and concrete goals. Talking is good, but action should follow.
- Basic needs of seniors should be delivered according to the requirements of each area in the city (urban, suburban and rural)
- Teach young children how to relate to older adults
- Have multicultural services
- Affordable and accessible housing
- Health and safety
- Clearing ice and snow important for safety and accessibility

- Focus on recommended actions and involve private sector. Provide tax initiatives for private sector.
- Don't lose sight of senior and senior needs in the rush to "inclusion". At 45 years the needs are those of anyone in the workplace- special needs, special treatment at any age.

September 2012- Topic: Seniors Transportation: Choices and Challenges

Answers:

- Better sidewalks
- Bike friendly roads and pathways (x2)
- Narrow the gap between the age and the city's "Older Adult Action Plan" and services to adults who are younger than 65
- Increased transportation into rural areas (x4)
- Increased availability for phone lines
- Increased free transportation options for seniors. Wednesday is not enough. (x2)
- More funding for Para Transpo as the number of people with disabilities is soon rising
- Use free speakers from Can Retire and FNSA to advocate/educate
- Make hospitals more senior friendly
- Repair roads and sidewalks, clean both of snow
- Increase traffic light timing (x3)
- Have more choices for transportation for seniors, like smaller busses for them.
- Increase French materials
- Very informative, carry on! (x2)

January 2013- Topic: Feeling Safe At Home

Answers:

- Health care, transportation, safety; establish a sense of community (i.e. Dancing, card playing, etc.)
- Less bicycle paths and routes- City Council spending money on foolish things- We are a northern climate
- More awareness of the fire and police services available, free of charge, for example: fire inspections, free carbon monoxide instillations system.
- A safe environment for seniors, especially isolated seniors to include transport.
- Education for seniors and their caregivers
- Mandatory safety events for elderly 60+
- A Bylaw for CO detection in all homes
- Community based senior housing
- Communication strategies
- Parking spots for older adults at mall; well lit, near door near lots of people.

May 2013- Legal Issues between You and Your Children & Marriage for seniors, a Second Time Around

Answers:

- Attention paid to elder abuse

- Increase social networking opportunities to reduce social isolation. This should include transportation for those needing it.
- Less begging on the streets. Ensure that homeless are provided with homes and treatment for their various issues.
- Putting road signs where they can be read at night. Sidewalks that do not slope as much and can be accessed by wheelchairs.
- Community centres for seniors that are free or low cost
- More info to seniors and more info available to them

March 2014- Topic: Shift Your Brain, Shift Your Life

Answers:

- We are making great progress in doing this already. That you to the COA for: exercise, education, music, entertainment, transportation.
- Continue Lunch & Learn in many languages in strategic locations around the city: Kanata, Stittsville, Orleans, and Centretown. Should be affordable and informative
- Increase in seniors recreation programs
- City staff attitude
- Implementation of Phase 2 plans including cooperation and partnerships with City of Ottawa and WHO. 1) Indicator project 2) ageism, health and economics.
- More awareness by the public for respect of residents, especially the elderly, and those physically and mentally handicapped and suffering dementia.

September 2014- Topic: Cholesterol, Blood Pressure & Naturopathic Medicine

Answers:

- Busses free for residents over 60 years old (x2)
- Making Ottawa a friendly city is a high priority
- Socialization opportunities for frail seniors including volunteering
- More exercise venues and promotion. More promotion of healthy diets to public
- Continual education for prevention for seniors. Already doing a great job
- Continue to offer lunch and learns
- Better transportation system
- Community health centres in every area
- Presenting more information brought the City to encourage better lifestyles and health choices for seniors
- Create a good transportation system, free exercise facilities, food for seniors, affordable housing, free education courses
- Lobby for less fats in foods
- More programs: educational, exercise, nutrition offered at no or low cost for seniors
- Social/exercise programs for seniors

February 2015- Topic: Planning for Retirement Home Living: Shifting from Savings to Spending

(Although did not ask directly about age-friendly) Answers:

- Cost of retirement home info needed more information about retirement homes in general would be beneficial.
- Need for gluten free retirement homes

March 2015- Topic: What is Normal? What is Alzheimer's?

