

DEVELOPMENT OF SUPPORTIVE HOUSING FOR SENIORS IN IROQUOIS FALLS, CANADA

Arshi Shaikh ^a, Carol Kauppi ^b, Henri Pallard ^c

^a Social Development Studies, Renison University College, University of Waterloo, Ontario, Canada

^b Director, *Poverty, Homelessness and Migration*, Professor School of Social Work

Laurentian University, Ontario, Canada

^c Director, International Centre for Interdisciplinary Research in Law, Professor, Department of Law and Justice^{*}

Laurentian University, Ontario, Canada

^a Corresponding author: arshi.shaikh@uwaterloo.ca

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Abstract: An unprecedented demographic shift characterized by a substantial increase in the population of seniors is occurring in Ontario, Canada. In order to meet the changing housing and health care needs of seniors, a community driven supportive housing complex was constructed in Iroquois Falls, a small town situated in northeastern Ontario.

This study had the following objectives: (i) to review the processes, including legal and regulatory requirements, involved in the establishment of the seniors' supportive housing complex, and (ii) to analyse the challenges and solutions devised during its conceptualization and implementation. Site visits, a review of policy documents, and semi-structured interviews with multiple stakeholders were conducted over a period of four months.

The findings revealed several key elements that ensured the successful establishment of the supportive housing complex for seniors. These elements included adequate identification of needs in the community, unique and solid partnerships among multiple stakeholders, a strong commitment among partners to provide affordable and supportive housing to seniors, support from the broader community, availability of funding, and alignment of the priorities of the Ministry of Municipal Affairs and Housing and the Ministry of Health and Long-Term Care.

Keywords: Aging, health, seniors, supportive housing, housing policy, northern Ontario.

I. INTRODUCTION

Population aging is one of the most significant trends of the 21st century worldwide (Marshall & Altpeter, 2005; United Nations Population Fund, 2012). According to the United Nations Population Fund (2012), a population is classified as

aging when older people constitute a proportionately larger share of the total population. According to the census of 2011, the Canadian population is aging. Seniors make up the fastest-growing age group in Canada and the trend is likely to continue for the next several decades (Human Resources and Skills Development Canada, 2013). At present, an estimated 5 million Canadians are 65 years of age or older, accounting for 14.4% of the total population. As early as 2015, the proportion of seniors is likely to surpass the proportion of youth (Canadian Institute for Health Information, 2011). The acceleration of population aging is also becoming apparent in the province of Ontario where seniors account for approximately 15% of the total population (Canadian Institute for Health Information, 2011; Jones, 2007; Sinha, 2012). The number of seniors in Ontario is projected to double over the next few decades due to an increase in life expectancy, declining fertility rates and the aging of baby boomers (McDonald, 2011).

The process of aging itself is associated with increased vulnerability to a variety of chronic physical and mental health conditions. Chronic conditions such as diabetes, heart disease, cancer and arthritis require monitoring and management for extended periods of time. Dementia (including Alzheimer), depression and anxiety are some of the common mental health problems encountered by seniors. Addiction to prescription drugs, alcohol and substance abuse may also affect seniors. Despite declining health and functioning levels associated with the processes of aging, many seniors prefer to live at home rather than to move to institutional settings such as long-term care facilities, nursing homes and retirement homes (Jones, 2007). However, some seniors experience barriers in meeting their core housing needs in terms of affordability, accessibility and

suitability (McDonald, 2011). This is partly the result of differential access to income and wealth which influence decisions regarding housing trajectories (Sinha, 2012). In particular, certain factors such as declining income, rising inflation and growing poverty can limit the ability to stay at home longer for those seniors who have low to modest income and who are vulnerable to multiple health problems.

Among seniors who do not own their homes or those who cannot afford to keep them, down-sizing and moving to affordable rental units becomes a necessity. However, average rents for one and two-bedroom apartments in private rental units are twice as high as the median income of tenants and well above the overall rate of inflation (Ontario Non-Profit Housing Association, 2012; Lapointe, Kerur, Cooper, McCutcheon, Duncan, & Wilson, 2011). Given the high rents in private markets, along with declining vacancy rates, seniors with low to modest income require access to social housing characterized by affordability, accessibility, adequacy and suitability so that they can live safely in a home environment.

