

A STRATEGY FOR THE DIVERSIFICATION
OF HOUSING OPTIONS AND LIVING ARRANGEMENTS FOR
SENIOR CITIZENS IN THE CITY OF TERRACE, BRITISH COLUMBIA

BY

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ABSTRACT

In 1986 there were nearly 2.7 million Canadians 65 years of age and over. During the next several decades, the number of elderly Canadians is expected to continue to grow more quickly than any other age group. The growth of the elderly population, in conjunction with their basic right to adequate, affordable housing, necessitates that planners recognize and attempt to satisfy the unique housing needs and desires of elderly Canadians. In order for planners to appropriately meet the housing needs and desires of current and future cohorts of elderly persons, they must strive for the creation of a continuum of housing options and living arrangements suitable for a diverse range of housing needs within each community.

This thesis provides a strategy for the creation of a continuum of housing options and living arrangements for elderly persons in a small city: the City of Terrace in northern British Columbia. The process is divided into three phases: (1) an examination of a range of housing options and living arrangements encompassing independent, supported independent, and dependent living, (2) a profile of the City of Terrace which will identify the types and locations of existing housing and services for the elderly and clarify directions for future development, and (3) an analysis of the financial costs and the locational requirements of the housing options and living arrangements in order to determine which options are best suited to the present and future housing

needs of elderly Terrace residents.

The findings of this research indicate that there are a wide range of independent and dependent living housing options and living arrangements for elderly Terrace residents; however, there is a lack of supported independent housing options for seniors. Consequently, there is an emphasis on encouraging the development of supported independent housing options in the first five years of the ten year strategy.

A relatively small percentage of the total population of the City of Terrace is 65 years of age and over. Therefore, in an attempt to offer a range of housing options for a small seniors' population in the City, many of the housing options that are recommended can be developed in single family detached dwellings. The benefits of developing these options in single family homes include the ability to make more efficient use of uncrowded single family homes, the ability to create and dissolve an option for a single household without affecting other households, and the ability to create small scale developments of group living arrangements in existing single family homes and neighbourhoods. The creation of a variety of options throughout the community on a smaller scale helps to ensure that there will be a range of housing options encompassing independent, supported independent, and dependent options without risking the viability of these options because of the limited numbers of seniors in the community.

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CHAPTER 1
INTRODUCTION

INTRODUCTION

Canada's elderly population is growing at an unprecedented rate. The number of elderly Canadians, those persons 65 years of age and over, has increased from 2.4 million in 1981 to nearly 2.7 million in 1986.¹ Population projections that are based on continued lower birthrates, increased mortality rates, particularly among the elderly, and constant levels of migration, forecast a growth in the elderly population over the next several decades unparalleled by any other age group in Canada.² Projections indicate that Canada's elderly population will increase to 3.3 million by the year 2001.³ This rate of growth is expected to continue and, in fact, accelerate after the year 2006.

The population of elderly Canadians aged 80 years and over has been growing even more quickly than has the population aged 65 and over. In fact, the elderly population itself is aging. For example, in 1981 British Columbians aged 80 and over represented

¹Leroy Stone and Hubert Frenken, Census 1986 Focus on Canada Catalogue 98-121 "Canada's Seniors" (Ottawa, Ontario: Minister of Supply and Services Canada, December 1988), p. 17.

²Frank T. Denton, Christine H. Feaver and Byron G. Spencer, "The Canadian Population and Labour Force: Retrospect and Prospect," Aging in Canada: Social Perspectives, ed. Victor W. Marshall (Markham, Ontario: Fitzhenry and Whiteside, 1987), p. 26.

³Satya Brink, "Housing Elderly People in Canada: Working Towards a Continuum of Housing Choices Appropriate to Their Needs," Innovations in Housing and Living Arrangements for Seniors, ed. Gloria M. Gutman and Norman K. Blackie (Burnaby, British Columbia: Gerontology Research Centre, Simon Fraser University, 1984), p. 2.

19.6 percent of B.C.'s population aged 65 and over. By 2001, they are expected to comprise 26.4 percent of the elderly population.⁴

As well as growing in absolute numbers, elderly Canadians will be increasing as a percentage of Canada's total population. Canadians 65 years of age and older constituted 10.66 percent of the total Canadian population in 1986,⁵ an increase from slightly over 10 percent in 1981. By the year 2001 the number of elderly Canadians is expected to increase to 13 percent, and by 2031, when the entire baby boom generation has reached retirement age, projections indicate nearly 25 percent of the Canadian population will be 65 years of age and over.⁶

Today, as in the past, the majority of elderly Canadians live in large urban centres with a population of more than 100,000 persons: in 1986, close to 1.5 million elderly Canadians, or almost one half of all Canadians over 65 years of age, lived in large urban centres.⁷ Similarly, in British Columbia in 1981 the majority of elderly persons, 84.4 percent, lived in urban centres,

⁴Gloria Gutman, Ellen Gee, Belle Bojanowski and Darja Mottet, Fact Book on Aging in British Columbia, (Burnaby, British Columbia: Gerontology Research Centre, Simon Fraser University, August 1986), p. 3.

⁵Stone and Frenken, p. 17.

⁶Canada Mortgage and Housing Corporation, Housing Choices for Older Canadians (Ottawa, Ontario: Canada Mortgage and Housing Corporation, n.d.), p. 5.

⁷Gerald Hodge, The Elderly in Canada's Small Towns: Recent Trends and Their Implications, Occasional Papers # 43, (The Centre for Human Settlements, The University of British Columbia, 1987,) p. 15.

with 43.7 percent living in large urban centres with a population of 500,000 or more persons.⁸

As Table 1 indicates, however, there have been shifts in the locations in which elderly Canadians have chosen to reside. The last two decades have witnessed an increase in the number of elderly Canadians who live in smaller urban centres, with a population of between 10,000 and 99,999 persons, and small towns, with a population of between 1,000 and 9,999 persons.

⁸Fact Book on Aging in British Columbia, p. 22.

Table 1
Growth in the Elderly Population in Different Settlement
Types in Canada, 1961 - 1986

Settlement Type	Population over 65 years of age (000s)			
	1961	1971	1981	1986
Large Urban	594.3	799.2	1196.3	1459.9
Small Urban	195.5	287.0	361.8	389.1
Small Towns	177.8	234.6	285.5	279.1
Rural Farm	134.7	82.4	56.1	55.6
Rural Non-farm	288.7	340.9	461.6	516.8
Canada	1391.0	1744.1	2361.3	2700.5

Source: Gerald Hodge, The Elderly in Small Towns: Recent Trends and Their Implications, Occasional Papers #43, (The Centre for Human Settlements, The University of British Columbia, Faculty of Graduate Studies, 1987), p. 15.

Gerald Hodge, "The Seniors' Surge: Why Planners Should Care," Plan Canada 30:4 (July 1990): 5-13, p. 6.

Table 2
Growth in the Percentage of the Elderly Population
in Different Settlement Types in Canada, 1961 - 1981

Settlement Type	Percentage of population over 65 years			
	1961	1971	1981	1986
Large Urban	7.5	7.8	9.5	10.7 *
Small Urban	7.1	7.8	10.2	11.65*
Small Towns	8.8	9.4	12.5	13.5 *
Rural Farm	6.5	5.8	5.4	6.2
Rural Non-farm	8.3	9.1	9.5	10.2
Canada	7.6	8.1	9.7	10.7

* These percentages are derived from the average of a smaller breakdown of the urban population for 1986.

Source: Hodge, The Elderly in Small Towns, p. 15.

Hodge, "The Seniors' Surge," p. 7.

In addition to the growth in the absolute number of elderly persons in small urban centres and small towns, Table 2 indicates that the percentage of elderly persons in small towns and small urban centres in Canada has also increased dramatically in the last two decades. In 1986, the percentage of the population in small urban centres and small towns that was 65 years of age and over exceeded that of any other settlement type, as well as the national average in 1981 and 1986.⁹ It is undeniable that the improved availability of housing and services intended for elderly persons has made the choice of staying in or moving to small urban centres and small towns more appealing to the elderly.

The growth of the elderly population will place greater demands on existing accommodations for the elderly and will necessitate the creation of additional housing stock intended for elderly persons. In order to create housing that will be appropriate for current and future cohorts of elderly Canadians, planners of seniors' housing must consider six factors regarding the needs, demands and preferences of elderly persons.

First, Canadians 65 years and over, regardless of their income, desire options in housing. Elderly Canadians can be classified by four income level groups: those who own their homes and have a good retirement income, those who are house rich but

⁹Two provinces, Newfoundland and British Columbia, do not conform to these trends. The reason for this appears to be the large number of small, isolated resource towns in each of these provinces: these smaller resource towns typically have younger working age populations.

income poor, those with low income and no capital, and those who are poor and new Canadians who do not receive Canada Pension or Old Age Security.¹⁰ It is estimated that one-third of all seniors are dependent almost totally on government pension for income¹¹, and therefore, live at or just above the poverty line. Further, "women are the most affected by low incomes, 40.5% of all women are in the lowest retirement income group as compared with 24.8% of elderly men."¹² It is essential that planners recognize that each of these groups have distinct housing needs and desires about how to live that may be satisfied by different housing options and living arrangements.

Second, present and future cohorts of elderly persons are expected to live longer, healthier lives due to improved health care, to be more highly educated, and to have a higher income, on average, than past cohorts of persons 65 years of age and over.¹³ Moreover, elderly Canadians in the future will be more inclined to have saved and planned for their retirement years and have preferences regarding accommodation and lifestyle. As such, future cohorts of seniors are likely to be in a better position to demand

¹⁰Val MacDonald, "Seniors' Housing: What Seniors Are Saying," SPARC News Community Affairs In British Columbia, Winter 1988, p. 3.

¹¹Hodge, "The Seniors' Surge," p. 8.

¹²Hodge, "The Seniors' Surge," p. 8.

¹³Margaret Picard, "Congregate Housing for Seniors: What Works and What Doesn't," SPARC News Community Affairs In British Columbia, Winter 1988, p. 2.

a greater variety of housing options and living arrangements and to make decisions regarding choices in housing and lifestyle.

Third, elderly Canadians are not a homogeneous group. Canadians 65 years of age and over, like younger Canadians, differ in physical abilities, competency, and desires about how to live. It is also essential to recognize the growing number of elderly Canadians over 75 years of age and their increased demands on the community. Between 1991 and 2001, the number of seniors over the age of 75 years will grow 50 percent faster than those aged 65-74 years, and the number of seniors over 85 years of age will grow twice as fast as those between 65-74 years.¹⁴ The eldest Canadians are more likely to require supportive and dependent living housing options as well as some form of assistance in their daily lives. Therefore, it is imperative that there be a variety of housing options and lifestyle choices to meet a wide range of housing needs and desires about how to live.

Fourth, it is the preference of most elderly Canadians to remain independent in their home for as long as possible. Consequently, the National Seniors Housing Consultation recommended:

The housing and service options available should enable us to take responsibility for ourselves in our own homes and communities as long as possible.¹⁵

¹⁴Hodge, "The Seniors' Surge," p. 6.

¹⁵One Voice - The Canadian Seniors Network, 1989, p. 5. As quoted in Ron Corbett, "Coming of Age: A Profile of the Elderly in Atlantic Canada," in Plan Canada 30:4 (July 1990), p. 15.

Many innovative housing options and living arrangements would allow persons 65 and over to remain in their home with the help of informal social support networks that have been built up over the years with family and friends. Alternatively, some housing options and living arrangements enable the elderly persons to remain at home with the addition of new household members, such as homesharers, who can provide economic, psychological and/or physical support. These informal support networks often enable an elderly person to remain independent within the community, while alleviating some of the need for formal support systems or institutional care.

Fifth, research suggests that most elderly Canadians view family as "an extremely important source of emotional, social and practical support"¹⁶ and want to live near their adult children. However, they would prefer not to live with them. For example, a study conducted in London, Ontario in 1983 found that most respondents would live elsewhere rather than with their children if they could no longer live alone.¹⁷

Finally, a variety of housing options and living arrangements helps to ensure flexibility in the housing system for the elderly. The availability of a range of housing options and living arrangements that offer varied levels of independence and care, at

¹⁶Carolyn J. Rosenthal, "Aging and Intergenerational Relations in Canada," Aging In Canada: Social Perspectives, ed. Victor W. Marshall (Markham, Ontario: Fitzhenry and Whiteside, 1987), p. 311.

¹⁷Rosenthal, p. 316.

a variety of cost levels, increases the likelihood that an elderly person will be able to find suitable, affordable housing. Further, the availability of a range of housing options and living arrangements allows housing choices to be real choices, rather than choices by default.

Together, these six factors illustrate that planners should incorporate into community plans and zoning bylaws the freedom to develop a range or continuum of housing options and living arrangements for the elderly so that all elderly persons, regardless of income, will have access to a variety of suitable, affordable accommodation within their community. This approach to housing the elderly emphasises the need to introduce housing options that will address the void that exists in many communities between the extremes of independent living and residency in a care facility.

The provision of a range or continuum of housing options and living arrangements would involve the introduction of a variety of housing options and living arrangements from each of these categories: (1) independent living, (2) supported independent living, and (3) dependent living.¹⁸ Independent living is characterized by an elderly person or persons living in a single family dwelling, apartment, mobile home, condominium or other private dwelling. Independent living may involve minimal support from family and friends for such tasks as maintenance of the home and yard or household chores.

¹⁸Satya Brink, p. 14-16.

Supported independent living occurs in many of the dwelling types where independent living occurs; however, more extensive support services from family, friends or community services and/or special unit design, such as wheelchair access ramps, are required in order for these elderly persons to remain independent. Supported independent living also occurs in congregate care facilities or other seniors' oriented projects where on-site support services, such as prepared meals, emergency alarm systems, and special unit design facilitate semi-independent living.

Dependent living is defined as institutional care for persons in need of extensive services and care.

Purpose and Methodology

The purpose of this thesis is to develop and propose a plan for the creation of a continuum or range of housing options and living arrangements for elderly persons within a given community: the City of Terrace, British Columbia.

Terrace is a small, isolated community in northern British Columbia, 150 kilometres east of Prince Rupert. In 1986 the City had a population of 10,532 persons, 505 of whom were 65 years of age or over. Significantly, the City of Terrace has many more services than its population could normally support because the City is the service centre for many smaller communities in north western British Columbia. Because of the unique location and population characteristics of Terrace, several considerations must be taken into account. For example, Terrace, as a small, isolated city, has a lower than normal percentage of elderly persons in the population due to the predominance of younger working age persons in the community.¹⁹ Consequently, problems associated with providing a range of housing options for a relatively small number of elderly persons in the community must be addressed. In addition, the probability and impact of elderly persons from smaller communities surrounding Terrace migrating to the City must

¹⁹As noted earlier, in 1986, persons 65 years of age and over accounted for 11.65 percent of the total population in the average small urban centre in Canada. However, the percentage of elderly persons is much lower in small, isolated resource towns in British Columbia and Newfoundland which typically have younger working age populations. Such is the case in Terrace where, in 1986, persons 65 years of age and over only comprised five percent of the total population.

be considered in the context of population forecasting and planning for housing and services for elderly persons in Terrace.

The proposed plan for a continuum or range of housing options and living arrangements for elderly persons in the City of Terrace will incorporate some elements of independent, supported independent and dependent living arrangements. The range of housing options and living arrangements that will be proposed in this plan will attempt to satisfy a variety of economic, social, psychological and physical needs among the elderly population in the City of Terrace. Finally, the implications of the projected growth of the elderly population within the City of Terrace over the next 20 years will be considered in the development of this plan. Upon completion of this thesis, which will be prescriptive in nature, the City of Terrace and representatives of seniors' housing groups within the City will be able to use this work as a strategy for the implementation of a continuum of housing for the elderly.

There are four policy goals which underlie the purpose of this work.²⁰ The first is to improve the existing range and quality of housing for the elderly in the City of Terrace. This policy would require that there be available housing that meets or exceeds minimum standards and that such housing be available in a variety

²⁰Satya Brink, "International Experience in Housing the Very Old: Policy Implications for Canada," Housing the Very Old, ed. Gloria M. Gutman and Norman K. Blackie (Burnaby, British Columbia: Simon Fraser University, Gerontology Research Centre, 1988), p. 214-219.

of sizes, costs and designs to satisfy a range of needs and desires.

The second policy goal is to reduce the rate of unnecessary institutionalization among the elderly population. The purpose of this policy goal is to provide suitable housing choices to elderly Terrace residents who chose institutional care due to the lack of an alternative at the time of entrance to the facility. Ultimately, the creation of a range of supported independent housing options throughout the community would reduce unnecessary institutionalization and open up existing beds in institutional facilities for those persons who will require those services in the future. This consideration becomes particularly relevant in light of the growing population of persons over 75 years of age who require a greater degree of care in the institutional setting.

The third policy goal is to encourage aging in place, when desired and possible. In the past aging in place occurred naturally in the community, not as the result of a conscious policy. More recently, however, discussion relating to the concept of aging in place has recognized the importance of encouraging and facilitating aging in place through a variety of support mechanisms for independent and semi-independent elderly persons in the community.