Question (changed): *We are always looking for ways in which Ottawa could be made more age-friendly. Did today's topic make you think of some aspect of aging in Ottawa that needs improvement?*

Answers:

- More long term care and research (x2)
- More resources and improvement of facilities
- Various levels of government should work together to establish a central registry for support services for elder care
- Community involvement supporting quality of life for people living with dementia
- Canada needs a National Dementia strategy- city and province need to push federal government for strategies and funding
- More seminars throughout the city. Thank you!
- Free clinics for seniors or aged people only to feel the ease of attention
- Benefits for seniors such as seniors exercise programs as general ones could hurt the elderly
- Music programs using iPods in all long term care homes, especially ones run by the city
- Decluttering KON Mori Japanese's method, right sizing Keller Real Estate
- The idea to contact government is helpful
- Stop cutting basic hospitals, health care systems and services. Budgets should be improved
- Home care is very important
- Promote more of the lunch and learn sessions throughout the city
- Provision of chairs/seats in a lot more places
- More Para Transpo buses- priority, medical appointment.
- Caregivers need respite- alleviate wait lists
- Improved Systems Navigation, health literacy
- Knowledge is good
- More rigorous application of homes and long term care facilities standards. More frequent inspections.

January 2016- Topic: Community Programs that Support Seniors Mental Health

Answers:

- Seems like there are great resources currently available, so nothing comes to mind offhand.
- More support to SCWW
- Education and support
- Increase in free programming for seniors
- Get more publicity for Seniors Without Walls

March 2016- Topic: Four Legged Friends

Answers:

- Combat ageism and social isolation: educate service providers, seniors and the public at large
- Acceptance of a diverse population including folks with mild dementia
- Promote good treatment of animals
- Provide more pedestrian friendly streets, more benches/sit down areas
- Would be idea to have volunteer “respite” homes for pets belonging to seniors who are temporarily unable to care for them because of illness. My family currently does this for two families
- Public washrooms accessible to bus routes, walking and shopping areas.
- Special services in emergency for dementia, allowing patients to avoid 10 hour waits

May 2016- Topic: Age-Related Changes and the Impact on Driving

Answers:

- Easier mobility- it will be wonderful when the LRT is complete. Bring in the google self-driving cars. Narrowing the roads, widening the sidewalks isn't going to do it and that seems to be the city's goal.
- Keep the lines on the road well painted- fix bad roads- ensure signs, particularly street signs are obvious so one does not struggle to look for them.
- Lower property taxes for seniors
- Safer streets and protection from risk taking drivers
- Free exercising for seniors 60+, free education for seniors 60+, best use of older people.
- Written driving tests excellent- compulsory road tests for seniors 75+ annually
- Safer biking/walking paths/ mall walkers
- Enforcing speed limits. Adopting photo radar as a tool to enforce speed limits
- Better OC Transpo- more frequent buses
- Keep bikes off road- segregated lanes. Enforce rules of road with cyclists
- Better and more reliable public transportation: faster phase 2 LRT
- People should work together on the subject- allow the people itself to make the decisions
- Provide more space for seniors in parking lots like for “expectant mothers”
- Provide alternatives to driving so seniors don't feel they have to give up their activities.

Key Themes

- **Transportation:** Many are interested in increasing transportation options for rural areas. Many are also interested in more affordable transportation options throughout the city- more free OC Transpo days for seniors, reduced fares and senior shuttles were suggested. Para Transpo was also mentioned frequently, with older adults saying they would like the service to be amplified for the growing number of seniors with complex needs. Bike lanes were mentioned, with

most wanting the bikers to be in safer areas away from cars. Seniors very clearly want to be consulted and considered regarding City transportation decisions.

- Many suggested that **fixing roads and sidewalks** should be a priority. More walking routes that are central and accessible were suggested. Snow clearing was also mentioned as a high priority for the safety and accessibility of the city for seniors.
- **Communication:** Having a wide variety of methods to disseminate information. Having an increase in phone operators, and different varieties of advertising for seniors as the internet is not necessarily the best method to market programs, events, etc. to older adults. Seniors also want more access to information, especially regarding health.
- **Education:** Lunch and Learns should be held more frequently and in different parts of the city. A variety of topics surrounding successful aging would be beneficial. Many said they wanted more educational opportunities, and found the lunch and learn sessions to be effective and informative. Consider increasing the amount and expanding topics.
- **Street signs:** Many were concerned about the visibility of street signs. This could be because of pedestrian safety, driver visibility, or both. Many want longer walking times for crossing the street.
- Community health centres were suggested in every community, health information and **access to resources should be more accessible**. Seniors want information about healthy aging and how to keep a good diet, etc.
- An increase in **Seniors Community Centres** or accessibility of them was mentioned. Very many responses included wanting affordable or free fitness classes, ways to socialize, and inexpensive ways to recreate. This was brought up multiple times, including in the context of combatting social isolation.
- Many wanted more support for **caregivers** in the form of respite and day programs, others indicated a need for education for caregivers on the stresses of caregiving, etc.
- Themes around **ageism** and respect for older adults inter-generationally were mentioned. Consider ways to combat ageism or advocate for respect of older adults.