However, in Ontario, as in other parts of Canada, rural, mid-sized and urban centres have severe shortages of social housing resulting in long and ever growing waiting lists (Jones, 2007). Seniors account for one-quarter of all people on the wait-lists for social housing (Ontario Non-Profit Housing Association, 2012). The situation is particularly grim in many rural and northeastern communities where the seniors' population is growing faster than in other parts of the province (McDonald, 2011). Combined with the demographic changes are challenges to the health infrastructure and services. The health care system is grappling with the rising costs of sustaining long-term care facilities, the acute care system and emergency services for the rapidly aging population. Under such circumstances, it is necessary to devise cost-effective and sustainable housing and care solutions that support seniors with low to modest incomes and allow them to remain at home longer. In particular, the development of fully accessible and affordable housing with integrated health, home and support services is considered essential for enhancing seniors' ability to live safely and affordably within a home environment (Jones, 2007; McDonald, 2011). The current paper focuses upon the processes involved in the development of supportive housing for seniors with low to modest income in the small town of Iroquois Falls situated in the northeast region of the province of Ontario, Canada.

A. Supportive Housing for Seniors

Supportive housing for older adults integrates social housing, health care and community supports through the implementation of comprehensive and flexible

programs and projects (Jones, 2007; Social Housing Services Corporation, 2008). Supportive housing provides a combination of affordable housing and support services — assisted living services — that can promote “aging in place”. The development of housing units is usually funded through the Ministry of Municipal Affairs and Housing, while care and support services are funded through the Ministry of Health and Long-Term Care (Sinha, 2012). Therefore, the successful establishment of new supportive housing requires an increased level of coordination across ministries as well as simultaneous alignment of priorities and the availability of funds. Supportive housing providers can be charitable organizations — often ethno-culturally or religiously based — non-profit agencies, cooperatives or municipal social housing corporations (Jones, 2007).

According to the Canada Mortgage and Housing Corporation (CMHC) (2000), in order for housing to be supportive for seniors it must have the following five components: residential character, supportive physical environment, access to necessary supportive services, a progressive management philosophy, and affordability and choice. The first key component of supportive housing is its residential character with a familiar, welcoming and home-like environment. Supportive housing projects should be in good, safe, attractive, residential neighbourhoods with easy access to often-used facilities such as community-based services (e.g., public transportation), convenience stores, banks, churches, pharmacies, medical clinics and hair salons. Regardless of the size and type of the project, occupants should have their own private, self-contained, and manageable home which can be a suite, an apartment or other private living space. The second key component of supportive housing is a physical environment that is accessible, flexible, and adaptable to meet the changing needs of seniors. The third key component of supportive housing is access to support services that can enhance the safety, independence and well-being of residents. The services might include personal support services, home making, assistance with medication, and wellness clinics. The fourth component is “people-focused” management where the manager personally knows the residents and their unique needs and preferences. Finally, the fifth key component of supportive housing is affordability and choice. Moreover, the supportive housing projects can be sponsored or developed individually by the private, not-for-profit or the public sector, or by partnerships between them. Different types of tenure can be offered in supportive housing projects, including rental, condominiums, and life leases. The rent is charged on the basis of the renters' ability to pay, or the market level rent is subsidized.

The Ontario Ministry of Health and Long Term Care defines the Supportive Housing Program as the one which provides support to people with special needs including seniors (Jones, 2007; Sinha, 2012). These persons generally require supportive living services at a greater frequency or intensity than could be provided with traditional care offered through Community Care Access Centre (CCAC) home care services. At the same time, these individuals do not need the constant clinical monitoring or supervision that is provided in long-term care homes. Different delivery models such as “hub” and “spoke” models have been developed to deliver supportive housing services which are clustered within a small geographical area, making these services practical and efficient.

Supportive housing services are often subsidized through the Ontario Ministry of Health and Long-Term Care and Local Health Integration Networks (LHIN); this allows some individuals to receive personal support/attendant and essential homemaking services at no charge (Sinha, 2012). For the housing component of the service, if one is not living in one's own home, there is generally a tenant-landlord relationship established wherein the client is expected to pay rent based on their income as well as other common costs of living within the community. The supportive services may vary according to identified need, but can include personal support/attendant services and essential homemaking services with staff available 24 hours a day to handle regularly scheduled and emergency care needs (Sinha, 2012). These services aim to promote wellness and improve the health of the residents by providing a level of service that enables them, despite their illnesses or physical limitations, to live in the community with a greater degree of independence. Thus, the availability of supportive housing for seniors can potentially reduce the wait-times for social housing as well as alleviate pressures on the health care system (Jones, 2007; Sinha, 2012).