This philosophy is acknowledged by Eileen Badiuk who believes the concept of aging in place has two dimensions. The first "reflects a belief in the value of independence and the right of

seniors to remain in their own homes."²¹ The second dimension is "concerned with the specific and tangible ways of assisting the elderly"²² to age in place. This second dimension requires the development and co-ordination of support programs and services which will meet the needs of the elderly who wish to age in place. Therefore, aging in place requires the supply of a range of housing options, living arrangements and community-based services that enable and encourage healthy, independent elderly persons to remain a vital part of their neighbourhood and community. As a final note, elderly persons should not feel compelled to age in place when doing so would prove to be burdensome or they would prefer to reside in another type of accommodation.

The fourth and final policy goal that underlies this thesis is that of providing housing-related services to elderly persons who require them in order to continue living independently. This goal is closely related to the success of aging in place and requires a focus on the total needs of the individual. The availability of formal community support services such as meals-on-wheels, emergency response systems, special transportation and home care services can ease the burden of living independently for many elderly persons who wish to age in place.

In order to develop a plan for the formation of a range or continuum of housing options for Terrace residents who are

²¹Eileen Badiuk, "Exploring the Option to Age in Place," in Plan Canada, 30:4 July 1990, p. 36.

²²Badiuk, p. 36.

currently or will in the next 10 years be 65 years of age and over, a three stage method of analysis will be employed. Each stage of analysis will form a chapter of the thesis. The first stage will be an investigation, by way of literature review, of a wide variety of housing options and living arrangements for elderly persons. Each of the housing options and living arrangements will be examined within the framework of independent, supported independent and dependent living in order to facilitate analysis in the fourth chapter. The second stage of analysis will involve the formation of a profile of the City of Terrace in order to assess current and future housing needs for elderly residents in the fourth chapter. This profile will include a study of the current and projected elderly population of Terrace over the next 20 years, a detailed inventory of existing housing and services intended for elderly Terrace residents, and an inventory of existing services in the City of Terrace that are not exclusively intended for seniors, but are used by seniors. The third stage of analysis will result in the selection of a suitable mix of housing options and living arrangements that will meet seniors' immediate and future housing needs in Terrace. Two categories will form the boundary of analysis for the suitability of the housing options: (1) the financial cost of developing the housing option or living arrangement including the availability of federal and provincial grants and subsidies for each seniors' housing option, and (2) locational requirements such as the ability to locate purpose-built units in proximity to necessary services and the ability to

locate any of the housing options or living arrangements in existing residential areas. Finally, the role the City of Terrace can play in encouraging and facilitating the development of desired housing options and living arrangements within the City will be considered.

CHAPTER 2

HOUSING OPTIONS AND LIVING ARRANGEMENTS FOR THE ELDERLY

Most Canadian communities offer independent and dependent housing options and living arrangements for elderly members of the community. Few, however, offer housing options or living arrangements for seniors that facilitate supported independent living. Many western industrialized nations, such as Great Britain, Australia and the United States of America, offer examples of unique supportive housing options and living arrangements for elderly persons that are not widely available in Canada. The inclusion of these options would significantly increase the variety of housing options and living arrangements for supported independent living in Canada.

In this chapter a diverse range of housing options and living arrangements for the elderly will be examined. A description of each housing option or living arrangement will be provided, followed by an analysis of the advantages and disadvantages associated with each housing option or living arrangement, from the perspective of the elderly resident, and, finally, the potential of each of the innovative housing options in Canadian communities in the future will be considered. To ensure that the full spectrum of housing options for the elderly will be examined, this investigation will include options that already exist in many Canadian communities and options that may be integrated into the existing system of housing for the elderly. It should be noted that some of the housing options that will be examined in this chapter are not exclusive to elderly persons: this is particularly

true of the independent living options. Finally, it is important to realize that not all of these housing options would have to be implemented in any one community in order for it to have an adequate continuum of housing options for its elderly residents.

INDEPENDENT LIVING

The majority of elderly Canadians choose to remain independent for as long as possible. In 1981, an average of 63 percent of all Canadians 65 years of age and over lived independently in their homes: 71% of those persons aged 65-69, 62% of those 70-79, and 56% of those 80 and over.¹ In British Columbia in 1986, 68 percent of British Columbians 65 years of age and over owned their home. When that percentage is broken down further, 72 percent of British Columbians aged 65 to 74 owned their home, and 61 percent of British Columbians aged 75 and over owned their home.² There are a wide variety of accommodations that facilitate independent living for elderly persons. The options which will be discussed in this section are single family detached dwellings, rental apartments, condominiums, co-operatives, non-profit seniors' housing, and mobile homes.

Single Family Detached Dwellings

In 1981, sixty percent of elderly Canadians lived in single family detached dwellings.³ Similarly, in 1986 the majority of elderly British Columbians, 56.2 percent, lived in single family

¹Brink, 1984, p. 3.

²Census Canada, 1986, The Nation: Population and Dwelling Characteristics. Dwellings and Households: Part 1, Catalogue 93-104, (Ottawa: Ministry of Supply and Services Canada), 1987, Table 11.

³Brink, 1984, p. 3.

detached dwellings.⁴ The likelihood of an elderly person living in a single family home, however, decreases with age. In 1981, about two-thirds of those aged 55-59 lived in single family homes, compared to just under one-half of those aged 75 and over.⁵

In 1981, the majority of elderly Canadian homeowners owned their homes outright: 60% of those aged 65 to 79 and 95% of those 80 years of age and over.⁶ Of those Canadians who owned their homes outright, over 90 percent of these homes were valued at less than \$75,000.⁷

The percentage of British Columbians aged 65 and over residing in single family detached dwellings actually decreased between 1971 and 1981 from 64.6 percent to 56.2 percent. This was due in part to the growth in the stock of multiple dwellings between 1971 and 1981, and the "resultant increased opportunities for the elderly to choose this type of accommodation."⁸ It is likely that this trend

⁴Fact Book on Aging in British Columbia, p. 49.

⁵Norman K. Blackie, "The Option of "Staying Put,"" Aging in Place: Housing Adaptations and Options for Remaining in the Community ed. Gloria M. Gutman and Norman K. Blackie, (Burnaby, British Columbia: Gerontology Research Centre, Simon Fraser University, 1986,) p. 4.

⁶Fact Book on Aging in Canada, 1983 in Blackie, 1986, p. 4.

⁷Goldblatt, Sylvia, "Current and Future Living Arrangements for Canada's Seniors," in Housing Canada's Elderly, (Winnipeg: University of Winnipeg Institute for Urban Studies), 1986. As quoted by Lynn Marie Guilbault in Housing British Columbia's Small Town Elderly, Master's Thesis, (Vancouver: University of British Columbia), 1989, p. 22.

⁸Fact Book on Aging in British Columbia, p. 49.

has continued throughout the 1980's due to the growth in the availability of multiple dwellings.

The Advantages and Disadvantages of Single Family Detached Dwellings

Homeownership offers elderly individuals a variety of benefits including the freedom to alter the structure of the home and design the outdoor living space to suit one's individual taste, the freedom to engage in an individual lifestyle, the security that associated with the increasing value of a single detached dwelling, a greater degree of privacy than is available in multiple unit dwellings, and eligibility for a homeowners grant.

There are, however, several disadvantages associated with homeownership which may affect an elderly person's decision to remain in or purchase a single family detached dwelling. These disadvantages include the need to maintain upkeep of the dwelling and outside property which may prove to be a burden for some elderly homeowners, the need to find persons willing to care for the home should the elderly homeowner(s) wish to travel for extended periods, the long-term financial commitment involved with homeownership, the cost of property taxes to homeowners, and the costs associated with repairs and improvements to the home.⁹

⁹Government programs which help to ease the economic burden for homeowners will be discussed in the fourth chapter.

Rental Apartments

Rental apartments are available in a range of sizes, including bachelor, one bedroom and two bedroom suites, styles and cost levels. Further, some apartment complexes offer a variety of amenities, such as a swimming pool and security parking for residents.

Apartment buildings with less than five storeys were the second most popular dwelling type for seniors in 1981 in British Columbia: 22.3 percent of elderly households chose this type of accommodation. Moreover, a further 10.9 percent of elderly British Columbians lived in high rise apartments in 1981. In addition, "elderly women are more likely than elderly men to live in multiple dwellings, regardless of their age group."¹⁰

The Advantages and Disadvantages of Rental Apartments

Residence in a rental apartment offers an elderly tenant many advantages including the freedom from responsibility for repairs and maintenance of the unit or grounds, the security that comes from having neighbours in close proximity, the convenience of having friends in the building, the possibility of social activities within the apartment complex, the opportunity to live in or near the city centre with access to community services, and the freedom to be away for extended periods on holiday without concern that their absence will be obvious because of a lapse in yard or home care.

¹⁰Fact Book on Aging in British Columbia, p. 49.

Residence in a rental apartment is not, however, without its disadvantages. For example, rent increases in market rental apartments are not predictable which may give some renters, particularly those on a fixed income, a feeling of insecurity, there is less privacy and less freedom to engage in activities which may bother neighbours due to the proximity of those neighbours, it may be difficult to get repairs done when they are needed, there is no freedom to make structural changes to the dwelling, there may be an increased danger of fire due to the negligence of other residents, and there is a limited amount of outdoor space such as lawns, balconies and gardens.

Condominiums

In 1981, 8.3 percent of the homes owned by household heads aged 65 and over were condominiums.¹¹

The purchase of a unit in a condominium project offers an individual exclusive ownership of one housing unit in a housing project and co-ownership of a portion of the common space and facilities. Condominiums may be created in an apartment, townhouse, duplex or a single family building which is part of a strata title project.

There are a variety of "adult-oriented" condominiums in British Columbia. The age of the tenants is restricted to those 45 and over by the condominium by-laws. These units tend to be one bedroom plus den or two bedroom styles, and the projects often

¹¹Fact Book on Aging in British Columbia, p. 47.

feature a number of amenities, good security and common outdoor maintenance.¹²

The Advantages and Disadvantages of Condominiums

Condominium ownership provides the elderly person security of tenure and the security of owning property, the opportunity to buy rather than rent a home in an area where land or single family homes may be scarce or expensive, the opportunity to take part in the management of the condominium project, and access to services and facilities usually only found in a rental project.

The disadvantages associated with buying a condominium include the absence of privately owned land, the problems that may be involved with group decision-making regarding maintenance and improvements outside the housing unit, the necessity to follow condominium regulations, and the obligations and responsibilities involved in co-managing the project which some elderly persons may not be willing to undertake.

Co-operative Housing

When an individual decides to live in co-operative housing, he or she must buy shares in the co-operative association, according to the value of their unit. The individual then becomes a member of the co-operative housing association which owns the housing units and property. The rent that is paid by the tenant each month

¹²Michael Geller and Associates Limited and Bob Burgess, Domain Management Limited, Development Controls for Seniors Housing, (Vancouver, November 1989), p. 14.

covers maintenance, taxes and other costs associated with the co-operative. Members of the co-op make decisions regarding the co-op jointly and are collectively responsible for the care and upkeep of the co-operative housing property.

There are two types of co-operative housing. The first is profit type co-op housing wherein the members may make a capital gain on their shares in the co-operative. A person buys shares which are equal to the market value of the unit, which, upon sale of the unit, are sold at market value when the person leaves the unit. The second type of co-op housing is known as a continuing not-for-profit co-operative. This is more popular than profit type co-op housing because the units remain affordable through the non-inflationary nature of the purchase and sale of shares which keep the buy-in cost at a minimum. In this case the member buys shares into the co-op upon entry, and when the member leaves the co-op he or she sells back the shares to the co-op at a price which is kept as close as possible to the price which the shares were originally purchased.

The Advantages and Disadvantages of Co-operative Housing

Co-operative housing offers elderly tenants a variety of advantages including security of occupancy, rights and regulatory powers over the project through collective ownership, the right to vote on increases in monthly charges as a member of the co-op, protection against inflation in the case of a continuing not-for-

profit co-op, and the opportunity as a group to provide for maintenance and improvements at a saving.

The disadvantages associated with co-operative housing are the dual financial obligations for members as individual tenants and as collective owners, the necessity to comply with the regulations established by the co-operative as a group, and the fee which must be paid before entry into a co-operative.

Non-Profit Seniors' Housing (Rental)

Non-profit seniors' housing is owned and managed by a non-profit housing society or the provincial government through the British Columbia Housing Management Commission (BCHMC). Rent may not exceed 30 percent of income. Single persons were, until recently, expected to occupy a bachelor sized apartment and one-bedroom units were reserved mostly for couples.

Tenants must be aged 55 or over in British Columbia to be eligible for housing managed by BCHMC. Tenant selection for this type of housing is based upon housing need, and there is no maximum income stipulated. In order to be accepted for this type of housing, the applicant must reside in British Columbia and have done so for at least two years prior to application. In a non-profit project, eligibility requirements may vary according to the management of the project.

The Advantages and Disadvantages of Seniors' Oriented Rental Apartments

Some of the advantages associated with residence in non-profit seniors' housing which is subsidized by BCHMC are the security that rent will not exceed 30 percent of income, the companionship and security that comes from having friends of one's own age in the building, and the possibility of recreation and craft programs in the building.

The disadvantages associated with living in a non-profit seniors' housing development are similar to those of living in any rental apartment. There is, however, one particular disadvantage to living in this type of housing: the size of the apartments will likely seem small to persons coming from a house or one or two bedroom apartment.

Mobile Homes

In 1981, 5.5 percent of elderly British Columbians lived in moveable dwellings.¹³

Mobile homes are self-contained, one-level units that are located on a "pad" or plot of land in a mobile home park or on a privately owned piece of property. As such, mobile homes offer the owner the freedom to choose the location of the site for their home, and the freedom to move that home if they so desire. In addition, mobile homes vary in size and interior design, making

¹³Fact Book on Aging in British Columbia, p. 49.

them appealing to persons with a variety of space requirements and tastes.

The Advantages and Disadvantages of Mobile Homes

Some of the advantages associated with ownership of a mobile home include their compact nature, the fact that they require less upkeep than conventional homes, and freedom of mobility. Moreover, mobile homes offer seniors an independent lifestyle in a unit that is designed to make efficient use of the living space available in the unit. Mobile homes also feature a lower purchase price than conventional housing. Further, the Canada Mortgage and Housing Corporation (CMHC) may provide refinancing in the form of a low interest, long term loan if this is desired, providing that the mobile home is located in an approved park. Since 1976 a Mobile Home Registry has been in place which provides protection to purchasers of used mobile homes and ensures that property taxes have been paid.

In terms of disadvantages, it is important that one buy the right size mobile home for his or her needs. If the unit is too small the tenants may feel cramped. It is also important that the buyer realize that, unlike other types of homes, mobile homes depreciate in value over time. Prior to purchasing a mobile home, one must check the structural soundness of the mobile home and ensure that it is CSA approved, which may be done by checking if there is a CSA sticker located on the door of the mobile home. Finally, it is important to be careful in the selection of a mobile

home park. It may help to talk to some of the residents of the mobile home parks. Also, depending on the location of the mobile home park, it may be subject to sell out if the land value escalates and the owner decides to sell.

SUPPORTED INDEPENDENT LIVING

The trend towards supported independent living may help to account for the increasing numbers of elderly Canadians who are living alone. In 1981, 26 percent of senior British Columbians lived alone.¹⁴ For Canada as a whole, by 1986, 25 percent of seniors lived alone.

In 1981, the majority of elderly men, 75.3 percent, lived with a spouse and/or never-married children. For elderly men 75 years of age and over, 64.4 percent lived in this type of family arrangement. However, for older women, the likelihood of living in such a family setting decreased dramatically with age: 60.4 percent of those aged 65-74 and 32.5 percent of those aged 75 and over.¹⁵

There has been a parallel increase in the number of elderly British Columbian women who live alone. In 1981, 31.5 percent of women aged 65-74 and 40.8 percent of women aged 75 and over lived alone. The rise in the number of elderly women living alone is a relatively new phenomenon: between 1961 and 1981 in British Columbia, "the proportion of women aged 65 and over living alone increased from 21.2 [percent] to 35.2 [percent]."¹⁶ Between 1981 and 1986 for Canada as a whole, the proportion of women over 85

¹⁴Fact Book on Aging in British Columbia, p. 43.

¹⁵Fact Book on Aging in British Columbia, p. 42.

¹⁶Fact Book on Aging in British Columbia, p. 42.

years of age who lived alone increased from 25 percent in 1981 to 28 percent in 1986.¹⁷

In 1981, 4.1 percent of elderly British Columbians lived in a "non-family" household made up of a persons occupying a private dwelling but not constituting a census family. A census family is defined as "persons living in the same dwelling who have a husband-wife relationship and/or a parent-never-married child relationship."¹⁸

The increasing numbers of elderly persons, particularly females, who would otherwise live alone helps to account for the rise in popularity of supported independent living alternatives. The supported independent living arrangements that will be examined in this section are supported independent living in the community, accessory apartments, in-law suites, homesharing, garden suites, Abbeyfield concept housing, and congregate housing.

Supported Independent Living in the Community

Most communities have Home Support Programs available to elderly residents who live independently. Two of the services which are available in most communities are meals-on-wheels and handy-DART and para-transit transport services. There is a charge for the use of these services. There are also some home support services which are provided by the provincial government including household care, personal care, and respite services. In order to

¹⁷Stone and Frenken, p. 10.

¹⁸Fact Book on Aging in British Columbia, p. 44.

receive these services an individual must be assessed by a provincial assessor and deemed to be in need of the service. It is also at this time that the assessor would establish how much the individual would be able to pay for the service, which cost \$6.00 per visit in 1990. For some individuals, the fee would be indexed to the individual's income. These programs provide a great deal of physical and emotional support to a healthy, independent, elderly individual who is in need of a limited degree of support services in order to remain independent in the home.