Section 6: Future Directions for Council on Aging of Ottawa's Housing Committee

**Section 6a: Council on Aging Housing Initiatives – A National
Perspective**

Council on Aging Housing Initiatives – National Perspective

To understand what other organizations related to seniors are doing about housing issues for seniors, below is a summary of various housing initiatives, advocacy work, and priorities that are conducted by other Councils on Aging in Canada. These can be used as examples to guide the COA's housing committee or to connect the committee with other organizations in Canada.

ONTARIO

Cambridge Council on Aging

Age Friendly Cambridge housing priority - <http://www.cambridgecoa.org/age-friendly/>

- Council on Aging created as a result of Age-friendly initiative
- Housing became one of five priorities in Age-friendly initiative and is one of the “current issues” for the Cambridge Council on Aging - <http://www.cambridgecoa.org/current-issues/>
- Provide information on the organizations that fall into housing sector of Age-friendly initiative and how the organizations can become age friendly - http://afc.uwaterloo.ca/community_sectors/housing.html

Grand River Council on Aging

Preliminary Age Friendly Community Summit Report

- Community summit series – one focus on housing in April 2016
- Provided an opportunity for seniors to gather and discuss what age-friendly housing meant to them
- Final report produced - <http://www.grcoa.ca/suite/pictures/ckfinder/files/Gathering%20%235%20-%20Housing%20Prelim%20Report.pdf>

Master Aging Plan

- Housing was identified as one of the top priorities for seniors in Brantford and the County of Brant - http://www.grcoa.ca/suite/pictures/ckfinder/files/MasterAgingPlan_Booklet.pdf
- Report includes seniors' perceptions and strategies to have more affordable and supportive housing for seniors

Hamilton Council on Aging

Improving Access for Seniors - <http://coahamilton.ca/resources/improving-access-for-seniors/>

- Program designed to bridge health and social service agencies and target diverse communities
- Program developed by HCOA in 2007
- In 2011, program was moved into more localized environments of City Housing Hamilton seniors apartment buildings

Peterborough Council on Aging

Seniors' Summit (October 27th, 2016) -

<http://www.peterboroughcouncilonaging.com/projects/seniors-summit/>

- Focus of seniors summit is “Designing Healthy Housing and Innovative Communities”
- There will be discussion on housing affordability and local successes and opportunities for a range and mix of seniors' housing

Age-Friendly Peterborough – Housing

- Produced a discussion paper on housing for seniors in Peterborough - <http://www.peterboroughcouncilonaging.com/wp-content/uploads/2016/04/3-Housing-FINAL.pdf>

OUTSIDE OF ONTARIO

Grand Prairie and Area Council on Aging

Seniors Outreach – Housing Queries -

<http://www.gpcouncilonaging.com/soservices.html#housing>

- Provide education and property tax assistance for seniors
- Works with the Grande Spirit Foundation for the Seniors Lodge program to provide independent, low income seniors with housing

Saskatoon Council on Aging

Community Resources for Housing - <http://www.scoa.ca/ehub/housing.html>

- General resources: Directory of seniors housing in Saskatoon, Housing for older adults (article on housing options), article on housing options for people living with dementia
- Housing Guides and Directories: Long term care homes, Personal care homes
- Links to housing resources and organizations in Saskatoon

Yukon Council on Aging

Home and Yard Maintenance Program - <http://www.yukon-seniors-and-elders.org/index.php/ycoa-services/ycoa-yard>

- Run by Yukon Council on Aging and funded by Yukon Housing Corporation
- Goal is to allow seniors, elders and disabled persons to remain in their own homes by making available a pool of workers to assist in doing those jobs that every homeowner faces
- Cost is negotiated between worker and client, but the goal is to provide workers for a fair and reasonable rate and all works have a background check completed by the RCMP

Section 6b: Action Plan from Previous Housing Committee

To provide a background on past activities and strategic directions of the Housing Issues Committee, below are the Terms of Reference from 2010 and Action Plan from 2008. The Action Plan for the Housing Issues Committee from previous years was developed in 2008 based on the Housing Forum in 2007 and the subsequent report “Housing Seniors: Choices, Challenges and Solutions” (in Housing Issues Committee 2012 binder).