B. Purpose of the Study

In 2012, a community-driven supportive affordable housing complex for seniors in Iroquois Falls, a small rural community in northern Ontario, Canada, was developed and constructed. During this novel undertaking, Iroquois Falls Non-Profit Inc., the proponent of the housing project, and the Cochrane District Social Services Administration Board (CDSSAB), the provincially legislated authority for the delivery of social housing, formed unique partnerships with the local government, health care service providers (i.e., Community Care Access Centre and Canadian Red Cross) and the North East Local Health Integration Network (NE LHIN) to qualify for funding under the Canada Ontario Affordable Housing Program offered by the Ontario Ministry of Municipal

Affairs and Housing as well as for the Supportive Housing program offered by the Ontario Ministry of Health and Long-Term Care. The end result was the creation of supportive housing for medically high-risk seniors with low to modest incomes. This supportive housing was characterized by affordable, fully accessible, and relatively spacious two-bedroom single storey townhouses with supportive services and assisted living arrangements designed to enable seniors to live at home. The current study was conducted to describe and analyze the processes involved in the establishment of the seniors' supportive housing complex in Iroquois Falls. The study set out to answer two primary research questions. Firstly, how was the community driven supportive housing complex for seniors in Iroquois Falls conceptualized and actualized? Secondly, what challenges were encountered and solutions devised to ensure successful completion of the housing complex?

II. METHODS

A two-phase mixed-methods study was designed and implemented over six months. This paper contains the research methods employed in the second phase of the study and the findings emerging from data collected from the community stakeholders who contributed to the development of supportive housing for seniors in Iroquois Falls.

A. Setting

The study took place in the small rural community of Iroquois Falls which is spread over 600 square kilometers on the banks of the Abitibi River in northeastern Ontario. Timmins, one of the largest cities in northeastern Ontario, is approximately 70 kilometers away. According to the 2011 census, the population of Iroquois Falls is 4,595 and its population is aging rapidly. Its primary industry is a large paper mill. The mining industry also provides employment opportunities to those who are willing to commute to the nearby town of Matheson. The community infrastructure of Iroquois Falls includes parks, community recreation centres, a curling club, the Jus Jordan Arena and a golf course.

The study focused on the *Centennial Court*, a complex of ten newly built affordable and fully accessible townhouses designed for seniors with modest income and multiple medical problems. Named in honour of the town's 100th anniversary, Centennial Court opened in August 2012. The property is owned by the Iroquois Falls Seniors Apartment Corporation and managed by the CDSSAB.

B. Sample

The sample consisted of community stakeholders who played a significant role in the conceptualization and establishment of the supportive housing.

Table 1: Participants

Ministry of Municipal Affairs and Housing • Team Lead Regional Housing Services
Cochrane District Social Services Administration Board • Area Manager • Chief Administrative Officer • Director, Housing Services
Town of Iroquois Falls • Mayor
North East Local Health Integration Network • Senior Officer
Canadian Red Cross; Timmins • Manager, Community Health Services
Paul's Construction Inc. • President

C. Data Collection Instrument

A semi-structured interview guide was used to facilitate the data collection process with community stakeholders. The questions pertained to varied aspects of project development including the conception of the housing complex—mission, vision, objectives, plan—the formation of local partnerships and collaborations, funding of the project, legal and regulatory frameworks, challenges—legal, operational, administrative, financial—encountered and solutions devised in the actualization of the project as well as the anticipated short-term and long-term outcomes of the integrated housing complex.

D. Data Collection and Analysis Procedure

The community stakeholders were contacted via telephone or email and informed about the project. Once they agreed to participate in the project, interviews were held either face-to-face or by telephone. Informed consent, written or oral, was obtained prior to initiating the interview process and the interviews were tape-recorded and transcribed verbatim. The interviews lasted for about 20 to 90 minutes. Transcripts were analyzed as per the guidelines provided by Tesch (1990) and Creswell (2009). After initial coding of the transcripts, identified text segments were segregated into various themes and sub-themes and an organizing scheme (Figure 1) was developed.

III. RESULTS

The findings in the current paper pertain to and are organized in three sections: (i) economic and political context, (ii) processes involved in the establishment

of seniors' supportive housing and (iii) challenges and solutions.