Accessory Apartments

An accessory apartment, sometimes referred to as a second suite or basement suite, is an independent dwelling unit within or directly attached to a single family home that is created by converting a portion of a single family home into a small self-contained apartment. Accessory apartments are distinguished from other living arrangements which also exist in a single family home by two factors: the primary unit and the accessory apartment each have a separate entry, and each unit has a distinct living space which includes a bathroom and a kitchen.

In spite of existing zoning bylaws prohibiting them in most Canadian communities, accessory apartments have become a popular housing option for Canadian homeowners of all ages. In fact, it is estimated that between 10 and 20 percent of single family detached

dwellings in urban North America contain an accessory apartment.¹⁹ An elderly individual may choose to convert part of his or her home to an accessory apartment and then live either in the primary unit or move into the accessory apartment. Alternatively, the elderly individual may choose to reside in an accessory apartment in another person's home.

The Advantages and Disadvantages of Accessory Apartments

There are a number of advantages that are associated with an elderly person converting part of his or her home to an accessory apartment. First, the extra income from the rental of the accessory apartment would increase the monthly income of the elderly homeowner and help to alleviate some of the costs of homeownership such as property taxes and home improvements. Second, the elderly homeowner may be able to arrange for help from the tenant with home and yard maintenance: the tenant may do house or yard work in exchange for a reduction in the cost of rent. This type of arrangement has been studied by SPARC, the Social Planning and Research Council of British Columbia, which found that in the District of North Vancouver 20 percent of tenants provided some type of service, such as outdoor maintenance or pet-sitting, to their landlord.²⁰ Some of the difficulties associated with living

¹⁹City of Vancouver Planning Department, "Secondary Suites: The Issues," Quarterly Review (April 1987), p. 17, as quoted by Lauri McKay and Janet Lee in Illegal Suites: Issue and Response, March 1988, p. 1.

²⁰Geller and Associates, p. 16.

alone, such as feelings of loneliness and isolation, may be eased by contact with the tenant. Further, the tenant could provide unobtrusive security for the elderly homeowner: the tenant could check in on the elderly homeowner on a regular basis to ensure he or she is well. Finally, the primary dwelling and the accessory apartment are separate units, so there would be virtually no loss of privacy for either party.

Some of the advantages that would be associated with an elderly person living in an accessory apartment in someone else's single family home are that the elderly renter would be free from responsibility for home and yard maintenance, the elderly renter would be less lonely than living alone in a house or apartment because of regular contact with the homeowner, and the elderly tenant would benefit from increased feeling of security in case of emergency that accompanies living in close proximity with other persons.

Some of the disadvantages that accompany accessory apartments are the problems that may arise with neighbours who do not want renters in their neighbourhood. There is also the possibility that the relationship between the homeowner and the tenant will not develop into a friendly one where frequent contact is desirable.

The Potential for Accessory Apartments

Accessory apartments are currently illegal in the majority of Canadian municipalities; nevertheless, existing accessory apartments provide an important and necessary housing form in Canada: affordable housing for those persons who could not otherwise find appropriate, affordable rental accommodation in the area in which they choose to live. This is particularly true of persons on fixed incomes, such as elderly persons, students and single parent families.²¹ It is for this reason that existing illegal units are not closed by civic officials unless there are complaints about the accessory apartment by neighbours.

Because of the illegal nature of accessory apartments, most existing accessory apartments have been created without the approval of municipal building inspectors. The inception of zoning bylaws sanctioning accessory apartments as a housing form would allow municipal government representatives to enforce building and safety codes as well as levy taxes on the rental income of owners of homes that contain accessory apartments.

In-law Suites

In-law suites are very similar to accessory apartments in that there are two separate suites within a single family home. The element that distinguishes an in-law suite from an accessory apartment is that the former is intended to provide housing to an elderly relative of the owner of a single family home. Unlike

²¹Lauri McKay and Janet Lee, p. 3.

accessory apartments, in-law suites are legal in many communities in British Columbia including Burnaby, Delta, North Vancouver City, North Vancouver District, Port Moody, Surrey, Vancouver and West Vancouver.²² However, zoning bylaws stipulate certain conditions which must be met for the in-law suite to remain legal such as occupancy of the suite by a relative, maximum unit size and the percentage of space which may be taken by the unit, additional off-street parking, compliance with building by-law standards, annual licensing, and registration of a covenant on title stipulating removal of the suite once the relative vacates the suite.²³

The Advantages and Disadvantages of In-law Suites

The main advantage of the in-law suite is the proximity between the elderly relative and his or her family. This proximity offers the elderly person security in case of emergency, occasional or regular meals, transportation, housekeeping assistance and the benefits of being close to one's family.

The disadvantages associated with an in-law suite include the lack of privacy which is likely to be involved with living in the same house as one's family, and the possibility that the elderly relative may be called upon to do chores for the family such as baby-sitting.

²²Geller and Associates, p. 17.

²³Geller and Associates, p. 16.

Homesharing

Homesharing is a living arrangement that is formed when a homeowner opens up his or her home to one or more persons, unrelated to him- or herself, who want to share a dwelling unit. Each person has some private space and shares common areas such as the bathroom, kitchen, living and dining rooms. Because homesharing requires the residents to co-habitate in many areas of the home, homesharers must be willing to accept some loss of privacy in these common areas.

There are two methods by which to enter a homesharing agreement: self-initiated and agency-assisted homesharing. The most common form of homesharing is self-initiated homesharing which develops from an informal, private arrangement that is negotiated by non-relatives who choose to live together in one dwelling. Agency-assisted homesharing, on the other hand, involves the use of a public or non-profit matching service, such as the Vancouver Homesharers Society, to help persons locate suitable house mates. The agency assists homeowners and homeseekers who are unable to or are wary of initiating a homesharing arrangement privately. The agency offers clients the convenience and security of having a third party screen, interview, and reference check potential homesharers. There is usually a fee for the service of matching clients.

Homesharing should not be confused with other living arrangements that appear to be similar to it. Homesharing is characterized by resident-ownership and a sense on the part of

residents that they are participating at a high level of responsibility in the management of the house.²⁴ Boarding homes, congregate housing, and Abbeyfield homes are therefore not included in the category of homesharing because none of the tenants own the dwelling and there is little or no involvement on the part of the residents in the management of the home.²⁵

The Advantages and Disadvantages of Homesharing

Homesharing is currently a legal alternative by which to share a home, although it does not offer the degree of privacy that accessory apartments would. Homesharing offers the elderly homeowner the advantages of economic help with housing costs, physical help with the care of the home and yard, companionship and security in case of emergency due to the proximity of the other homesharer(s). Alternatively, an elderly person may choose to seek a homesharing arrangement in someone else's home in order to receive housing at a relatively low cost and gain some companionship and security through the homesharing arrangement.

One of the major disadvantages of homesharing has proven to be unreasonable expectations about the homesharing arrangement. For example, the elderly homeowner may expect the tenant to provide a

²⁴Norman K. Blackie, "Alternative Housing and Living Arrangements for Independent Living," Journal of Housing for the Elderly 1 (Spring/Summer 1983), p. 79.

²⁵Norman K. Blackie, "Shared Housing: Principles and Practices," Innovations in Housing and Living Arrangements for Seniors, ed. Gloria M. Gutman and Norman K. Blackie (Burnaby: Simon Fraser University, Gerontology Research Centre, 1984), p. 133.

greater degree of companionship, personal or health care than the tenant is willing to provide. Further, homesharers may not be prepared for the loss of privacy they will encounter, particularly in common areas of the home. Finally, homesharers may simply find that they are not compatible once they begin living together. Homesharing requires a great deal of commitment to the arrangement by both parties; therefore, it essential that they both have similar expectations regarding the arrangement prior to moving in together.

The Potential for Homesharing

The potential for homesharing would seem to be great due to the high numbers of elderly who own their own homes and the fact that such a great majority of these homes are uncrowded.²⁶ Three-quarters of the single family detached homes owned by elderly Canadians are two- or three-bedroom houses;²⁷ therefore, the potential exists for a great number of these uncrowded homes to be shared by outsiders. Further, homesharing is not prohibited by existing zoning bylaws in Canadian municipalities.

Homesharing, however, is not for everyone. The importance of privacy increases with age, and the "loss of privacy brought on by

²⁶Kevin J. Eckert and Mary Ittman Murrey, "Alternative Modes of Living for the Elderly," Elderly People and the Environment, Ed. Irwin Altman, M. Powell Lawton and Joachim F. Wohlhill, (New York: Plenum Press), p. 105.

²⁷Fraser, 1982, in Blackie, 1986, p. 4.

home-sharing may be its greatest liability."²⁸ Proper screening of clients interested in homesharing and a clear explanation of the advantages and disadvantages of homesharing to ensure that homesharing is the proper option for that person will help to ensure that clients are happy with the arrangement.

Garden Suites

Garden suites, also known as granny flats, PLUS units (Portable Living Units for Seniors), or ECHO housing units (Elder Cottage Housing Opportunity), are self-contained, detached dwelling units that are placed in the rear or side yard of an existing single family home for use by an elderly individual. Garden suites tend to be located on the property of the elderly tenant's relatives, usually an adult child of the elderly person, and are designed to ensure maximum privacy and independence of the elderly tenant while placing the elderly person in close proximity to his or her relatives. A garden suite contains one or two bedrooms, a kitchen, living room, and dining room, as well as storage space and laundry facilities. The garden suite is connected to the utilities of the primary dwelling.

Ultimately, the opportunity may exist for an elderly person who is a property owner to place a garden suite on the lot of a single family home which he or she owns and rent out the single family house to either his or her adult children and their family or to an unrelated family. In the United States, there are zoning

²⁸Eckert and Murrey, p. 105.

ordinances in some communities which allow the property owner to live in either one of the dwellings on the property, although a family relationship (by blood, adoption or marriage) is often required.²⁹

The Advantages and Disadvantages of Garden Suites

Garden suites offer a variety of advantages to both the elderly occupant of the suite and the host family. First, the garden suite features a barrier-free design and adaptability of the unit for those in a wheelchair, lower maintenance demands, security due to proximity, quick response from the host family in the case of emergency, available transportation, personal and health care, home care, and occasional meal preparation if necessary.

The advantages associated with permitting the elderly person to live in a garden suite on property he or she owns include the ability to remain in familiar surroundings, maintain ties with old friends and community services, and maintain a feeling of independence as opposed to living on the property of one's children. However, someone (perhaps the renter in exchange for lower rent) may have to aid the elderly person in maintenance of the primary home.

Some of the disadvantages associated with garden suites include the smaller living space of the unit, and the perceived

²⁹Patrick H. Hare and Linda E. Hollis, ECHO Housing: A Review of Zoning Issues and Other Considerations (Washington, D.C.: American Association of Retired Persons, 1983), p. 14.

loss of independence and privacy associated with living on an adult child's property.

The Potential for Garden Suites

Garden suites are intended to serve a small sector of the elderly population "that wish to live independently in the community, while receiving some degree of assistance from their family."³⁰ In 1987, CMHC, BCHMC and the Manufactured Home Association sponsored the manufacture of a demonstration garden suite which was exhibited throughout British Columbia. However, there are still no true examples of garden suites in British Columbia. Zoning ordinances preclude the placement of garden suites anywhere except perhaps in agricultural zones "where a second dwelling is permitted with the intention of accommodating a farm labourer."³¹

Before garden suites can be a viable housing option for the elderly in British Columbia, several obstacles must be surmounted including the administration and cost effectiveness of garden suites, and the development of regulations which will control occupancy of the units. As well, a system must be established that would not allow inertia to slow the placement and removal of garden suites. It is also essential that the effect of garden suites on

³⁰David Spence, "Granny Flats: The Ontario Demonstration," Aging in Place: Housing Adaptations and Options for Remaining in the Community, ed. Gloria M. Gutman and Norman K. Blackie (Burnaby: The Gerontology Research Centre, Simon Fraser University, 1986), p. 38.

³¹Geller and Associates, p. 18.

the single family community be considered so that problems associated with increased density, increased demand for services, and the impact on property values are dealt with prior to the placement of such units in the community.

Abbeyfield Concept Housing

The Abbeyfield Society is an international, charitable organization which provides a supportive living environment for lonely elderly persons whose present environment may negatively impact on their health and well-being. The members of the Abbeyfield Society are locally-based persons who volunteer their time and services to help create and manage housing that meets an unmet need: community-based housing for independent, healthy elderly persons who do not want to live alone.

Abbeyfield houses are the size of large single family detached homes and, ideally, are integrated into a single family residential area. Preferably the new residents of an Abbeyfield house would have lived in the community before moving into the Abbeyfield house. This would allow these elderly persons to remain in a familiar environment close to old friends and well-known services. Occasionally, however, the link between the community and the residents of this Abbeyfield house may be the relatives of the residents.

The housing provided by the Abbeyfield Society is unique. It is essentially agency-sponsored shared housing in that a local Abbeyfield society purchases or builds a dwelling unit, and then

interviews interested persons to determine who will live in the home. The local society holds ultimate responsibility for the maintenance and management of the home and arranges for housekeeping services for the elderly residents.

In most cases, six to eight persons, usually women, live as a family in an Abbeyfield house. The members of the household each have their own bed-sitting room, sometimes including a sink and minor cooking facilities, and bathroom. The bed-sitting room is furnished by the resident with his or her own belongings, and the elderly resident is responsible for keeping this area tidy. The bed-sitting rooms are large enough for the elderly person to enjoy private moments or entertain guests should they desire to do so. The household members share the rest of the living space and eat meals together. A live-in housemother prepares all the meals, maintains the common areas of the home and provides social support to the residents. Each of the resident's rooms has an intercom in it to call the housemother should aid be needed.

The Advantages and Disadvantages of Abbeyfield Concept Housing

Abbeyfield concept housing offers its residents a unique housing option where the residents have the benefits of both private living space in the bed-sitting rooms and communal space in the common areas of the house. In addition, the residents have prepared meals, social support, and help in case of emergency with the aid of the housemother. The disadvantages of Abbeyfield

concept housing include the problems associated with learning to live with a number of other persons in the same home.

The Potential for Abbeyfield Housing

Abbeyfield housing is very popular in British Columbia: the first Abbeyfield house was created in Sidney on Vancouver Island in May of 1987. By November of the same year the house had a waiting list of 20 people for 9 spaces in the home.³² There are now a number of Abbeyfield houses in British Columbia including houses in Oak Bay, a suburb of Victoria, Kelowna, and the recent acquisition of a house for renovation by the local society in Vancouver. The potential for Abbeyfield housing is dependent on the willingness of a community to create a local society and join the national society, accumulate the necessary finances needed to build or buy a house, and gain a zoning amendment, if necessary, for the site. If local societies are successful in attaining financial backing and zoning to allow for construction or possession of a house, they should not have any difficulty in finding residents from the local community who wish to live in an Abbeyfield home.

Congregate Housing

Congregate housing is defined as a "residential environment which incorporates shelter and services needed by frail, but not ill, elderly to maintain or return to a semi-independent lifestyle

³²Jacquie Goodwin, St. Andrew's Abbeyfield Society, Sidney, British Columbia, Personal interview, 18 November 1987.

and to avoid premature institutionalization as they grow older."³³ Congregate housing combines aspects of independent living and a sheltered environment. The resident usually lives in a self-contained apartment with some cooking facilities, and the housing project is typically patterned after a hotel rather than an institutional facility. Congregate housing offers a variety of services to the residents including at least one meal per day in a common dining room, weekly housekeeping and linens. Other services which may be included are activities, preventative health care, transportation and counselling. Neither nursing care nor continuous staff supervision of residents are offered in a congregate housing project.

In Canada, congregate housing is usually located in large, purpose-built facilities; however, in smaller communities congregate housing could be located in a large house in a residential neighbourhood. In this case congregate housing would offer a more limited number of services such as meals, 24-hour security and housekeeping help to a group of five to ten residents. Regardless of the size of the project, congregate housing units should be situated so that the residents, even the frail elderly, can remain an integral part of the community. Hence, it should be located in an area that is not on the fringe of the community or

³³Vivian F. Carlin and Ruth Mansberg, If I Live to be 100 Congregate Housing for Later Life (New York: Parker Publishing Company, Inc., 1984), p. 4.

isolated from services that elderly persons use frequently such as banks and stores.

The Advantages and Disadvantages of Congregate Housing

The advantages associated with congregate housing include the benefits of private space in an apartment, combined with a variety of on-site services. The major disadvantage of congregate housing is cost: congregate housing, is one of the most expensive housing alternatives available in Canada.³⁴

The Potential for Congregate Housing

As our elderly population increases and continues to grow older, the potential for service-rich housing will also increase. This is a relatively untapped housing form in Canada that is only now beginning to gain momentum (e.g., Hollyburn House in West Vancouver and Parkwood Manor in Coquitlam). While the majority of new congregate housing units are large scale projects with at least one hundred tenants, in a smaller community it would be advantageous to integrate smaller congregate care homes in single family neighbourhoods. Smaller congregate housing would help to ensure that the residents do not have a complete range of services on-site and therefore must sometimes leave the project for errands or entertainment. Thus, there would be a continuing relationship between the congregate housing residents and the rest of the

³⁴The costs associated with congregate housing will be discussed more fully in Chapter 4.

community so that the elderly residents of congregate housing would remain an integral and vital part of the community.