Terms of Reference – 2010

Purpose:

The goal of the Housing Committee is to promote housing choice and advocate for high quality housing for seniors in the City of Ottawa.

Functions:

1. To advise the Board of Directors of the Council on Aging on housing issues and policies that affect seniors.
2. To study and evaluate the state of housing options for seniors within the City of Ottawa.
3. To inform and engage the general public about the housing conditions of seniors.
4. To initiate pilot projects in response to the emerging housing needs.

Membership:

The Chairperson of the Housing Committee is a member of the Board of Directors of the COA. Membership of the Committee includes representatives from the Board, government, diverse community groups, housing providers and the Comité directeur des affaires francophones.

Accountability:

The Housing Committee reports to the Board of Directors of the COA.

Housing Committee Action Plan – 2007-2013

Priority #1: Affordable Housing

With respect to each of the recommended strategies, the COA is in a position to take a lead in addressing the housing needs of seniors. We, therefore, recommend that the COA promote the following priorities and strategies:

1. Bring developers, other levels of government and community stakeholders together in order to develop a plan of action, which will result in the delivery of affordable housing for seniors in the private sector. Possible courses of action might include:
 - a. Introducing non-taxable low interest mortgages
 - b. Reducing development taxes in return for affordable units
 - c. Developing creative zoning in return for additional affordable units
 - d. Housing Insurance to protect developers and owners of affordable rental units from precipitous or unexpected income loss
 - e. Shelter allowances for elderly residents

- f. Lobbying for renewal and expansion of the Residential Rehabilitation Assistance Program (RRAP)
 - g. Graduated payment mortgages
 - h. Documenting and sharing information about best practices among private developers in other cities in Canada and elsewhere
- 2. Work with community stakeholders and the City of Ottawa in order to encourage the Government of Canada and the Government of Ontario to develop a national housing strategy, which includes affordable housing for seniors. Possible courses of action might include:
 - a. A long term vision or policy framework that tackles the problems facing seniors
 - b. A financial commitment by the federal government which shows a permanent commitment to the resolution of the housing problems facing seniors
 - c. A commitment to increase the supply of social housing, including below market units, for seniors and others
 - d. Adequate replacement reserves to upgrade and renovate the current stock of social housing
- 3. Collaborate with community stakeholders and the City of Ottawa to develop a plan of action for seniors in social housing. Possible courses of action might include:
 - a. Recognition of the short and long term needs of low and modest income senior households
 - b. Design and maintenance of designated buildings for seniors which allow for the integration of housing support services
 - c. Purchase and conversion of existing low rise small scale buildings to house seniors
 - d. Recognition of the needs of seniors to age in place
 - e. Assurance of accommodation for low and modest income seniors in different neighbourhoods of the city
 - f. Promotion of social housing units, including co-ops, for francophone seniors, and ethno-cultural minorities
 - g. Extension of supportive housing services to all senior residents of social housing who need them
- 4. Meet with non-profit housing providers to explore the feasibility of using potential surpluses made available as mortgages are retired in order to self-finance the supply of additional housing units and to ease the situation of longer term tenants, most of whom will be low and modest income seniors. Possible courses of action might include:
 - a. Maintenance of a mix of market and below market rent to strengthen the long term viability of the properties