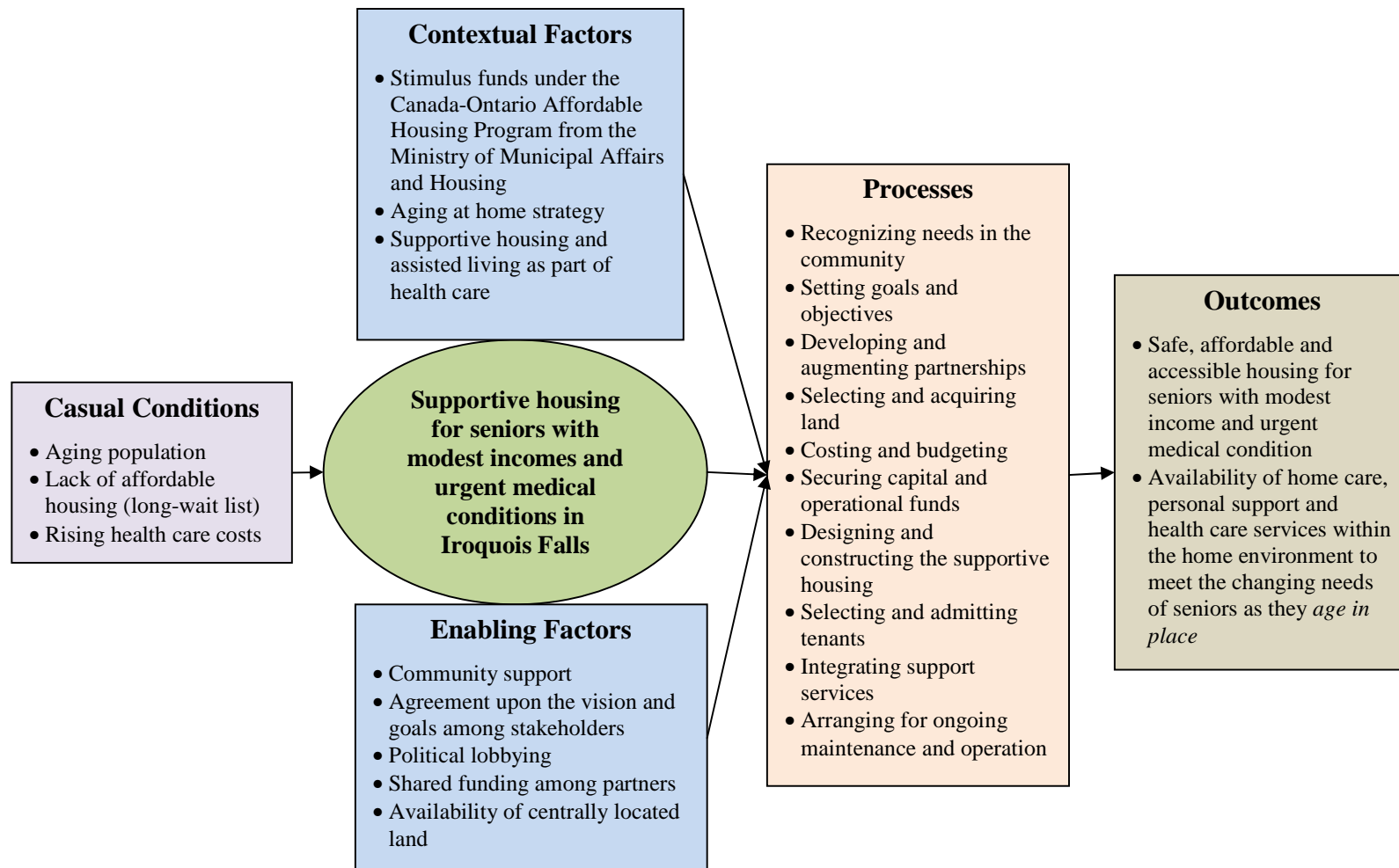
A. Economic and Political Context

Before proceeding with the delineation of processes involved in the establishment of seniors' supportive housing, it is imperative to situate this housing complex within the broader demographic, political and economic changes occurring within the province of Ontario. In the later summer of 2008, a financial crisis surged at an unprecedented speed with the collapse of the sub-prime mortgage market in the United States (Bresser-Pereira, 2010; Gokay, 2009; Kotz, 2009). This crisis undermined many of the largest financial institutions in the United States and severely damaged a large part of the world's financial system. Canada did not remain immune from the effects of this global economic meltdown with a looming threat stemming from potential joblessness and financial losses in the automotive and manufacturing industries (Clarke, Scotto, & Kornberg, 2011).

Under the changing climate of economic distress, the Ontario Ministry of Municipal Affairs and Housing announced the availability of 1.2 billion dollars under the Canada-Ontario Affordable Housing Program-Economic Stimulus Package. The stimulus funds were particularly available for "shovel-ready" projects. Projects had to be at an advanced stage of development with requisite permits, zoning, planning, and community support already in place, thus allowing construction to commence immediately. This was a partnership program, cost-shared between the federal and provincial governments under the Economic Stimulus Package (Ontario Non-Profit Housing Association, 2011). The program had two major objectives: (i) to generate affordable housing by building new social housing or improving existing units and (ii) to stimulate the economy by creating an estimated 23,000 jobs over the course of the program, while strengthening local economies across the province.

The program was an exceptional, interim measure developed to enable service managers to respond immediately to requests by low-income households for affordable housing. Under the program, the province approved more than \$459 million for construction-ready projects, which were to ensure affordable housing for special need populations—low to modest income families, senior citizens, and persons with disabilities—for a period of 20 years. Affordable rental housing was defined as (i) a unit for which the rent does not exceed 30 percent of gross annual household income for low and moderate income households (ii) or a unit for which the rent is at or below the average market rent of a unit in the regional market area (Lapointe et al., 2011).