DEPENDENT LIVING

Contrary to popular belief, most elderly persons in British Columbians do not live in institutions. In 1981, only about 8 percent of elderly British Columbians were residents of "collective dwellings" which are "defined by Statistics Canada as including nursing, chronic care and old age homes; hospitals; religious institutions; hotels, motels, tourist homes, YM/YWCAs, etc."³⁵

All care facilities in British Columbia are licensed by the Ministry of Health Continuing Care Division, whether they are subsidized or privately-owned, non-profit or public facilities. The licensing requirements, which have been created in the interest of patient care, stipulate that "facilities must comply with minimum room, space, staffing, and management requirements as set out in the Community Care Facility Act and Adult Care Regulations."³⁶ The variety of services which are offered at care facilities include meals, housekeeping, linens and laundry, personal and nursing care, recreational activities and transportation. The average of a resident is over 80 years of age; however, it is important to realize that eight percent of all care facility patients are under 65 years of age.³⁷

³⁵Fact Book on Aging in British Columbia, p. 42.

³⁶Geller and Associates, p. 30.

³⁷Geller and Associates, p. 31.

Personal Care

Personal care is "the type of care required by persons of any age whose physical disabilities are such that their primary need is for room and board, limited lay supervision, assistance with some of the activities of daily living and a planned program of social and recreational activities."³⁸ Personal care is also available for persons with mild mental disorders who need room and board and limited non-professional supervision within a supportive environment. Facilities which provide this type of care have been called Rest Homes or Boarding Homes, but the Departments of Health and Human Resources refer to them as Personal Care Homes.

Intermediate Care

Intermediate care facilities provide all of the services available under personal care, as well as daily professional nursing supervision and, for some, psychiatric supervision. A professional supervisor, such as a graduate nurse, must be in charge of resident care on a daily, rather than 24-hour, basis. Residents in an intermediate care facility must be ambulatory, that is, the resident is not bed-ridden, or be able to use a wheelchair independently. Intermediate care has a mandate to care for persons aged 19 years or over who require these services.

³⁸Centre for Continuing Education, Housing Information for those Approaching Retirement, 4th ed. (Vancouver: Centre for Continuing Education, The University of British Columbia, September 1986), p. 8.

There are three levels of intermediate care. Intermediate Care I "recognizes the individual who requires moderate assistance with the activities of daily living and minimal professional care and/or supervision."³⁹ Intermediate Care II is intended for the individual who has more complex care needs and requires additional professional care and/or supervision. Intermediate Care III primarily recognizes the individual who exhibits severe behavioral disturbances on a continuing basis and who presents a significant management problem. This level of care also recognizes the individual who has very heavy care requirements and therefore demands significant staff time to manage. As a result, Intermediate Care III requires considerable supervision and/or assistance under the direction of a health care professional.

Extended Care

Extended care facilities are designed for persons with a severe chronic disability who require 24-hour a day professional nursing services and continuous medical supervision. In order to be eligible for this type of care, the individual will require regular and continuing medical supervision and professional nursing care beyond that available in an intermediate care facility. The individual may or may not be independently mobile. The individual would not require all the services available in an acute care hospital.

³⁹Jeremy Tate, Long Term Care Facilities: Overview and Trends, U.B.C. Presentation, October 29, 1987.

The Future of Care Facilities

Efforts to reduce the rate of institutionalization among our elderly population have been under way for several years in British Columbia. Consequently, government policy restricted the referral of new clients at the personal care level to an exception basis only. As a result, there will not be any new subsidized Personal Care facilities in British Columbia. This policy was recently expanded to include clients at the Intermediate Care I level as well.⁴⁰

The trend to the deinstitutionalization of the elderly must continue for three reasons. First, the cost of institutional care is very high compared to other living arrangements which provide services to those elderly who do not require full-time care. For example, while the cost of care in an intermediate care facility in Terrace is \$90 a day, the cost of housing in a supported housing project would be \$20 to \$22 a day.⁴¹ Second, the growing elderly population, particularly those 75 years of age and over, will demand a greater amount of institutional space in the future. Third, the increasing availability of alternative living arrangements for elderly persons will appeal to many elderly persons who may now be using beds in institutions due to lack of suitable alternatives when they entered the institution. In time, those individuals who currently reside in care facilities

⁴⁰Geller and Associates, p. 31.

⁴¹"Housing Bid Made Today," Terrace Standard 28 February 1990, n.p.

throughout British Columbia will have alternative living arrangements that will be better suited to their needs while relieving the existing demand for beds in care facilities.

CHAPTER 3

PROFILE OF THE CITY OF TERRACE, BRITISH COLUMBIA

The purpose of this chapter is to develop a profile of the City of Terrace in order to prepare a strategy for housing for the elderly in the City of Terrace. The information assembled in this chapter will be divided into four sections: (1) the current and projected elderly population of the City of Terrace over the next 20 years, (2) a detailed inventory of existing housing intended for elderly Terrace residents, (3) an inventory of existing services intended for elderly Terrace residents, and (4) an inventory of existing services in the City of Terrace that are used by seniors, but not exclusively intended for seniors.

CURRENT AND PROJECTED POPULATION OF THE CITY OF TERRACE

The City of Terrace had a total population of 10,532 persons in 1986.¹ The population of Terrace has remained relatively stable over the last two decades ranging from a low of 9,991 persons in 1971 to a high of 10,914 persons in 1981. When the population living outside of the incorporated area of Terrace but within the rural and urban area surrounding the City is considered, the population increased from 13,229 persons in 1971 to an estimated 18,450 persons in 1987.²

¹British Columbia 1986 Census. Terrace, New Aiyansh, Hazelton, Prince Rupert, Smithers, Kitimat, Charlottes, Stewart, Houston. p. 1.

²City of Terrace, Terrace . . . As a Matter of Fact (Terrace, Terrace Planning and Economic Development Department, 1988) p. 5.

In 1986, there were 505 persons 65 years of age and over in the City of Terrace. These persons accounted for 4.8 percent of the total population of the City of Terrace.³ The number of persons 65 years of age and over living within the urban and rural area was estimated to be 735 persons in 1986, 4.2 percent of the population.⁴

Terrace has a population of more than 10,000 persons; therefore, it can be classified as a small urban centre.⁵ However, the population age distribution does not reflect that of other small cities in Canada. When Terrace is compared to other small cities in Canada with populations between 10,000 and 29,999 persons, it is clear that Terrace has a much lower percentage of elderly persons in its population than do other small Canadian cities. The average percentage of persons aged 65 and over in small cities is 11.4 percent while in Terrace the percentage of residents who are 65 and over is about half the average, at 4.8 percent of the total population. Similarly, the average percentage of persons 75 years of age and over in small cities in Canada is 4.7 percent, while in Terrace it is 2.5 percent.⁶

The population age distribution in the City of Terrace

³British Columbia 1986 Census. p. 1.

⁴Taylor, p. 3.

⁵A small urban centre is defined by Gerald Hodge as being between 10,000 and 99,999 population in The Elderly in Small Towns: Recent Trends and Their Implications. Human Settlement Issues, Occasional Papers No. 43 (Vancouver, The Centre For Human Settlements, The University of British Columbia, 1987) p. 15.

⁶Hodge, "The Seniors' Surge: Why Planners Should Care," p. 7.

actually reflects that of a small, isolated resource-based community rather than that of an average small city in spite of the fact that the economy of Terrace has diversified to include primary, manufacturing, service, trade and public administration employment.⁷

Table 3
1986 Population of the City of Terrace By Age and Sex

Total Population: 10,532

Age	Number of Persons	Percentage of Population
0 - 4	900	8.5
5 - 9	915	8.7
10 - 14	985	9.4
15 - 19	1,060	10.1
20 - 24	870	8.3
25 - 34	1,860	17.7
35 - 44	1,690	16.0
45 - 54	1,060	10.1
55 - 64	685	6.5
65 - 74	330	3.1
75 years and over	175	1.7
Persons in an institutional setting	77	.7

⁷Terrace . . . As a Matter of Fact, p. 9.

Table 4

1986 Population of the City of Terrace By Age, Male Population

Total Population: 5,045

Age	Number of Persons	Percentage of Population
0 - 4	465	4.4
5 - 9	475	4.5
10 - 14	525	5.0
15 - 19	545	5.2
20 - 24	430	4.1
25 - 34	920	8.7
35 - 44	850	8.1
45 - 54	550	5.2
55 - 64	375	3.6
65 - 74	180	1.7
75 years and over	85	.8

Table 5

1986 Population of the City of Terrace By Age, Female Population

Total Population: 5,140

Age	Number of Persons	Percentage of Population
0 - 4	435	4.1
5 - 9	440	4.2
10 - 14	460	4.4
15 - 19	515	4.9
20 - 24	440	4.2
25 - 34	940	8.9
35 - 44	840	8.0
45 - 54	510	4.8
55 - 64	310	2.9
65 - 74	150	1.4
75 years and over	90	.9 ⁸

⁸British Columbia 1986 Census. p. 1.

Table 6
1986 Population of the City of Terrace and Surrounding Area

Total Estimated Population: 17,380

Age	Number of Persons	Percentage of Population
0 - 4	1,620	9.3
5 - 9	1,560	9.0
10 - 14	1,605	9.2
15 - 19	1,660	9.6
20 - 24	1,420	8.2
25 - 34	3,185	18.3
35 - 44	2,865	16.5
45 - 54	1,665	9.6
55 - 64	1,085	6.2
65 - 74	500	2.9
75 years and over	235	1.4

This data includes the City of Terrace, Thornhill, adjacent reserves and surrounding less developed areas based upon Skeena Health Unit statistics.⁹

The City of Terrace is the regional service centre for many smaller communities in northwestern British Columbia. For that reason, the population within the entire region will be considered to establish demands that will be made on Terrace by surrounding communities. In an attempt to provide accurate population projections for the City of Terrace and surrounding areas, information produced by the Central Statistics Bureau for the Government of British Columbia will be considered.

The Central Statistics Bureau divides the Province of British Columbia into segments called "small areas", which are Local Health

⁹Shelley Taylor, R.N. Discussion Paper Relating to Evolving Needs of Elderly & Special Needs People in the Terrace Service Basin. 1989, p. 3.

Areas, for which population projections are then composed. Terrace is located in Local Health Area 88 which also includes outlying areas such as Cedarvale, Kitwanga, Hazelton, Stewart, and Thornhill, a suburb of Terrace (figure 1). It should be noted that Local Health Area 88 surrounds Local Health Area 92. The latter includes many settlements in the Nass Valley such as Aiyansh, Greenville, and Canyon City which treat Terrace as a service centre and may also make use of the housing and services available to seniors in Terrace. Consequently, the population projections which are calculated by the Central Statistics Bureau will reflect additional demands that will be made on the City of Terrace by seniors in surrounding communities today and in the future.

British Columbia small area population projections produced by the Central Statistics Bureau are based upon the "Component/Cohort-Survival" population model in conjunction with area specific assumptions chosen by the Central Statistics Bureau that deal with fertility, mortality and migration. The component/cohort-survival model requires that separate forecasts of fertility, mortality and migration are undertaken, then, with this information and

a base year age-specific estimate of population, a projection for any subsequent year is made by promoting each age group in the preceding year to the next highest age group, while at the same time taking into account the effects of net migration, deaths and/or births.¹⁰

The assumptions which are made in forecasting fertility, mortality and migration are based on past conditions which are revised wherever possible to reflect potential changes in the future. As a result, the population projections are not predictions of what will be, but of what could be, given the realization of the assumptions chosen by the forecaster. Some of the factors which could affect future population projections are economic development patterns, government policy, land use and zoning.¹¹

On the basis of the P.E.O.P.L.E. population projections, the total population for Local Health Area 88 in 1991 is estimated to be 26,531 persons. Of that number, it is estimated that 1,322 or

¹⁰P.E.O.P.L.E.: Population Extrapolation For Organizational Planning With Less Error, Population Section, Central Statistics Bureau, Ministry of Finance and Corporate Relations, Government of British Columbia (Victoria, British Columbia: Queen's Printer, March 31, 1989), p. 1.

¹¹P.E.O.P.L.E., p. 1.

5 percent of the total population of Local Health Area 88 are 65 years of age or over.¹² Table 7 indicates population projections for the potential senior's population within Local Health Area 88 through to the year 2010.

¹²P.E.O.P.L.E., n.p.

Table 7
Population of Local Health Area 88
Over 45 Years of Age

Year	45-54	55-64	65-74	75-84	85-+	Total 65+
1988	2,511	1,608	749	283	81	1,113
1990	2,553	1,609	872	319	82	1,273
1995	3,401	1,964	1,071	389	105	1,565
2000	4,069	2,360	1,304	499	118	1,921
2005	4,527	3,031	1,475	618	151	2,244
2010	5,048	3,709	1,806	826	192	2,824

Source: P.E.O.P.L.E., Central Statistics Bureau, 1989, n.p.

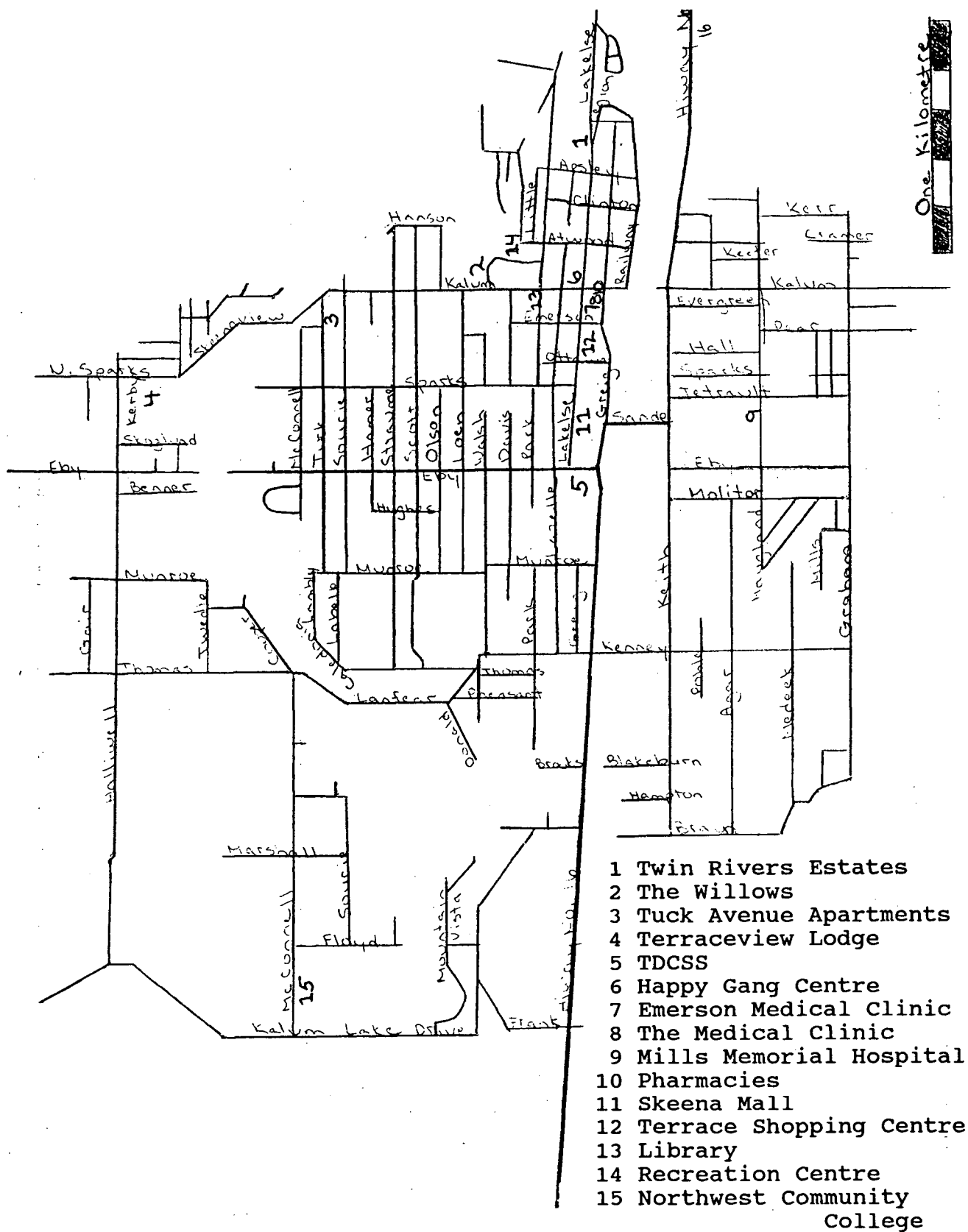


figure 2: City of Terrace
Indicating Housing and Services Used by Seniors

EXISTING HOUSING USED BY ELDERLY TERRACE RESIDENTS

The variety of housing available to elderly Terrace residents includes six housing options which facilitate independent living: single family dwellings, mobile homes, rental apartments, condominiums, and non-profit senior's housing. There are three options for those seniors who desire a supported independent lifestyle: support services in the community, including personal care in the home, accessory apartments and in-law suites. Those seniors who must live in a dependent living arrangement reside in an intermediate and extended care facility in Terrace. What will follow is a catalogue and description of the housing options and living arrangements that are currently available in the City of Terrace. However, the options of single family dwellings, accessory apartments, mobile homes and rental apartments will not be discussed.