- b. Provision of benefit mechanisms to renters to parallel benefits to homeowners such as the stabilization of rents to long term tenants who have paid market rent over a substantial period of time
- 5. Explore the feasibility of organizing public-private agreements with owners of retirement residences, the Ontario government and the City of Ottawa in order to develop affordable units within retirement residences. Possible courses of action might include:
 - a. The introduction of tax credits which take into account the high cost of accommodation in retirement residences
 - b. The extension of housing allowance and rent supplement programs to private retirement residences
 - c. The establishment of affordable targets
 - d. The creation of village models of retirement residences within larger development projects
- 6. Network with the community stakeholders and the City of Ottawa in order to ensure that the Government of Ontario develop and monitor standards for retirement residences. Possible courses of action might include:
 - a. Appropriate standards of accommodation, nutrition, health care supervision and case management
 - b. Requirement that all retirement residences meet standards within five years of the enactment of regulations
 - c. Establishment of training and certification requirements for retirement residence staff
 - d. Fostering an aging in place supportive living model within retirement residences
 - e. Promoting outcome rather than prescriptive measures
- 7. Consult with the Ontario Association of Retirement Communities Association (ORCA) and other stakeholders in order to encourage greater diversity within retirement residences. Possible courses of action include:
 - a. Increasing ethno-cultural diversity
 - b. Informing residents about different sexual orientations
 - c. Training staff about diversity issues
 - d. Employing more staff from minority backgrounds

Priority #2: Temporary Emergency Housing

- 8. Convene a meeting of service providers, community stakeholders, the City of Ottawa and other levels of government in order to develop a plan to address the specialized needs of seniors requiring temporary accommodation. Possible courses of action might include:
 - a. Providing necessary support services to address health, behavioral and social challenges
 - b. Recognizing that homeless seniors age faster than other seniors and building extra units to accommodate them

- c. Promoting alternative long term accommodation for homeless seniors with special needs
 - d. Subsidize, on a pilot basis, a limited number of dedicated units in retirement residences for the long term accommodation of homeless seniors with special needs
- 9. Undertake a study, in cooperation with the City of Ottawa, to explore the feasibility of increasing the supply of relocatable/mobile homes in order to house low and modest income seniors. Possible courses of action might include:
 - a. Assessing the extent to which relocatable/mobile homes are currently used in Ottawa and the region to house seniors on a temporary or permanent basis
 - b. Comparing the by-laws and development guidelines which regulate mobile homes in Ottawa and a selection of other municipalities in the province of Ontario and/or other provinces
 - c. Documenting the best and worst practices in the use of relocatable/mobile homes across Canada and the United States

Section 6c: Suggestions

Suggestions for Future Directions of the Housing Committee

1. Use data from the seniors' demographics section to help guide advocacy work on issues related to vulnerability, isolation, mobility, etc. Use this data to determine target neighbourhoods and areas, and advocate for strategic placements of affordable housing units and neighbourhood specific supports.
2. Advocate for vulnerable seniors populations to be a part of the discussion surrounding affordable housing and community supports. Often decisions and consultations leave out seniors' populations, such as LGBTQ2 seniors, Indigenous seniors, homeless seniors, ethnic minority seniors, and seniors who are new immigrants. Each population has specific considerations in regards to housing, and any new project should consult members of these populations. It is vital to work *with* and not *for* your population.
3. Focus on educating seniors on their housing options. The focus groups and research in this bundle indicated that seniors in Ottawa were unaware of the housing options available to them, and often felt that their choices were limited to either their current dwellings or long term care facilities, which are viewed poorly.
4. Continue to advocate for affordable supportive housing for seniors. Alternative housing models should be promoted and advocated for, as well as rent geared to income units should be increased, as senior renters are of high vulnerability.
5. Map affordable supportive housing options in a user-friendly fashion. The data exists, but has not been compiled in a useable, accessible way.
6. Advise community groups, faith-based groups, organizations, etc. that are interested in creating affordable supportive housing units to contact the City of Ottawa about their Action Ottawa grant program.
7. Consider the key themes and directions outlined in the age-friendly lunch and learn evaluation section to try to fill gaps within the community.
8. Consider the suggestions from the United Way's Affordable Supportive Housing Forum when deciding on future directions for action.
9. Encourage the municipal government to consult seniors on housing issues, and continue to provide opportunities for seniors to have their voices heard.
10. Advocate for a more inclusive definition of "own home" that is representative of the diverse perspectives of seniors.
11. Provide, create, or advocate for an online directory of seniors housing options, home services and resources.

12. Continue to lobby the municipal government for increased support services and affordable supportive housing using data provided in this bundle.
13. Advocate for the needs of caregivers, acknowledging that they are more than just extensions of their patient/loved one.
14. Use past Housing Issues Committee Action Plan to help guide the strategic directions for the current Housing Committee and to decide on possible courses of action to address housing issues.

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