Figure 1. Processes and Contextual Factors



At the same time, the Ministry of Health and Long-Term Care and the NE LHIN emphasized the significance of supportive housing and assisted living services for high-risk seniors due to the acceleration of population aging and subsequent rising pressures upon the acute and long-term care system. The intent was to enable local communities to address the needs of high risk seniors so that they could remain safely at home, thus reducing unnecessary and avoidable utilization of acute care, emergency services and long-term care facilities.

B. Process of Establishing Supportive Housing

The above economic and political climate provided an impetus for the establishment of seniors' supportive housing in the small town of Iroquois Falls. The process of establishing the supportive housing complex for seniors involved the following stages: (i) recognizing needs in the community, (ii) setting goals and objectives, (iii) developing and augmenting partnerships, (iv) selecting and acquiring land, (v) costing and budgeting (vi) securing capital and operational funds, (vii) designing and constructing supportive housing, (viii) selecting and admitting tenants, (ix) integrating support services, (x) arranging for ongoing maintenance and operation, and (xi) arranging for summative and formative evaluation. Each section is described in greater detail in the following passages.

(i) Recognizing Needs in Community

With an increasingly aging population, the town of Iroquois Falls was reported to be grappling with several issues relating to housing and health (Table 2). Firstly pertaining to housing, it lacked affordable, convenient and fully accessible housing for seniors. Secondly, with regard to health, the lack of housing designed to meet the multifaceted care needs of seniors increased pressures on the acute and long-term care systems. In particular, the subgroup most at risk was low to modest income seniors who could afford neither to receive care in their homes nor to live in a retirement home.

The community did not have many housing options falling in the middle of the spectrum where affordability, accessibility and supportive services could be integrated within a home environment. The CDSSAB and Iroquois Falls Seniors Apartment Corporation recognized a need for affordable, adequately spacious and fully accessible housing units with integrated supportive services. The close ties between the two partners laid the foundation for the conceptualization and actualization of the seniors' supportive housing in this small rural community.

Table 2. Housing and health issues among seniors in Iroquois Falls

Long wait-list for affordable housing.
Dearth of affordable two-bedroom units for seniors aging as couples.
Exacerbation of health conditions due to the current home environment and physical space, such as stairs.
Reluctance to live in publically funded institutional care settings, such as nursing homes.
Inability to afford privately run retirement homes.
Increasing utilization of acute and long-term care facilities.
Difficulties in accessing specialised health care services due to the isolated and rural location of the community.
Need to travel to near and distant cities, such as Timmins and Sudbury, to access health care.

(ii) Setting Goals and Objectives

The proposed affordable and fully accessible supportive townhouses were anticipated to meet the following goals and objectives: (i) reduce waitlists for social/affordable housing, (ii) provide affordable and fully accessible two-bedroom units for seniors with low to modest incomes and medical problems, (iii) assist seniors to age at home through the provision of supportive services, and (iv) alleviate demands on the health care system, in particular, acute care and long-term care systems.

(iii) Developing and Augmenting Partnerships

The next step in the process involved developing and augmenting the existing partnerships. CDSSAB, the legislated body to deliver housing services across the Cochrane district, shares a long-standing relationship with Iroquois Falls Non-Profit which owns and operates two housing complexes for seniors. Due to this long-standing relationship, the CDSSAB was aware of the shortage of affordable housing for seniors in Iroquois Falls. It was able to conceive a shovel-ready project in Iroquois Falls which would meet not only the eligibility criteria for Canada Ontario Affordable Housing funds, but also the needs of seniors in Iroquois Falls. At the behest of the CDSSAB, the Iroquois Falls Non-Profit became the proponent and long-term operator of the project.

Subsequently, the CDSSAB approached the Mayor of the town who played significant role in making this

housing project a reality. Through a Memorandum of Understanding, the Iroquois Falls Non-Profit was already receiving supportive services from the Canadian Red Cross and the Community Care Access Centre (CCAC) for seniors residing in the other complexes. Hence, it was considered a natural step to include the newly proposed seniors' townhouses in the existing agreement and integrate supportive services within the proposed project. In addition, the Iroquois Falls Non-Profit reached an agreement with the North East Local Health Integration Network to ensure that the CCAC received adequate funding to provide additional supports and services at no cost to the seniors who would eventually reside in the proposed townhouses, enabling it to become a supportive housing complex.

There were two unique features of this partnership. The Service Manager at the CDSSAB had a Management Service Agreement with the Iroquois Falls Non-Profit. The Mayor of Iroquois Falls and the CDSSAB had an established, positive working relationship. Similarly, the board of CDSSAB was made up of the representatives from the municipalities within the district. Hence, the Mayor of the town of Iroquois Falls was serving on the board of the CDSSAB. Moreover, the director of housing services at the CDSSAB was serving on the assisted living steering committee at North East Local Health Integrated Network. These unique connections generated mutual trust and dependability among the partners, creating a solid team of stakeholders who shared common goals, a vision for the project and demonstrated a high-level of commitment to make this project a reality.