The range of housing options and living arrangements for the elderly which are not available in Terrace include a matching service to facilitate homesharing, garden suites, Abbeyfield concept housing, and congregate care housing. All of these options would facilitate a supported independent lifestyle.

Condominiums

Twin River Estates: Eventual total of 84 units

Twin River Estates is a condominium project for persons over 55 years of age; it is the only condominium project in Terrace exclusively intended for seniors. The idea was initiated by an

elderly gentleman who lived in a similar condominium project in Abbotsford, British Columbia. The Skeena Senior Citizens Housing Society, which is a group of elderly individuals in the community, then launched and sponsored the plans for the condominium project.

The property, located at the corner of Apsley and Lakelse (see figure 2), was acquired March 31, 1989 and construction began in the summer of 1989. Financing was arranged from New Westminster Credit Union, and additional funding was gained from BCHMC and the Skeena Senior Citizens Housing Society. The cost of the first phase was \$1,400,000. The first phase, which included 30 units, was completed in the fall of 1989. The second phase, which also included 30 units, was completed in the fall of 1990. The third phase, comprised of 24 units, is now under construction.

The cost of units in the first phase of the project were \$50,500 for a standard unit (930 square feet) and \$60,500 for a deluxe unit (1170 square feet) in the summer of 1989. A \$6000 deposit was required to secure a unit and a \$2000 interest bearing loan which would be payable upon completion of the second phase was also required. If a person was not satisfied with their condominium, there was a buy-back arrangement which allowed one to receive a refund of the original purchase price.

Units in the third phase are for sale now, although tenants will not be able to move in until they are completed. It is estimated that the cost of a unit in Phase Three will be about \$10,000 higher than a comparable unit cost in Phase One in the summer of 1990. Presently, a standard unit (930 square feet) in

Phase Three will cost \$61,500 and a deluxe unit (1170 square feet) will cost \$71,500.

Residents of the condominium would be responsible for acquiring appliances, draperies, cable television, telephones, and insurance on the contents of the unit. Further, residents are required to pay a monthly service fee to cover the costs of property taxes, electricity (heat and power), utilities (water, sewer and garbage pick-up), outside maintenance and snow removal, and insurance on the buildings.

There are a variety of features included in the condominium including sound-deadening construction, a covered patio or balcony, carport space, a rear yard with space for a small vegetable garden, smoke detectors, an outside intercom, and access to a large multi-purpose building for family gatherings, recreational activities and storage.

There are two major weaknesses relating to design and location of Twin River Estates. First, the entire development, which is composed of a number of buildings, is two storeys high, with one unit stacked on another at ground level. The design of the structure is likely to pose some problems in the future. For example, the resident of the upper level must use stairs to get to his or her unit: these stairs are likely to become a problem as the residents age, or sooner if an accident occurs which renders the resident incapable of using stairs on a daily basis (e.g. hip problems, arthritis or wheelchair use). It would have been preferable for the entire project to be one storey high so that

none of the residents would have to use stairs or for the project to be at least three storeys high so that an elevator could be installed. Another option could have been to have part of the project in the multi-level apartment style design and part of the project as row houses. This would have given residents a greater option in the style of condominium they wanted, as well as ensuring that all residents would have access to their home without requiring the use of stairs.

Second, Twin River Estates is inappropriately located in regard to access to services: the project is at least five blocks from shops and services which will place residents who no longer drive in the position where they cannot access the services they require. Originally bus service did not pass near the project, but this problem has recently been remedied with the re-routing of a bus to pass by the development. Nevertheless, as the residents of the development age, it is likely that the new handyDART bus service will become indispensable to the residents of this project.

Non-Profit Senior's Housing

The Willows: Total of 38 units

The Willows, located on Kalum Street (see figure 2), are subsidized rental apartments for persons over the age of 55 years who require low-income housing. The apartment is owned and managed by BCHMC. Consequently, rents are geared to income so that the residents will pay no more than 30 percent of their income for rent. There are both bachelor and one-bedroom apartments in the

building. The apartment building is three storeys high and is equipped with an elevator and several wheelchair access ramps which facilitate mobility for those who use wheelchairs or have some difficulty walking. There is currently a waiting list of 20 persons to get into the project.

The Willows is well located within one block of recreation facilities and the library and within walking distance of many shops and services. Further, the residents have easy access to bus service with a bus stop immediately outside of the building.

The Tuck Avenue Apartments: Total of 18 units

The Tuck Avenue Apartments on Tuck Avenue (see figure 2) are composed of 18 one storey row houses. The units were constructed specifically for senior citizens in the early 1960's with the aid of government funding. There are four one-bedroom units and fourteen bachelor units. There is also an area at the apartments which houses a library and games room. The rent charged for the units is \$125.00 for a bachelor suite and \$150.00 for a one-bedroom suite. There is currently a waiting list to get into these apartments.

The owner of the apartments is the Terrace and District Christian Council of Social Resources (TDCCSR) which has members from several of the churches in the City. The Terrace and District Christian Council of Social Services also owns a receiving house and a teen home in Terrace. Each of the three developments has a

chairman from TDCCSR who oversees the management of each development.¹³

The tenants at the apartments appreciate the fact that the apartments are all one level. However, they do not like the predominance of bachelor suites and, like the residents at the Willows, would like to see more one-bedroom units built for seniors in the future.

One of the major weaknesses of the Tuck Avenue Apartments is location. This project is located eleven blocks north of the centre of the City. As a result, the apartments are not within walking distance of shops and services. There is, however, a bus stop adjacent to the apartments which the tenants who do not drive may use to get to shops and services in the centre of the City. Again, it is likely that handyDART will be used by the residents of this apartment complex.

Intermediate and Extended Care

Terraceview Lodge: Total of 75 beds

Terraceview Lodge, located at 4103 Sparks Street (see figure 2), is an intermediate and extended care facility which is operated under the Continuing Care Division of the Ministry of Health. The Lodge is managed by the Terrace Health Care Society, a non-profit society that also owns and manages Mills Memorial Hospital in Terrace. The Lodge, which is situated on a six acre lot on a bench

¹³Cliff Best, Chairman of the Tuck Avenue Apartments, Telephone Conversation, 24 July, 1990.

overlooking downtown Terrace and the valley beyond, opened in 1984 with an initial population of 56 intermediate care residents. The Lodge was expanded in 1989 to include 20 extended care beds. Today, there are 75 elderly or disabled residents in the facility, 20 of whom require extended care services. The average age of the residents is 89 years, although the ages of the residents range from 32 to 98 years. Currently, the facility is running at full occupancy and there is a waiting list of 8 persons.

There are a variety of services available at the Lodge including physician services, pharmaceutical services, 24-hour nursing care services, laundry and housekeeping services, volunteer and pastoral care services, banking services (to a limit of \$175.00), trust accounts, and limited lab and transportation services. Services which are not available at the Lodge are acute care medical treatment, acute psychiatric treatment, extensive rehabilitative therapy, day care, and physiotherapy services. Family meetings, with the residents' families, are held on a monthly basis "to ensure that there is an opportunity to share ideas and express concerns of mutual interest."¹⁴ There are also services within the Lodge that are available to members of the community including one respite care room, with one bed, which provides residential care for a brief, temporary period, such as when the normal caregiver goes on vacation, equipment use, such as the use of the Century bathing tub which has a hydraulic lift to raise persons into and out of the tub.

¹⁴Terraceview Lodge Informational Booklet, n.d., n.p.

Finally, there is a Residents' Consultation Committee which consists of members appointed by the Board of the Terrace Health Care Society and the residents of the Lodge. The committee is intended "to act as a liaison group between the Board, the administrative staff of the facility and the residents, for the purposes of discussing matters of an administrative nature which may require attention."¹⁵

The administrative staff of Terraceview Lodge are also involved in the development of a "community-based model of care which will incorporate services to the elderly and disabled at large."¹⁶ It is estimated that there are 15 residents in the Lodge who would not be there if there were a supportive housing alternative to meet their needs. In pursuit of this goal, plans are under way to develop a sheltered housing complex on the same site as the Lodge. This development would include 40 sheltered housing units which would range from one bedroom to four bedroom units. The plan is currently being considered by the Provincial government for funding approval.¹⁷

Terraceview Lodge is three kilometres from the core of the City. The residents have limited access to a van and driver which is used for transportation. There is also a bus stop very close to

¹⁵Terraceview Lodge Informational Booklet.

¹⁶Terraceview Lodge Informational Booklet.

¹⁷Michael Leisinger, Chief Executive Officer, Terrace Health Care Society, Personal interview, 9 July, 1990.

Lutz Associates, Terrace Health Care Society Supportive Housing Program, 21 March, 1990.

the Lodge, which may alleviate the problems associated with being such a distance from the City centre for those residents who can use public transportation. Ideally, the Lodge would have been located close enough to services and shopping in the City centre that residents could walk. However, the access to buses and the fact that the weather would preclude many of the residents from walking to services in the winter months may help to lessen the sense of isolation that residents may experience at the Lodge.

EXISTING SERVICES USED BY ELDERLY TERRACE RESIDENTS

Support Services for those Living in the Community

Terrace and District Community Services Society

Terrace and District Community Services Society (TDCSS), which began in 1974 with the help of a Local Improvement Project grant, offers social and health programs for residents of all ages within the Skeena Health Unit district. Located at City Hall, 3215 Eby Street (see figure 2), a wide range of programs are offered by TDCSS including Northwest Alcohol and Drug Counselling Service, Mother's Time Off, Special Services to Children, the Youth Worker Program, the Choices Program which offers services to mentally handicapped children and adults, and Terrace Home Support Services.

Terrace Home Support Services is the program which is of most value to elderly and handicapped Terrace residents. In order to receive any of the services provided by Terrace Home Support Services, a prospective client must call the Continuing Care Division of the Ministry of Health to arrange for an assessor to come into their home and evaluate the level of service they require. At this time the assessor would also consider the potential client's income and decide how much the client would be charged for the services they require from Home Support Services.

There are a variety of programs offered within Terrace Home Support Services including household care, personal assistance, and adult respite care. Household care involves a home support worker coming into the client's home on a regular basis and doing household chores such as cleaning, laundry, meal preparation and

shopping for the client who is unable to do so his- or herself. Personal assistance is provided for clients who require help with such activities as bathing, shaving, dressing, transferring into and out of bed or into a wheelchair each day, putting on or dealing with a prosthesis, and/or planning and preparing special diets. As a guide, a client requiring personal assistance would require no more than 20 hours per month of care. Adult respite care is intended to provide temporary relief for the primary caregiver of an elderly or handicapped person. In this case an employee of Home Support Services would go into the client's home for two or three hours a couple of times a week to give the primary caregiver time off. The number of times a client may be visited range from once a week to once or twice daily. About 100 persons, 80 of whom are elderly, are serviced by these programs.

Meals-on-Wheels

Meals-on-wheels is carried out on a volunteer basis, and meals are delivered on Monday, Wednesday and Thursday. The client may choose to have several meals delivered at one time so that he or she will have a prepared meal every day. The meals, which cost \$3.00 each, are prepared at the Terraceview Lodge and consist of soup, salad, a main course and dessert.

handyDART

HandyDART is door to door transportation for physically or

mentally disabled persons who are unable to use the conventional bus service. Terrace recently acquired a handyDART vehicle and transportation services commenced on July 3, 1990. The service is available Monday to Friday from 8:45 a.m. to 5:50 p.m. and Saturday from 10:00 a.m. to 4:00 p.m. The cost of the service is \$1.00 per ride.

Any person who wants to use the handyDART service is requested to register, free of charge, for the service. Then, when that person wishes to use the service he or she must telephone the dispatch office ahead of time, preferably giving one day's notice, to have the handyDART vehicle pick them up. When booking for the handyDART service, one may choose to book only once for regular trips, such as transportation to work or regular appointments, or one may choose to book each time transportation is required for occasional trips. If an attendant is required to help someone make a trip, that attendant would travel free of charge. If one chooses to travel with an escort, that person may travel on the handyDART bus, space permitting, by paying regular fare.¹⁸

The Happy Gang Centre for Seniors

The Happy Gang Centre, which celebrated its tenth anniversary on September 13th, 1990, is a meeting place for many elderly individuals in the community. The Centre is centrally located at 3226 Kalum Street (see figure 2). The Happy Gang Centre was

¹⁸BC Transit Pamphlet, Terrace handyDART: Door-to-door rides for disabled people, n.d.

initiated, built, and is now run by British Columbia Old Age Pensioners' Organization Branch #73, Terrace B.C.¹⁹ The land on which The Happy Gang Centre is located is owned by the City of Terrace. It is estimated that there are over 200 members of this organization, some of whom are over 90 years of age.

A variety of activities take place at the centre including cribbage, bingo, carpet bowling and exercise classes. A seniors' councillor is available to discuss a variety of matters once a week. A lunch including soup, sandwiches and desert is available, for a nominal fee, from Monday to Friday. On the first Saturday of each month a pancake breakfast, prepared by the men, is offered for a nominal fee as well. The Happy Gang Centre also offers seniors a dinner or pot-luck supper followed by dancing or other entertainment once a month.

¹⁹British Columbia Old Age Pensioners' Organization Branch #73, Terrace, Happy Gang News, Vol. 3 # 2, March 1990.

OTHER SERVICES USED BY ELDERLY TERRACE RESIDENTS

Health Care Services

There are three pharmacies in Terrace (see figure 2), one of which offers an extensive range of aids and devices intended to make life easier for handicapped or elderly persons. There are two opticians, one physiotherapist, nine dentists, and seventeen doctors (seven of whom are located at the Emerson Medical Clinic and six of whom are located at The Medical Clinic, see figure 2). All of the offices of these medical professionals are located within three blocks of one another in the city centre. Occasionally, specialists come to Terrace to meet with individuals who have particular medical problems. Mills Memorial Hospital is located at 4720 Haugland in a residential area south of Highway 16 (see figure 2); therefore, it is not within walking distance of the city centre for most elderly individuals.

Shops and Services

The majority of shops and services in Terrace are located in a three block long by four block wide corridor which is bounded by Eby Street to the west, Kalum Street to the east, Park Avenue to the north and Greig Avenue to the south. Within this area there are two shopping malls (the Skeena Mall which is an indoor mall and Terrace Shopping Centre which is not technically an indoor mall but has access to all the stores from inside the facility, see figure 2), a large number of individual stores and shops which offer a multitude of goods and services, six banks, a wide variety of

restaurants and coffee shops, a two-cinema movie theatre, a community library and community recreational facilities including a pool, skating rink, tennis courts and a range of community courses for a variety of interests.

Access to Services

There are a number of bus routes and the handyDART service in Terrace and the neighbouring community of Thornhill that all convene at the Skeena Mall in the centre of town. There is also cab service in Terrace. There are sidewalks throughout the downtown area; although some are in need of repair in order to be safe for elderly individuals who may have sight and walking difficulties. The majority of stores and services are accessible to wheelchairs; unfortunately, one large department store in the Terrace Shopping Centre, Woolworth's, is two levels and does not have an elevator or escalator: only stairs which are an insurmountable obstacle to many elderly and handicapped persons in town. Nevertheless, the City of Terrace is very supportive of its elderly and handicapped population and makes every attempt to facilitate their mobility in the City.

CHAPTER 4

DEVELOPMENT OF A CONTINUUM OF HOUSING OPTIONS AND LIVING ARRANGEMENTS FOR THE CITY OF TERRACE

In the last chapter an inventory of existing housing options, living arrangements and services intended for seniors in the City of Terrace was compiled. This research serves double duty: it not only identifies if and where housing options and services exist, but it also helps to ascertain what additions to the housing stock in Terrace would be necessary to offer a full range of housing options to elderly Terrace residents. For example, seniors in Terrace have a wide range of independent living housing options and living arrangements to choose from, including rental and seniors' apartments and condominiums, and a dependent living housing option at Terraceview Lodge; however, there is very little to facilitate supported independent living in the City of Terrace. Consequently, while this study will investigate the feasibility of all of the housing options and living arrangements examined in the second chapter, it is clear that emphasis must be placed on facilitating and encouraging the development of a range of supported independent housing options and living arrangements for seniors in the City of Terrace.

In this chapter, each of the independent, supported independent, and dependent housing options and living arrangements examined in the second chapter will be analysed to determine their feasibility in the City of Terrace. This feasibility study will be based on two factors: the financial considerations and the locational requirements of each housing option. In addition, the advantages and disadvantages of each housing option and living

arrangement to the resident and the community, previously examined in the second chapter, will be considered. Ultimately, a suitable mix of housing options and living arrangements for the community will be proposed and ranked, in terms of immediate or future feasibility, so as to facilitate the development of housing for seniors in the City. In addition, the role the City of Terrace can play in encouraging and facilitating the development of a range of housing options and living arrangements for seniors throughout the community will be discussed.

At this time, it is important to note the limitations of this work. The purpose of this thesis is to yield a community-wide plan for the development of a range of housing options and living arrangements in the City of Terrace. The findings will recommend which housing options and living arrangements would be most feasible immediately and in the future based upon the factors examined herein. These factors are not, however, sufficient to establish whether or not a particular project would be feasible: that would require that a project market survey and development strategy be undertaken once an option was selected for development so as to establish the feasibility of that project.

FINANCIAL CONSIDERATIONS

Predicably, the costs involved in the development of each of the housing options and living arrangements identified in the second chapter will vary widely. Because it is very difficult to predict the exact cost of a particular option before a development plan for a project is created, the financial investment required for many of these options will be based upon previous developments and the availability of government funding for particular types of housing options and living arrangements.

Single Family Detached Dwellings

The majority of elderly Canadians live in, and own outright, single family homes. Although this information is not available for seniors in the City of Terrace, it is likely that the majority of elderly Terrace residents also live in and own single family homes. This information can be gleaned from the fact that the majority of households in Terrace, regardless of age, live in single detached homes: 2,335 of 3,175 units. Further, the majority of the population own their accommodation: 68.7 percent of private dwellings are owned and 31.3 percent rented.¹ If the purchase of a new home in the City of Terrace were considered today, one could expect to pay an average price of \$110,000.²

¹Terrace . . . As A Matter of Fact, p. 6. It should be noted that it is not stated whether these numbers were taken from the 1981 or 1986 Census.

²City of Terrace, 20 Year Overview: 1970 - 1990. n.d.

Regardless of whether or not an elderly homeowner has paid off his or her mortgage, there are additional costs involved in homeownership including property taxes, maintenance and repair costs. These costs can become a burden to an elderly homeowner who relies solely on his or her retirement income. There are two government sponsored programs that can ease the economic burden of homeownership for the elderly. The first is a province-wide program in British Columbia called the **Property Tax Deferral Program** which is available to qualifying persons for whom property taxes are a financial burden. This program allows persons 65 years of age and over, widows, widowers and handicapped persons who qualify for the Guaranteed Annual Income for the Needy (GAIN) and are homeowners living on the property to defer net property taxes. The deferral can be renewed on an annual basis. Upon the death of the homeowner or the sale of the house and property, the deferred taxes and interest must be paid to the provincial government.

The second program, offered by the Federal Government, is the **Residential Rehabilitation Assistance Program (RRAP)** which is intended to help to alleviate some of the costs associated with repairs or improvements to a home. RRAP is of great benefit to those elderly persons who wish to remain independent in their own home, but find that it is in need of structural repairs and/or improvements or modifications to improve the suitability and comfort of the home to meet the changing needs of the elderly individual.

RRAP provides up to \$10,000 to qualifying homeowners in the form of a market interest loan to make improvements or repairs to the home. RRAP is also available to homeowners who must modify the dwelling to meet the needs of a disabled person, regardless of the location of the home and whether or not other repairs are necessary. A portion of the loan may be forgivable depending upon the applicant's income, and recipients of the program may qualify for assistance of up to \$6500, depending upon their income, if they require home repairs or they require adaptations to the home due to a disability. "Fully 90% of the loans made under this program have been forgiven."³

Rental apartments / Condominiums

All condominium projects and the majority of apartment projects are built without government subsidization; the rents charged for the units in these developments are based on development and operating costs and reflect what the local market is willing to pay for that type of accommodation.

Based upon a survey of rental market units in Terrace by CMHC in October of 1990, including both apartments and row houses, there was a vacancy rate of 0.6 percent in the City of Terrace. This follows a trend which began in April of 1989. The vacancy rate for apartments alone was 0.8 percent in October of 1990. On the basis of this survey, the rental market constitutes about 35 percent of the total housing units in Terrace. The rental market is comprised

³Health and Welfare Canada, 1982, in Blackie, 1986, p. 5.

of 628 privately initiated units includes about 52 percent of the rental units in the Terrace market.⁴ The average rent was \$332 for a bachelor apartment, \$395 for a one bedroom apartment, \$426 for a two bedroom apartment, and \$521 for an apartment with three bedrooms or more in Terrace in October of 1990.⁵

In 1989, BCHMC launched the **B.C. Rental Supply Program** with the intention of increasing the supply of market rental accommodation in low vacancy areas throughout British Columbia. The program is designed to reduce interest costs, over a five year period, on projects that are selected through a competitive proposal call. Each proposal is evaluated on the basis of "ten factors including, design, location, rent structure, rental tenure, and subsidy cost."⁶ Preference is given to projects for families and senior citizens.

Some elderly renters may be able to take advantage of a provincial program called **Shelter Aid for Elderly Renters (SAFER)**. This program provides direct cash assistance to persons 60 years of age and over who meet the following four conditions: (1) they rent

⁴The survey universe includes all rental units located in structures of four units or more including apartment structure and townhouses, housing converted into apartments, fourplexes, fiveplexes, sixplexes, apartments over stores or other commercial establishments. The survey does not include single family detached homes, duplexes, triplexes, mobile homes or individual rental units in condominium projects. Source: CMHC Rental Market Survey Report: Terrace Fall 1990, NHA 6190, British Columbia, 1990.

⁵CMHC, CMHC: Rental Market Survey Report - Terrace - Fall 1990, (Vancouver: CMHC, BC and Yukon Regional Office, October 1990), p. 7.

⁶British Columbia Housing Management Commission, 1989 Annual Report, p. 6.

their accommodation, (2) they pay more than 30 percent of their total income for rent, (3) they are 65 or older and receive Canadian Old Age Security, or they are 60 to 64 and meet residency requirements for Canadian Old Age Security, Spouse's Allowance or Widowed (Extended) Spouse's Allowance, and (4) either the applicant or the spouse have resided in Canada for ten years and have been British Columbia residents for one year immediately prior to application for SAFER. SAFER will pay a percentage of the rent which exceeds 30 percent of total income with the allowable rent levels for SAFER being \$520 per month for a single person, \$575 per month per couple, and \$885 per month divided by the total number of adult sharers for those who share rental accommodation.⁷

Co-operative Housing

The costs involved in the creation of continuing not-for-profit co-operatives may be mitigated by the **Federal Co-operative Housing Program** offered by CMHC. Co-operatives which are approved under the program may obtain loans for up to 100 percent of the project capital costs, through an NHA-insured index-linked mortgage. The mortgages are obtained through private lenders and have a planned repayment duration of 30 or, in special cases, 35 years.

The index-linked mortgage is an innovative financing technique which is intended to encourage the development of cost-effective

⁷Province of British Columbia, Ministry of Social Services and Housing, SAFER: Shelter Aid For Elderly Renters, Pamphlet, (Victoria: Queen's Printer, June 1989).

co-operative housing. The index-linked mortgage features initial payments which are designed to be lower than those of traditional fixed rate equal payment mortgages and thus more affordable to borrowers in the early stages of the loan period. Traditional equal payment mortgages, wherein the payments are the same throughout the loan period, are designed to ensure that the lender realizes both the desired "real" rate of return - the rate of return the lender wants after inflation - and the expected rate of inflation that will occur over the period of the mortgage loan. The borrower's income, however, is lower at the beginning of the loan period than it would be in the later years because the borrower does not have future inflation reflected in his or her present income. Therefore, the initial payments require a higher percentage of the borrowers income early in the loan period. In fact, the loan payments actually become more affordable as the loan progresses.

Index-linked mortgages differ because the interest rates are based on a fixed "real" rate of return plus a variable rate which is adjusted periodically according to the inflation that actually occurred in the preceding year. As a result, the anticipated rate of inflation that has been built into the rate of interest on a fixed rate equal payment mortgage is not reflected in the interest rate of an index-linked mortgage until that inflation has actually occurred. Hence, borrowers using the index-linked mortgage will have lower payments at the beginning of the loan period and higher payments, reflecting inflation increases as they occur, in the

later stages of the loan when they too have incomes which reflect inflation increases.

In addition, index-linked mortgages have a special provision by which payments increase each year by two percent less than the national rate of inflation. The two percent difference provides some room for increasing operating expenses, so as to keep the rent from rising above those in other buildings.

Rent Supplement assistance, provided by both federal and provincial governments, is available for 30 percent of the households in co-operatives participating in this program.⁸ In order to qualify for Rent Supplement assistance, "a household must be unable to obtain suitable accommodation without spending more than 30 per cent of the household income on housing."⁹ Each co-op participating in this program "must provide a minimum of 15 per cent of its units to households receiving this subsidy."¹⁰ In most provinces, half of the households who receive Rent Supplement assistance in any co-op must be selected from provincial or municipal waiting lists. The rest can be chosen from the co-op's own list. Finally, co-operatives assisted under this program must have at least five percent of their units designed for occupancy by

⁸Rent supplement assistance is designed to reduce shelter costs to as low as 25 percent of household income. It is available to low-income households who cannot obtain suitable accommodations without spending more than 30 percent of their household income on housing.

⁹Canada Mortgage and Housing Corporation, Information: Federal Co-operative Housing Program, Pamphlet, (Ottawa, Canada Mortgage and Housing Corporation, NHA/LNH 5901-6 09/86), n.p.

¹⁰Information: Federal Co-operative Housing Program, n.p.

people with physical disabilities, unless it is impractical to do so.¹¹

Non-Profit Seniors' Housing

Both public and non-profit multiple units, including apartments, townhouses and row houses, intended for seniors are included in this category. In October 1990, there were 79 public housing units in the City of Terrace. Thirty eight of these units are located in the Willows which are subsidized rental apartments for persons over 55 years of age who require low-income housing. There were no vacancies in any of the public housing units at the time of this survey.¹² In terms of non-profit housing for seniors, there are 18 units in the Tuck Avenue Apartments. Consequently, there are a total of 56 subsidized housing units for seniors in Terrace.

Lynn Guilbault, in her thesis Housing British Columbia's Small Town Elderly, presented a non-profit seniors' housing needs indicator which is intended to help determine how many units of non-profit seniors' housing would be required in a specific community. This indicator was "developed by determining the number of seniors' units that existed per 100 seniors in B.C. in 1988."¹³

¹¹Information: Federal Co-operative Housing Program, n.p.

¹²CMHC: Rental Market Survey Report - Terrace - Fall 1990, p. 1.

¹³Lynn M. Guilbault, Housing British Columbia's Small Town Elderly, Masters Thesis, (Vancouver: The University of British Columbia, 1989), p. 95.

The fact that about 10 percent of these units were occupied by couples was taken into account. Based on these calculations, the resulting needs indicator for non-profit seniors' housing is 6.8 percent. This means that on average in British Columbia in 1988, there were 6.8 units of non-profit seniors' housing in B.C. for every one hundred seniors. It is not clear, however, why the number of seniors' units that existed in British Columbia in 1988 would be the ideal today.

Assuming that this indicator of the need for non-profit housing units for seniors is accurate, and that there are 2,988 persons in the Local Health Area which encompasses Terrace who are 55 years of age and over, there would need to be 206 non-profit housing units for seniors in Terrace and the surrounding region to accommodate all of these persons.

Under the Current Social Housing Program and Property Management Program, non-profit groups may receive funding from BCHMC to assist the development and operating expenses of non-profit housing projects. BCHMC creates and manages social housing throughout British Columbia for those households who cannot afford to pay more than 30 percent of household income for shelter. Projects are selected for development from a province-wide proposal call from non-profit societies, public agencies and co-operative associations.

Once a project is selected for development, BCHMC provides subsidies for societies who sponsor these projects to make up the

difference between break even rent and rents paid by the tenants. BCHMC also provides guidance for day-to-day issues for the societies running the projects.

In 1989, BCHMC introduced the **Matching Grant Program** for seniors' housing. This program provides start-up grants of up to \$20,000 to non-profit societies to develop unsubsidized housing for seniors.

Accessory apartments / In-law Suites

The cost of creating an accessory apartment or in-law suite is determined primarily by the condition of the area that is to be converted prior to the conversion. The majority of accessory apartments and in-law suites are created in the basement of a two storey single family dwelling. In this case, there is very little change to the structure of the home, save for the addition of walls to create rooms in the accessory apartment and a door to separate the two units. The cost of the conversion will also vary depending on whether or not bathroom or kitchen facilities exist in the accessory apartment prior to the conversion.

The homeowner may be able to receive a loan from the provincial government under the **Rental Conversion Loan Program** to pay for the cost of the conversion. The loan would then be paid back with some of the rental income.

Homesharing

The financial cost to the homeowner of sharing one's home is minimal. The homeowner would be required to provide some private living space, which could be as small as one bedroom. There are no regulations requiring the homeowner to provide off-street parking for the homesharer. As a result, there is very little, if any, cost involved in homesharing.

Garden suites

Based upon research done by Michael Lazarowich and Brian Haley in Waterloo, Ontario in the early 1980s, a 1982 CMHC report indicates that the capital cost of a garden suite of approximately 500 to 700 square feet with a living room, bathroom, kitchen and bedroom would have been between \$18,000 and \$20,000 in 1982 dollars.¹⁴

A Gallup Canada telephone survey undertaken in 1989 surveyed 780 potential garden suite occupants, aged 60 years or over, and 1,182 potential hosts, under the age of 60. Respondents were asked what they thought they could afford to pay to purchase or rent a garden suite. The findings suggest that a minority of the respondents could afford to purchase a garden suite based on the costs proposed in 1982: 30 percent of respondents felt they could afford to pay up to \$20,000 towards the purchase price of a garden suite, and an additional 10 percent felt they could afford over

¹⁴Michael Lazarowich, and Brian W. Haley, Granny Flats: Their Practicality and Implementation, (Waterloo, Ontario: School of Urban and Regional Planning, University of Waterloo, April, 1982), n.p. (executive summary)

\$20,000. Significantly, 38 percent of respondents were not sure what they could afford to pay and 22 percent could afford to pay nothing.¹⁵

In terms of rental of a garden suite, the Gallup survey indicated that the majority of respondents, 64 percent, could afford up to \$400 towards the rent. However, the most quoted rental price was between \$201 and \$300.¹⁶

It should be noted that the Township of Langley in the Lower Mainland amended their zoning bylaws to permit garden suites in some zones; however, there are currently no garden suites in the Township of Langley because potential residents and/or their families found them to be too expensive to acquire.¹⁷

Abbeyfield Concept Housing

Abbeyfield houses may be either purpose-built or created in an existing home which is converted to facilitate the Abbeyfield living arrangement. Abbeyfield houses are intended for lonely, elderly persons; consequently, there is a great deal of communal space in the home such as the living room, dining room, sun room and games room.

¹⁵CMHC Research Division, Submitted by Gallup Canada, Inc., Garden Suites Demonstration - National Survey - Volume I: Detailed Findings, (Ottawa, Canada Mortgage and Housing Corporation, April 24, 1989), p. 53.

¹⁶Garden Suites Demonstration, p. 54.

¹⁷Telephone call, Planning Department, Township of Langley, 21 February, 1991.

The elderly tenants of an Abbeyfield house pay rent on a monthly basis to the local Abbeyfield Society who owns and manages the house. The rental expenses involved in living in an Abbeyfield home include not only the cost of building or renovating and maintaining the home, but also the cost of the housemother who is hired and paid by the Society.

In order to give some idea of the expenses involved in developing a purpose-built Abbeyfield home, the development costs incurred in building St. Andrew's Abbeyfield Home in Sidney on Vancouver Island will be provided. This home opened in the spring of 1987 and has nine residents and a housemother. The capital costs of the home amounted to \$381,131. After 35 years, the mortgage will be paid by the rent charged to the residents and the Society will then own both the land and the building.

The sources of funding which were available to the St. Andrew's Abbeyfield Home were:

St. Andrew's - some of which raised	
by debentures and others by gifts,	\$25,000
Provincial Secretary from B.C. Lottery	10,000
The Anglican Foundation	10,000
The Provincial Ministry of Health	<u>30,000</u>
	\$75,000
 Mortgage, secured by BCHMC	 <u>\$300,000</u>
TOTAL FUNDS	<u>\$375,000</u>

The monthly operating costs of St. Andrew's Abbeyfield Home total \$3972 and are divided equally among the residents so that each pays a monthly rent of \$438.¹⁸

Provincial funding from BCHMC may be available to local non-profit Abbeyfield societies for the start up of the project through the **Matching Grant Program** and for the development and maintenance costs through the **Non-Profit Housing Program**. It is important to note that the costs associated with creating an Abbeyfield home would undoubtedly be lower if the home were created in an existing larger single family dwelling. The lower costs involved in conversion would enable the local society to charge a lower rent to the residents, thereby opening up this option to elderly persons in a range of income levels.

Congregate housing

Congregate housing usually consists of self-contained apartments plus a variety of on-site services such as meals, weekly housekeeping and linens. Congregate housing is one of the most expensive housing options available to seniors due to high development and operating costs and the absence of any government programs to fund the development of congregare housing. As a result, the rent is typically two and a half to three times higher

¹⁸Charlotte C. Murray, "The Small Congregate Home," in Housing the Very Old, ed. Gloria M. Gutman and Norman K. Blackie, (Burnaby, The Gerontology Research Centre, Simon Fraser University, 1988), p. 102-104.

than it would be for a comparable unit in an older residential building in a similar location.¹⁹

In the Lower Mainland, congregate housing projects range in size from 32 to 142 units. The majority of these projects offer rental accommodation. The rents, based on single occupancy, range from a low of \$800-1600 per month in Canada Way Lodge in Burnaby, which has 138 bachelor and one bedroom units, to a high of \$1620-3000 per month in Hollyburn House in West Vancouver, which has 66 bachelor, one and two bedroom units.

A second type of congregate housing requires the residents become involved in equity participation on a modified life lease basis. These congregate housing projects require a sizable entry fee plus monthly fees to cover operating costs and one meal per day. For example, Concord Home in White Rock requires an entry fee of \$30,000 to 50,000 depending on the unit plus \$300 to 500 monthly to cover operating expenses and one meal per day. Eighty-five percent of that entry fee is refundable when the resident leaves.