The parties formalized their relationship in the project through a series of agreements. The Iroquois Falls Non Profit, the CDSSAB and the Ministry of Municipal Affairs and Housing signed an agreement for the capital funds granted under the Canada Affordable Housing Program-Economic Stimulus Funds. The CDSSAB and CCAC concluded another agreement, and a memorandum of understanding was signed with the Canadian Red Cross regarding service delivery.

(iv) Selecting and Acquiring Land

While preparing the business case for the funding, the CDSSAB and Iroquois Falls Non-Profit selected the land. The parcel was in the centre of the town at one end of a sub-division containing single family dwellings; it was close to stores and amenities including public transportation available at a nominal fee for seniors. Across the road was Cambridge Place, a 23-unit, two-storey seniors' building linked to a 69-bed long-term care facility. Furthermore, beside the proposed land, there was a 25-unit subsidized social

housing apartment building. These seniors' housing complexes were owned and operated by Iroquois Falls Non-Profit. Consequently, the construction of the proposed seniors' supportive housing on this specific piece of land offered an opportunity to create a hub of independent, fully dependent and semi-dependent living all in the heart of Iroquois Falls. The proximity of these housing complexes meant cost-savings in terms of property management and the delivery of supportive services.

The land met the zoning by-laws and was fully serviced. However, there was no road leading to it. Moreover, the land belonged to the municipality and had to be purchased to make the project feasible. Due to the strong commitment among the stakeholders, effective local leadership and deep interest among the community members, the town donated the land. In addition, the municipal government paid for the road extension and waived the building permit fees, consequently strengthening the project proposal prepared to secure capital funds.

(v) Costing and Budgeting

The CDSSAB calculated the costs and prepared a budget while keeping the "affordability" criteria of the Canada Ontario Affordable Housing Program in consideration. The program stipulated two conditions (i) the rent had to be set at 80% of the market rate in the region and (ii) the housing had to remain affordable over a period of 20 years.

The CDSSAB achieved affordability through the creation of a seniors' hub characterized by several features. These features included the selection of a centrally located site, the donation of land by the municipality, the waiver of permit fees, payment for the road extension by the municipality, innovative funding sources from stakeholders, a low and fixed rate mortgage from Infrastructure Ontario and legal agreements with the NE LHIN to provide additional funds to cover the cost of supportive services.

(vi) Securing Capital and Operational Funds

At the conceptual stage, the CDSSAB and Iroquois Falls received letters of support from community stakeholders for submission to the Ministry of Municipal Affairs and Housing. In addition, the Mayor of Iroquois Falls established connections with key officials in the provincial government and explained to them the significance and sustainability of the proposed seniors' supportive housing complex. The Mayor arranged two special meetings of delegates with decision makers, including parliamentary assistants to the Minister of Municipal Affairs and Housing at the provincial legislature in Toronto. In 2011, the Ministry of Municipal Affairs and Housing granted \$1.26 million in capital funds under the

Canada Ontario Affordable Housing Program-Economic Stimulus Package. Additional funding came from the stakeholders (Table 3).

Table 3. Sources of Funds

Ministry of Municipal Affairs and Housing	\$1.26 million
North East LHIN	\$305,865
Infrastructure Ontario	\$582,510
Town of Iroquois Falls	\$156,000 (donation of land)
Canadian Red Cross	\$35,000 (accessibility equipment)

The money was given for the following reasons: (i) the selection of seniors as the target population by the CDSSAB and the Iroquois Falls Non-Profit; (ii) collaborations with local government officials, the NE LHIN and health care service providers; (iii) the identification of needs in the community and a description of how the proposed project met those needs; (iv) a justification of the viability and sustainability of the complex over the next twenty years; (v) the donation of land by the community and waiver of permit fees by the municipality, thus making it a shovel-ready project; (vi) assurance of completion of the project within specified timelines; and (vii) a clear articulation of how the project met the criteria of the Canada Ontario Affordable Housing Program.

(vii) Designing and Building the Supportive Units

Once the money was in place, the project was tendered through a competitive bidding process. The architectural firm, PBK Architects, and the construction firm, Paul's Construction, won the bids and signed contracts with the Iroquois Falls Non-Profit. The project began to take shape after undergoing an environmental review and assessment process. The construction company followed the blueprints prepared by the architects and ensured that the units met the Ontario Building Codes concerning people with disabilities. The complex was covered under a one-year warranty issued by the construction firm.