The Provincial Government is currently considering the introduction of programs to encourage the development of affordable congregate housing. In the absence of government funding, the costs associated with congregate care housing projects may be reduced by encouraging non-profit groups to offer this type of accommodation, "particularly if they control a site, can achieve

¹⁹I am indebted to Michael Geller and Associates for the information of congregate housing that is used in this section.

economies through shared services with existing facilities and are prepared to provide volunteer services."²⁰

Care facilities

There are privately-owned, non-profit and public care facilities in British Columbia. The vast majority of care facilities are subsidized under the Provincial Long Term Care Program.

In British Columbia, residents requiring personal or intermediate care in an institution are eligible for the same coverage as hospital patients. The residents are charged a user's fee on a per diem basis; this fee varies somewhat depending on the facility but is in the range of \$20.00 per day. For those residents who are in receipt of federal old age security and guaranteed income supplement payments the per diem fee is indexed to their income. This coverage does not include room differential and may or may not include homemaker services, depending upon the individual facility. The provincial government pays the user charge as well as a comforts allowance for those who cannot afford it.

²⁰Geller and Associates, p. 26.

LOCATIONAL REQUIREMENTS FOR HOUSING OPTIONS

The selection of a site for seniors' housing is critical to the success of the project and the satisfaction of the seniors who call it home. In order to facilitate the selection of acceptable sites for seniors' housing, particularly purpose-built housing complexes, two sources, Paul Niebanck's work, as cited by Anthony Markoff in his 1970 thesis entitled The Locational Needs of the Elderly for Housing, and Jim Wilson's article "Assessing the Walking Environment of the Elderly" must be considered.

Paul Niebanck attempted to discover the 'critical distance' between a seniors' housing site and a variety of services and facilities which are used by elderly persons. A critical distance is that distance which a senior citizen "would be willing to travel [by foot] before dissatisfaction is expressed."²¹ The results are as follows:

SERVICE OR FACILITY	CRITICAL DISTANCE
Bus Stop	1 - 2 Blocks
Bank	2 Blocks
News-Cigar Store	2 Blocks
Grocery Store	2 - 3 Blocks
Drug Store	3 Blocks
Restaurant	2 - 4 Blocks
House of Worship	2 - 4 Blocks
Clinic or Hospital	2 - 4 Blocks
Library	8 Blocks
Movie Theatre	8 Blocks
Social Centre	Indeterminable ²²

²¹Anthony Markoff, The Locational Needs of the Elderly for Housing, Masters Thesis, (Vancouver: The University of British Columbia, May 1972), p. 32.

²²Paul Niebanck, The Elderly in Older Urban Areas, (Institute for Environmental Studies, University of Pennsylvania, 1965), p. 64. As quoted by Markoff, p. 33.

Niebanck's work also emphasises a correlation between critical distance and the frequency of use of a service or facility: services which are used regularly, such as the grocery store or bank, must be located within a few blocks of the seniors' housing site or the seniors begin to express a high degree of dissatisfaction. On the other hand, services which are used less frequently, such as the library or movie theatre, can be located further from the seniors' housing site with a lesser degree of dissatisfaction.

More recently, James Wilson undertook a study, "Assessing the Walking Environment of the Elderly", wherein the walking environments of the elderly were assessed in relation to the desires and capacities of elderly residents.²³ The findings of this research suggest that the long-time rule of thumb that housing intended for seniors should be within six blocks of centres of activity should be replaced by a goal of two blocks (about 200 yards).²⁴ Further, the research suggests that the presence of attractive destinations within walking distance of the home affects the walking activity of seniors. In other words, seniors are more stimulated to walk if there are "places to go to" such as inviting community centres and shopping areas, rather than simply going for a walk in bland surroundings. Finally, it is clear that anything in the physical layout of the surroundings, including the absence

²³James Wilson, "Assessing the Walking Environment of the Elderly," in Plan Canada 21/4, 1982, p. 117-121.

²⁴Wilson, p. 121.

of sidewalks or crosswalks, or grades steeper than five percent, inhibits carefree walking and detracts from seniors' ability to take part in activities in those areas.

In order to establish suitable locations for purpose-built seniors housing in Terrace, it is essential to determine where services used by seniors are currently located. As discussed in the third chapter, the vast majority of services are located within a three block long by four block wide corridor bounded by Eby Street to the west, Kalum Street to the east, Park Avenue to the north and Greig Avenue to the south.

Based upon the research done by Niebanck and Wilson, it is preferable that any purpose-built housing such as apartments or congregate housing should be located within the core downtown area or within two to six blocks of that area. It is now important to examine if and where any building locations exist that would be suitable for this type of housing. In order to do that, the zoning of the City of Terrace and the availability of vacant lots owned by the City of Terrace or the Crown will be examined.

Land Use Designation of Existing Housing Stock in Terrace

The Zoning By-law for the City of Terrace has nine different residential zones and a commercial zone which permit residential development. At the present time, each residential zone permits the development of a number of the housing options and living arrangements for the elderly listed in the second chapter. Table 5 indicates which housing options and living arrangements are currently permitted in each zone.

Table 8
Housing Options Permitted in the City of Terrace by Zone

Residential Zones	R1/A1	R2	R3	LDR	LDSR	MDR	MHDR	HDR	C1
Single family homes	X	X	X	X	X	X	X	X	
Accessory apartments		X	X	X	X	X	X	X	
In-law suites		X	X	X	X	X	X	X	
Rental apartments			X	X	X	X	X	X	X
Condominiums			X	X	X	X	X	X	X
Co-operatives			X	X	X	X	X	X	
Non-Profit Housing			X	X	X	X	X	X	
Mobile homes			X	X					
Homesharing	X	X	X	X	X	X	X	X	
Garden suites									
Abbeyfield houses		X	X	X	X	X	X	X	
Congregate housing		X	X	X	X	X	X	X	X
Care facilities		X	X	X	X	X	X	X	

The **R1 Single Family Residential Zone** (R1) is the most restrictive of the residential zones. The only residential use permitted in the R1 zone is single or one family dwellings which are defined in the Zoning By-law as "a detached building consisting of one dwelling unit as herein defined, and occupied or intended to be occupied as the permanent home or residence of one family."²⁵ The term "family" is not defined. Rather, the term "dwelling unit"

²⁵City of Terrace, Zoning By-law No. 401 - 1965 (And Amendments), (City of Terrace, 1965), p. 2.

is used to control the use of the building. A dwelling unit is identified in the Zoning By-law as "two or more rooms used or intended for the domestic use of one or more individuals living as a single housekeeping unit, with cooking, living, sleeping and sanitary facilities."²⁶ For this reason, homesharing which involves two or more unrelated persons living together as a single housekeeping unit would be permitted in this and every other residential zone in Terrace. It should be noted that there is no restriction in the Zoning By-law to the number of persons that may live together as a single housekeeping unit, nor is there any reference to off-street parking regulations for homesharing.

The **R2 Single and Two Family Residential Zone (R2)** permits one and two family dwellings and lodging houses. Two family dwellings are defined in the Zoning By-law as "a building divided into two dwelling units . . . each of which is occupied or intended to be occupied as the permanent home or residence of one family."²⁷ Although the definition of two family dwellings is intended to permit duplexes, it also permits the creation of accessory apartments on certain lots because this definition allows two dwelling units in one building, provided that floor area, site area and site frontage regulations are met.²⁸ Further, there are no

²⁶Zoning By-law, p. 2.

²⁷Zoning By-law, p. 2.

²⁸Zoning By-law, p. 10.

stipulations anywhere in the Zoning By-law which prohibit accessory apartments or second suites.

This zone also permits institutional uses including hospital, sanatoria and convalescent homes, wherein persons may recover their health and strength following an illness or weakness. The City has included Terraceview Lodge and a variety of group homes in this definition. "Group homes consist of small group living arrangements, usually involving five to ten residents living together in a single family home."²⁹

The precedent that has been set in allowing group homes in this and other zones throughout the City which permit hospitals, sanatoria and convalescent homes has some bearing on the ability to locate an Abbeyfield home or small congregate housing in the same zones without amendments to the zoning. These two options are similar to group homes in that they would also involve five to ten residents living together in a single family home. For this reason, it will be assumed that Abbeyfield houses and small congregate houses would be permitted in any zone that permits hospitals, sanatoria and convalescent homes.

The **R3 Multi-family Dwelling Zone (R3)** allows one family and two family dwellings, apartment houses, row houses, condominiums, and hospitals, sanatoria and convalescent homes. Buildings which exceed 40 feet or two storeys are not permitted in this zone. As a result, every housing option and living arrangement for seniors

²⁹Geller and Associates, p. 22.

with the exception of garden suites and new mobile home parks is permitted in an R3 zone.

The **Low Density Residential Zone (LDR)** (25 PPA - persons per acre) permits single and two family dwellings, multiple dwellings including apartments and row houses, hospitals, sanatoria and convalescent homes. The regulations set out in this section stipulate that no building in this zone may exceed three storeys in height. With the exception of garden suites and new mobile home parks, all of the other housing options and living arrangements would be permitted in this zone.

The **Low Density Suburban Residential Zone (LDSR)** (25 PPA) permits the same uses as the Low Density Residential Zone, except that the regulations differ in some respects from the latter zone. Similar to the Low Density Residential Zone, no building in the Low Density Suburban Residential Zone may exceed three storeys in height. Every housing option and living arrangement except garden suites and new mobile home parks would be permitted in this zone. Currently, there is no land in Terrace that is zoned LDSR; therefore, any person(s) who desired this zoning would have to have the property rezoned.

The **Medium Density Residential Zone (MDR)** (40 PPA) allows all the uses mentioned in the Low Density Residential Zone except that the regulations again differ in some respects from the previous

zones, and there is no restriction on the height of buildings. Every housing option for seniors except garden suites and new mobile home parks would be permitted in this zone.

The **Medium High Density Residential Zone (MHDR)** (80 PPA) permits the same uses as the LDR, LDSR and MDR zones, although the regulations differ in some respects from the other zones. There is no restriction on the height of any buildings. Garden suites and new mobile home parks are the only housing options for seniors that are not permitted in this zone.

The **High Density Residential Zone (HDR)** (200 PPA) permits the same uses as the previous zones except that "the density of horizontal multiple dwelling buildings shall not exceed 80 PPA."³⁰ Once again, there is no restriction on the height of the building. Every housing option and living arrangement for seniors except garden suites and new mobile home parks would be permitted in the high density residential zone.

The **A1 Rural Zone (A1)** requires that the site area of a property must be a minimum of five acres. One single family dwelling is permitted on one rural land holding. Only single family houses and homesharing are permitted in this zone.

³⁰Zoning By-law, p. 26.

In addition to these residential zones, the City of Terrace also allows the following residential uses in the **C1 Central Commercial Zone (C1)**: bachelor units, one, two and three bedroom units which may not be located below any commercially used premises and must be not "located below the second storey of any structure."³¹ This zone would permit the development of a congregate care facility, apartments or condominiums, provided that the first floor was solely for commercial uses and the residential section of the building was no more than 200 percent of the area used for commercial purposes in the building.

Land Resources of City of Terrace and Province

There are a number of sites throughout the City of Terrace which are currently owned by the City of Terrace, the Province, and private individuals. There is a great deal of potential for obtaining property from the City of Terrace or the Province through donation, lease agreements or purchase agreement at below market value in order to build seniors' housing complexes in the City.

³¹Zoning By-law, p. 14.

The City of Terrace presently holds the following parcels of land, shown on the Municipal Properties Map at the back of this work:

Table 9
List of Land Owned by the City of Terrace

Address	Zone	Site Frontage	Site Width
4733 Halliwell	R1	75.00	122.18
Lot 15 Rowland	R1	62.23	131.23
Lot 4 Rowland	R1	63.98	126.98
Lot 1 McConnell	R1	60.00	132.87
3705 Thomas	R1	105.48	836.93
Lot 6 Olson	R2	209.00	297.00
4620 Davis	R2	153.10	287.20
4803 Twedle	A1	660.00	1316.83
Lot 3 Kalum	A1	330.00	1327.30
Lot 4 Kalum	A1	330.00	1331.23
Lot 5 Kalum	A1	330.00	1332.54
Lot 6 Kalum	A1	330.00	1332.01
Lot 19 Hazel	A1	330.00	1287.92
Lot 20 Hazel	A1	330.00	1287.79
Lot 21 Hazel	A1	330.00	1287.66
Lot 16 Olson	A1	209.00	626.60
Lot 17 Olson	A1	209.00	627.00
Lot 14 Olson	P1	133.60	626.60
Lot 15 Olson	P1	209.05	626.60
4457 Greig	M1	33.00	100.00
4459 Greig	M1	33.00	100.00
2801 Evergreen	M1	626.50	330.14
4632 Haugland	M1	211.69	661.70

The most suitable properties for purpose-built seniors' housing such as an apartment buildings or co-operatives are lots 14-17 located on Olson Avenue. These lots may be used individually or combined to facilitate a large development. Moreover, these

properties are located within three blocks of shops and services and would be well suited to seniors' housing. Further, these lots are located adjacent to R2 and R3 zones which have single and multi-family dwellings on the properties. Therefore, changing the zoning of the lots to R3 would not contradict with the zoning of surrounding properties, and may be less difficult than if the lots were surrounded by R1 single family dwellings.

Many of the other lots owned by the City of Terrace would be less suitable for many types of seniors' housing because the individual lots would be too small for large scale development or because the lots are located too far from the downtown corridor. However, other possibilities for these lots include their use for small congregate housing dwellings or Abbeyfield houses if the lots are located within other single family homes. This would be possible for the property located at 4620 Davis which is suitably located within two blocks of downtown and is currently zoned R2.

In addition, there are a number of properties in the City, owned by the Provincial government, that would be suitable for seniors' housing. Two of these properties are particularly promising. The first, located at Park and Kenney, is adjacent to two existing apartment complexes and about three blocks from the city centre. The second piece of property is on Highway 16. While this lot would not be suitable for seniors' housing, it could be part of a land-swapping deal with a developer for a more suitable piece of property. Other properties are large vacant pieces of land on which large developments may be built; however, these

properties are not accessible to shops and services at the present time.

In addition, there are numerous privately-owned lots within the City, many of which are located within or near the commercial core of the City. This accessibility factor would help to make the housing more attractive and useful to seniors in the community. The privately owned land may be purchased with the aid of grants from BCHMC or CMHC.

DISCUSSION OF FINDINGS

The most notable finding of this chapter is that the majority of the housing options and living arrangements for seniors identified in the second chapter are permitted in one or more of the existing residential zones in the City of Terrace. This fact alone greatly improves the immediate feasibility of many of the options. Further, there is a great deal of vacant land throughout the City that is owned by the City of Terrace or the Province which could be acquired through purchase or lease agreements. Unfortunately, many of these land holdings would only be accessible to services by transit for those persons who no longer drive. Alternatively, there are several privately owned sites that are located very close to or within the commercial centre of the City.

Second, the availability of government sponsored programs to fund the development and maintenance of large scale projects and subsidize low-income households helps to facilitate the creation of a wide range of housing options for seniors. It is imperative that these financing options are actively sought in order to facilitate the development of non-profit seniors' housing, rental apartments and co-operatives in Terrace.

Finally, population projections for the Local Health Area which encompasses and includes the City of Terrace indicate that the elderly population, those persons over 65 years of age, will increase by approximately 652 persons during the next decade. These projections must be considered in the timing and scale of future housing projects for seniors in Terrace.

On the basis of these findings, recommendations will be made as to which housing options and living arrangements would be feasible immediately (in the next two years), in the mid-term (the next two to five years), and in the distant future (the next five to ten years). These recommendations are intended as a guide for future development of seniors' housing in the City of Terrace.

Housing Options which are Immediately Feasible:

**Homesharing
Accessory Apartments
In-law Suites
Non-Profit Seniors' Housing
Mobile Homes**

The options which have been selected for immediate feasibility presently exist in some form (homesharing, accessory apartments, in-law suites, and mobile homes) or are needed immediately (non-profit seniors' housing) based on the population of seniors in Terrace and waiting lists that exist at this time.

1. Homesharing

Homesharing has the potential of being a viable living arrangement for seniors in the City of Terrace because of the predominance of single family dwellings in the City and the fact that it is currently permitted in every residential zone in Terrace. Further, there are minimal financial costs involved.

It is therefore recommended that homesharing be immediately considered as a viable housing option for seniors, and younger persons, in Terrace. The inception of a formal homesharing option

through a non-profit matching agency in the City would provide an important supported independent living option in this community. Moreover, it would provide an alternative to self-initiated homesharing and provide elderly persons with the convenience and security of having a third party screen and introduce potential homesharers.

The first step in formally introducing this option to the community would be to increase the level of awareness regarding homesharing and establish interest in this option. Second, assuming there is interest in this option, a homesharing agency could be set up in the new Community Volunteer Bureau and Seniors Information Access Centre. The homesharing agency could finance the costs involved in interviewing, reference checking and matching clients by charging a fee for matching clients. Recommendations on how to proceed with the agency could be obtained from the Vancouver Homesharers Society.

2. Accessory apartments / In-law Suites

The predominance of single family dwellings in the City of Terrace, combined with fact that the Zoning By-law permits accessory apartments and in-law suites in many residential zones make these housing options immediately feasible in Terrace. Accessory apartments and in-law suites are permitted in every residential zone except R1 (Single family dwellings) and A1 (Rural). Accessory apartments and in-law suites can be built with a minimum of disruption to the primary unit in two storey homes.