The Canadian Red Cross pointed out that the seniors would require extra space and adequately sized rooms. It spoke to the need for the installation of grab bars and aqua-lifts, for specified heights of kitchen cabinets and drawers, washers and dryers. Similarly, representatives of the NE LHIN provided informal inputs and suggestions to make these units appropriate and accessible for seniors whose health care,

support services and mobility needs might change over a period of time. The project was completed on time, saving the \$100,000 that was set aside for contingencies. Other savings were achieved through the lending arrangements.

Centennial Court opened in August 2012 with ten two-bedroom homes available for seniors. All ten units are single storey and fully accessible from the driveway to a ramped entry with wide doors and level thresholds. Each unit is 850 square feet and has an open concept design with front and rear alcoves. Designed with seniors in mind, parking is located at the door with a minimal slope, thus enabling occupants to park their cars in the driveway as opposed to a common parking lot. The doors are 36 inches wide and the floor-plan allows for an adequate turning radius for a wheelchair or a scooter in each room including the washrooms. Each unit is equipped with a washer and dryer in the washroom. Rents have been set at 80% of the CMHC average market rate and include heat, water, appliances, parking, snow removal and lawn care. Energy saving features include radiant in-floor heating, programmable thermostats, air exchangers, good quality windows, doors and insulation, sound resistant walls, and energy efficient appliances.

The units provide affordable, accessible, safe and private units to seniors who live independently or with the support of assisted living services, potentially alleviating pressures on the acute care system and long-term care facilities. The funding for home-based health and supportive services is provided by the NE LHIN, while the services are delivered through the CCAC and the Canadian Red Cross.

(viii) Selecting and Admitting Tenants

When the construction was nearing completion, the process for the selection and admission of tenants commenced according to the following criteria: (i) seniors who are above 60 years of age; (ii) on the wait-list for social housing with "urgent medical" or "persons with disabilities" status; (iii) priority given to two-member households with each member turning 60 years or more on the day they applied for housing; (iv) their household income at the provincial or area's 60th income percentile; (v) willingness to divest their existing residential property or home; (vi) resident of Ontario with permanent resident status in Canada; and (vii) evidence regarding their medical condition (e.g., doctor's note) and the impact of their current living arrangement on their health.

Thus the eligibility criteria pertained to age, an urgent medical condition, household composition, and income. The focus upon urgent medical conditions was partly determined during negotiations with the NE LHIN which stipulated that its allocation of funds

for services was contingent upon the construction of affordable housing that met the definition and features of a supportive housing complex. The emphasis upon two-member households was rooted in the rationale that each person can provide support and care in times of need and reduce the sense of isolation often experienced by seniors. Once the criteria were determined by Iroquois Falls Non-Profit in consultation with CDSSAB, the process involved review and selection of tenants based on the criteria and chronological order of applications.

(ix) Integrating Supportive Services

Centennial Court morphed into a supportive housing complex from the initial proposal of affordable social housing. It became an extension of the health care system where seniors can receive an alternate level of care within the setting of their home at no cost to them; this arrangement potentially helps to alleviate pressures on the acute care system and long-term care facilities. The funding for home-based health and supportive services is provided by the NE LHIN, while the services are delivered through the CCAC and the Canadian Red Cross.

The CCAC conducts the assessment of seniors and calculates MAPLe scores (Method for Assigning Priority Levels). On the basis of this assessment, they may provide referral for case coordination and support services from the Canadian Red Cross which conducts further assessment and delivers services tailored to the needs of the individual. Canadian Red Cross workers provide personal care, light house-keeping, respite, assistance with laundry and grocery shopping, meal planning and accompanying seniors to their appointments. The workers are accessible and on-call 24 hours per day, seven days per week. In addition, the residents may qualify for nursing care, physiotherapy, occupational therapy, and foot clinics. Those who qualify for services are provided with Medical Alert Bracelets containing a telephone number which can be utilized to call upon a Red Cross worker for an urgent situation. An economy of scale is realized as Red Cross workers can provide services to seniors in the hub, thus reducing their commute time. Moreover, the necessary equipment (e.g., grab bars, raised toilets) was installed prior to occupancy, thus enabling Red Cross workers to immediately provide services in a safe environment, as opposed to conducting needs assessments and awaiting the installation of appropriate equipment while caring for seniors in a potentially unsafe setting.

(x) Ongoing Operations and Maintenance

Iroquois Falls Non Profit Inc. is the proponent and long-term operator of supportive housing in the community. The organization ensures that all the

expenses are paid and mortgage payments are made on time in order to prevent any arrears or default on any of the requirements set by the Ministry of Municipal Affairs and Housing and Infrastructure Ontario. The expenses are primarily covered through rent revenue. The CDSSAB has contracted property management services which include electrical, plumbing, ground maintenance, snow removal and repairs for the ten units. At the same time, CDSSAB manages the waitlists and ensures that there are no vacancies in the units, thus avoiding loss of revenue.