For persons interested in converting part of their home into an accessory unit or in-law suite, the determining factor in establishing cost is the condition of the area to be converted prior to conversion.

3. Non-Profit Seniors' Housing

Non-profit seniors' housing is permitted in every residential zone except R1 (Single family dwellings), R2 (Single and two family dwellings) and A1 (Rural). There are a number of vacant properties within the City that would be suitable for non-profit seniors' housing, although a rezoning would be required for the majority of these properties.

The economic feasibility of a second non-profit seniors' apartment is increased greatly by the availability of BCHMC loans for non-profit housing for low-income seniors. It is clear from the waiting lists at both the Willows and the Tuck Avenue Apartments that the seniors in this community desire more of this type of accommodation. Further, the elderly population of Terrace has voiced its desire on a number of occasions to see a second seniors' apartment complex like the Willows.

Persons aged 55 and over would be eligible for non-profit and public subsidized housing for seniors. The population of persons aged 55 years and over in Terrace, not including those persons in an institutional facility, in 1986 was 1,190 persons. Based on the non-profit seniors' housing needs indicator established by Lynn Guilbault in her thesis, there should be 6.8 units of non-profit

housing for every 100 seniors in B.C.³² Consequently, 6.8 percent of 1,190 is 81 units. There are currently 56 units of non-profit and public housing for seniors in Terrace. As a result, in order to meet this needs indicator Terrace should have an additional 25 units of non-profit seniors housing in the City based on the 1986 population of persons 55 years of age and over. The population of persons 55 years of age and over has increased since that time; therefore, it is likely that this is a very conservative estimate of need in 1991.

4. Mobile homes

Mobile homes, which offer elderly persons independent living in a compact environment, are currently permitted in three trailer courts in Terrace. At the present time, these trailer courts are non-conforming uses: there are no zones in the City which expressly permit the existence of trailer courts. The creation of new trailer courts is not allowed in any zone. Consequently, anyone choosing this option would have to purchase a mobile home which is already in a trailer court or wait for a pad to become available in order to live in a mobile home within the City.

³²Guilbault, p. 95.

Housing Options which would be Feasible in the Mid-term:

**Rental Apartments
Co-operative Housing
Abbeyfield Concept Housing**

Two of these housing options and living arrangements for seniors (co-operatives and Abbeyfield houses) will require a great deal of planning and development on the part of non-profit societies to bring about their inception. It is likely that it will take some time to create these societies in Terrace and enable them to seek financing options from the different government ministries. In the case of rental apartments, it is a matter of having a developer bring forth this option and seek financing that may be available from BCHMC.

Rental Apartments

The City of Terrace currently has a very low apartment vacancy rate of 0.8 percent.³³ As a result, it is likely that the City of Terrace would qualify for the new B.C. Rental Supply Program offered by BCHMC to encourage the creation of new rental apartments in low vacancy areas. The creation of new rental apartments in the City of Terrace would benefit all age groups and would offer seniors the opportunity to live in a complex that is not strictly for seniors.

³³CMHC, Rental Market Survey Report: Terrace, Fall 1990, NHA 6190, (British Columbia: Canada Mortgage and Housing Corporation, 1990), p. 4.

Co-operative Housing

Terrace does not have a co-operative project of any kind. It is likely that a not-for-profit co-operative which encompasses a wide range of households, including families and seniors, would be the most successful because of the predominance of younger families in Terrace. Such a project could offer seniors the option of living in a complex with younger persons and children. In addition, it would benefit both independent seniors and families who cannot afford to purchase a home, but who want security of tenure and input in decisions made about where they live.

CMHC funding for the development and maintenance of the co-op is available to projects selected for subsidies. Suitable locations for co-operatives in Terrace should again be accessible to shops and services, as well as schools and recreational facilities for the families in the development.

Abbeyfield Concept Housing

Abbeyfield houses must be owned and operated by a local non-profit Abbeyfield society. Abbeyfield housing would add to the rental stock in the City of Terrace by providing rental housing to elderly individuals who would desire the communal lifestyle offered by the Abbeyfield society. Funding for Abbeyfield houses may be available from BCHMC through the Non-Profit Housing Program.

Ideally, Abbeyfield houses are integrated into existing single family neighbourhoods. There are a variety of zoning options for the City of Terrace to permit Abbeyfield homes. It is possible

that an Abbeyfield house could be defined a "single housekeeping unit" and therefore be permitted in every zone without an amendment to the zoning. In this case, Abbeyfield houses may be permitted as a group home in every zone except R1 (Single family dwellings) and A1 (Rural) without any change to the current Zoning Bylaw. The ability to create an Abbeyfield house or other type of small congregate house in many zones in the City of Terrace without amending the zoning bylaw greatly increases the viability of such a housing option: the project could be built without the risk of public disapproval of the project at the public hearing.

Housing Options which may be Feasible in the Distant Future:

- Condominiums**
- Garden Suites**
- Congregate Housing**
- Care facilities**

Each of these housing options are not feasible for some time for different reasons. Additional condominiums and care facilities will not be necessary in Terrace for a number of years because the existing projects are sufficient to satisfy future demand. There are still a large number of units unsold at Twin River Estates, the condominium development for seniors, and the proposed supportive housing project adjacent to Terraceview Lodge will free up a number of beds at the Lodge currently used by those residents who had no choice but to live there at the time.

Garden suites will not be feasible for a number of years because of financial, legal and logistical barriers to their development. Large congregate care facilities will not be feasible

for some time because of the expense involved in development and maintenance. Further, the costs to the residents which have been charged in other developments of this kind make this option too expensive for most elderly Terrace residents at this time.

1. Condominiums

Terrace has one large condominium project, Twin River Estates, which is intended exclusively for seniors. Currently, there are still units for sale in Phase Two. The third phase of the project, which will be comprised of 24 units, is currently under construction. There are a total of 84 units in this project.

It is unlikely that the seniors' population in Terrace could support another condominium development. In 1981, 8.3 percent of seniors lived in condominiums in British Columbia.³⁴ In 1986 the seniors' population in Terrace, those 65 years of age and over, amounted to 505 persons. Consequently, 8.3 percent of that number would be 42 units. Even if the seniors' population in Terrace and the surrounding area for 1986 is considered, there were 735 seniors 65 years of age and over.³⁵ Of those 735 seniors, 8.3 percent of that number would demand 61 condominium units in Terrace. Therefore, even if the increase in the appeal of condominiums during the last decade is considered, it is unlikely that the seniors' population alone could support more condominium development in the immediate future.

³⁴Fact Book on Aging in British Columbia, p. 47.

³⁵Taylor, p. 3.

2. Garden Suites

There are a number of legal, financial and logistical problems which make it impossible to recommend the garden suite housing option at this time. First, the legal problems associated with setting up a garden suite program and regulating occupancy by a municipality or housing authority is questionable.³⁶ Second, the costs associated with purchasing or renting a garden suite may be prohibitive to many families. As shown earlier in this chapter, the purchase price that people were willing to pay in 1989 was the price that would have been viable in 1982 dollars. The cost has undoubtedly increased since 1982. The fact that the Township of Langley, which permits garden suites in agricultural zones, does not have any garden suites due to their cost is an indication of some of the financial difficulties associated with the concept. Finally, garden suites are not permitted in any zone in the City of Terrace. Accessory uses in residential zones are clearly stated in the Zoning By-law. Accessory uses which are permitted are buildings, structures or uses accessory to and located on the same site with the main building or use. An accessory building is defined as

"a subordinate detached building appurtenant to a main building or main use and located on the same site, the purpose of which is to provide better and more convenient enjoyment of the main building or main use."³⁷

³⁶CMHC, Granny Flats: Their Practicality and Implementation, (Ottawa: CMHC, April 1982), p. 85.

³⁷Zoning By-law, p. 2.

In addition, it has been recommended that the installation of garden suites be limited to lots of 6,500 square feet or more or rural zones in order to preserve privacy in the primary dwelling and garden suite and to ensure open space for each unit.³⁸ As such, garden suites would only be viable on large lots of land in rural areas. Consequently, the resident of the garden suite would have to rely on friends or relatives to have access to shops and services, unless the resident could still drive. For these reasons, garden suites are not a feasible housing option for seniors at this time.

It may be possible for BCHMC to consider taking on the ownership of a fleet of garden suites which could then be rented to elderly persons or their families in order to regulate occupancy and the removal of the units once they were no longer needed. This would, of course, be dependent on a number of municipalities amending their zoning to allow for the units, and upon the financial viability of such a project.

3. Congregate Housing

Congregate housing is not feasible in the near future because of the cost involved in developing and maintaining such a facility. The introduction of a BCHMC program to encourage the development of affordable congregate care housing would alleviate much of this problem. A second way to create congregate housing in the near future would be to initiate a smaller congregate housing option,

³⁸Geller and Associates, 18.

which could be located in a large single family dwelling and would include such services as 24-hour security, meals and weekly housekeeping. The costs involved in purchasing and maintaining the property and home and keeping a smaller staff of one or two persons would be considerably lower than would be involved in developing, maintaining and staffing a large congregate housing complex in the commercial core of the City.

Currently, zoning in the City would permit congregate housing in a variety of zones throughout Terrace depending on the size of the proposed project and the type of services which would be located within the project.

Care facilities

The City of Terrace has one care facility, Terraceview Lodge, which has a total of 75 residents. There are plans underway to develop supportive housing adjacent to the Lodge. It is expected that some of the residents currently in the Lodge will be able to move to the supportive housing, thereby freeing up a number of the beds in the Lodge. Therefore, there should not be a need for an additional care facility for a number of years.

RECOMMENDATIONS FOR THE CITY OF TERRACE

The City of Terrace can play an important role in encouraging the development of many housing options and living arrangements for seniors throughout Terrace. The City currently permits a wide range of housing options and living arrangements for seniors throughout the City. However, the City of Terrace may choose to play an active role in regulating the type of development that occurs in single and two family residential zones. Currently, a number of options including group living arrangements such as Abbeyfield housing and small congregate care homes, and accessory apartments and in-law suites are legal in two and multi-family residential zones. At this time, any profit or non-profit group can establish a group home in zones allowing them. It is recommended that the City expressly permit group homes for both profit and non-profit groups, and provide a definition of group homes, in zones that currently permit them in order to clarify that they are permitted. Further, the City may choose to make this zoning more restrictive in nature so as to regulate the density of group homes in Terrace so that they do not become concentrated in specific neighbourhoods.

The City may also choose to tackle the issue of legalizing or prohibiting accessory apartments and in-law suites in specific zones throughout the City. At this time such units are legal because there is nothing in the Zoning By-law which prohibits them. However, the regulations in the Zoning By-law do not address accessory apartments or in-law suites as such. These units are

legal simply because two family dwellings are permitted in these zones. Consequently, the City has no choice but to permit these units unless they violate regulations stipulating minimum site area, site frontage and floor area.

There are several factors which the City would have to consider if it chose to legalize or prohibit these units in the City. First, the City would have to establish whether or not the current zoning allowing accessory units and in-law suites are a problem to the residents in these zones (i.e. whether the City receives complaints about these units). Second, the City would have to decide whether or not accessory units and in-law suites would be seen as two distinct housing options with different requirements and regulations. Third, the City may choose to differentiate between the two and permit in-law suites providing strict regulations on the development are followed and the in-law suite is removed once it is no longer required.³⁹ Fourth, the City would have to consider which residential zones would be best suited to accessory apartments or in-law suites. Finally, the issue of off-street parking would have to be considered.

The existing Zoning By-law for the City of Terrace is not as restrictive as those in other municipalities in British Columbia. Consequently, a wide variety of innovative housing options for elderly persons are permitted in Terrace that would not be allowed in other communities without amending the zoning. In the future, it is hoped that the City of Terrace will continue to facilitate

³⁹Geller and Associates, p. 16-17.

the development of seniors' housing in this community through innovative zoning and planning techniques.

CHAPTER 5

CONCLUSION

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Seniors in every Canadian community, be it large or small, have the right to affordable, suitable accommodation in their community. To that end, seniors should have access to a range of housing in their community encompassing independent, supported independent and dependent living arrangements. The development of a range of housing options and living arrangements for seniors within a small community such as the City of Terrace poses unique challenges for planners of seniors' housing. In Terrace, the feasibility of a range of housing options and living arrangements for seniors is affected not only by locational and financial factors, but also by population conditions which are atypical for a small city.

The population distribution in Terrace, wherein the population is noticeably skewed to the younger working-age groups, rather than reflecting other small cities, mirrors that of many isolated resource-based communities in British Columbia: small, isolated resource-based communities tend to have a relatively low percentage of seniors in their total population. Any attempt to plan a range of housing options for seniors in these communities poses different types of planning problems than would arise in large cities. Two of the factors which must be considered in the creation of future seniors' housing developments in smaller communities are the scale and timing of development proposals.

As in all communities, developments must be built to the appropriate scale for the population in the region. However, in

smaller communities with low numbers of seniors, it becomes more of a challenge to create small scale developments that will reflect the population demands in the region, be cost-effective and employ economies of scale. Moreover, if the goal is to develop a range of housing options and living arrangements in a community, it is essential that there are not too many units of one particular option on the market which would preclude the development of other housing options in the future.

The importance of scale is illustrated in Terrace, where 84 condominium units exclusively for seniors were created at one site, Twin River Estates, within one and a half years. The large scale of Twin River Estates in a community that has a total of 550 seniors means that up to 20 percent of the seniors in Terrace live in this one development.

The second factor which must be considered in the creation of seniors' housing in smaller communities is the timing of particular proposals. Because Terrace has limited access to resources such as government funding, seniors' housing groups must work co-operatively to make effective use of government and local resources that are available to encourage and subsidize new housing options and living arrangements for seniors. There are a number of groups in the City such as the Terrace Health Care Society, the Seniors' Advisory Committee which reports to Terrace City Council, and the seniors at the Happy Gang Centre who are concerned about seniors' housing. These different lobby groups must be aware of what other groups in the City are doing and, ideally, work together whenever

possible to lobby for funding from various levels of government and encourage the development of new housing options in the City.

A second aspect related to timing, particularly when addressing concerns relating to the development of large proposals, is the ability of the current and future seniors' populations to support such projects. One solution may be to consider housing options, such as co-operatives, which integrate households of different age groups in order to alleviate some of the difficulties associated with small elderly populations and the viability of larger projects in small cities.

In an attempt to resolve some of the difficulties associated with the scale and timing in building developments which suit the needs of a smaller community, it is essential to recognize the value of single family dwellings for seniors' housing in the community. Many of the housing options and living arrangements that were recommended for the City of Terrace make use of single family dwellings. Further, the development of supported independent living options such as homesharing, accessory apartments and in-law suites in single family dwellings would help to bridge the gap that exists in most small communities between independent and dependent living options.

Supported independent living options in single family dwellings would be well suited to small cities such as Terrace for four reasons. First, these options are created by individual households and therefore, unlike multiple unit projects, are not dependent on a particular number of persons or households

participating in the housing option in order to make it feasible. Second, these options can be created when they are desired and dissolved when they are no longer needed without affecting any persons outside of that particular household who may also be participating in the same type of housing arrangement. Third, these options can be created with a minimum financial commitment and no dependence on government agencies to help finance the option. Finally, these options can make more effective use of uncrowded homes owned by elderly persons in communities such as Terrace where single family homes far outweigh other types of housing in the community.

Two other supported living options which would be well suited to small communities such as Terrace are small congregate housing and Abbeyfield housing. Both of these options are intended to provide housing to five to ten elderly persons within a single family dwelling. Smaller congregate houses and Abbeyfield housing would be able to offer many of the services, such as security, meals and housekeeping, found in larger congregate housing projects without the high number of units that are characteristic of congregate housing projects in large metropolitan areas.

Each of these supportive living options would make more effective and intensive use of the existing single family housing stock in smaller communities. Consequently, these options could help to balance increasing demand with existing supply of affordable units in single family areas. Moreover, these housing options can be integrated into the existing neighbourhood in a non-

obtrusive manner if proper care is taken in their establishment. This would help to ensure that seniors remain a vital part of the community.

The ability to introduce a range of housing options for seniors in a small city is crucial to keeping residents in such a community and attracting residents from smaller communities once they reach retirement age. It is essential that small cities attempt to offer innovative housing options and living arrangements to seniors that will facilitate independent, supported independent, and dependent lifestyles in order to ensure that seniors will not feel compelled to relocate to larger cities in order to find the housing and services they desire. The key is to keep the seniors who are in small cities, particularly in the north, from moving to larger communities in southern British Columbia where seniors have a wider variety of housing options and living arrangements at their disposal. The ability to create a variety of options throughout the community on a smaller scale helps to ensure that there will be a range of housing options encompassing independent, supported independent, and dependent options without risking the viability of these options because of the limited numbers of seniors in the community.

Areas for Further Research

There are several areas for further research which arise out of the work completed in this thesis. First, there is a lack of material concerning general trends in housing and services in small cities. This research could be similar to the examination of the elderly in small towns undertaken by Gerald Hodge in The Elderly in Small Towns: Recent Trends and Their Implications. Second, research could be undertaken regarding the degree to which small cities receive funding from BCHMC and CMHC and whether they receive their share of funding. This research could include an examination of whether different types of housing options are built in small cities as compared with large metropolitan areas. Finally, in terms of research into the different housing options and living arrangements examined in this thesis, more extensive research into the success of congregate housing in Canada could be conducted.

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