(xi) Arranging for Formative and Summative Evaluation

The last step in the process involves arranging for summative and formative evaluation to gain information about various outcomes: individual outcomes (e.g., satisfaction among seniors), organizational outcomes (e.g., financial sustainability of the complex, vacancy or occupancy rates), community outcomes (e.g., housing needs of the community, reduction in wait-list for social housing, economic benefits to the community), and system outcomes (e.g., lessening the burdens on acute care and long-term care health systems).

C. Challenges and Solutions

The CDSSAB encountered three major challenges which it resolved with the support of the stakeholders.

(i) Short-fall in Capital Funds

Once the money was in place, tenders were released for bidding and a shortfall of capital funds became immediately evident to the CDSSAB and Iroquois Falls Non-Profit. Upon learning about the short-fall in the capital budget, the Mayor of Iroquois Falls took the unusual step of approaching the NE LHIN and requesting that it fill the gap by providing over \$300,000.

(ii) Securing the Mortgage

The next step involved securing a mortgage as the CDSSAB and Iroquois Falls Non-Profit Inc. required additional funds to build and sustain the complex. Private financial institutions were ruled out as potential lenders due to the possibility of an increase in the mortgage rates in the future, thus potentially rendering the project unsustainable over a period of twenty years.

At approximately the same time, Infrastructure Ontario changed its earlier policies of lending money to municipalities only and opened up its loans program to social housing providers. However, in order to borrow money from Infrastructure Ontario, the project required insurance and approval by CMHC. A qualified surveyor was required to assess the project

prior to seeking approval from CMHC. Iroquois Falls Non-Profit had undertaken preliminary work and had paid \$10,000 to hire a retired engineering technologist as a surveyor whom the CMHC interviewed and approved for the job of Project Monitor.

After satisfying the stringent regulatory and extensive documentary requirements, the seniors' supportive housing project received insurance and the approval of CMHC, thus paving the way for a 30-year, low-interest mortgage from Infrastructure Ontario. The proponent was seeking a long-term mortgage (20 years) for a fixed low-interest rate due to the limited revenue generated through affordable rents (\$750 per unit per month). The rent was projected to be the only source of revenue available to offset the costs of mortgage, insurance, property taxes and operating costs.

However, funds from Infrastructure Ontario did not flow immediately. The Iroquois Falls Non-Profit had to demonstrate that it had spent the government-issued \$1.26 million and \$300,000 provided by the NE LHIN, and the project was required to be at a certain stage of construction before the mortgage funds would be released.

(iii) Operational Difficulties

A major challenge arose after the selection of tenants. A majority of the households were composed of married or common-law couples, except one which was composed of a mother and a daughter. The mother was nearly 90 years old, while the daughter was above 60 years. However, on the day of the move, the mother passed away, thus leaving the daughter alone. These circumstances created anxiety and stress in the life of daughter who was afraid of losing her unit within the supportive housing complex. However the CDSSAB demonstrated flexibility in regards to its earlier preference for two-member household and admitted the daughter into the assigned unit.

IV. SUSTAINABILITY

CDSSAB and Iroquois Falls Non-Profit are expected to sustain this supportive housing over the next twenty years. The rent has to be kept affordable, that is 80% of market rent, while the operating costs and mortgage are paid off with the limited revenue generated through the rental payments. This means that the CDSSAB and Iroquois Falls Non-Profit will be required to make strategic and operational plans to assuage potential and actual challenges that may arise from possible increases in property taxes, possible tenant turn over, inability of tenants to pay rent, structural or mechanical malfunction after the expiry of the warranty and insufficient occupancy resulting from death and ill-health of tenants.

Another concern stems from the expiry of the operating agreement with the Ministry of Municipal Affairs and Housing at the end of 20 years. According to the agreement under the Canada Ontario Affordable Housing Program, the seniors' supportive housing complex has to remain affordable for twenty years. Challenges at that time may pertain to, among other things, the viability of this housing complex once this operating agreement expires, especially if the mortgage is not paid off or the complex requires major capital repairs which cannot be covered through the limited rent revenue.

V. CONCLUSION

The establishment of seniors' supportive housing in Iroquois Falls is a unique example of multiple stakeholders devising a local solution to meet local needs. Several key elements ensured the successful establishment of the supportive housing complex for seniors in the small town of Iroquois Falls. These elements included the vision and leadership role of CDSSAB, adequate identification of needs in the community, unique and solid partnerships among multiple stakeholders, a strong commitment among partners to provide affordable supportive housing to seniors, effective leadership on the part of mayor of the town, donation of land by the community, waiver of permit fees for land and construction of the street by the municipality, availability of funding, contribution of remaining funds and assistive devices from health care partners, and alignment of the priorities of the Ministry of Municipal Affairs and Housing and the Ministry of Health and Long-Term Care.

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