

Welcome

CORE AGE-FRIENDLY HOUSING SERIES!

Housing in an Age-Friendly World - From Homelessness to Continuing Care

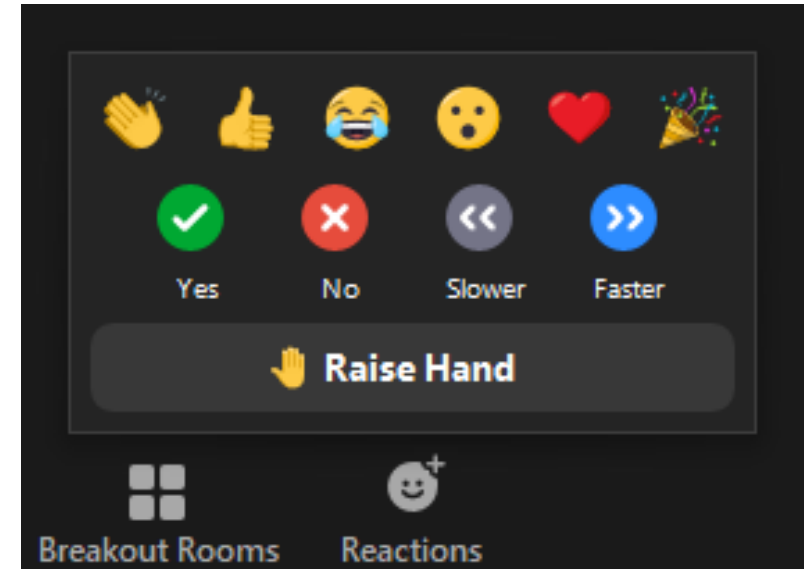
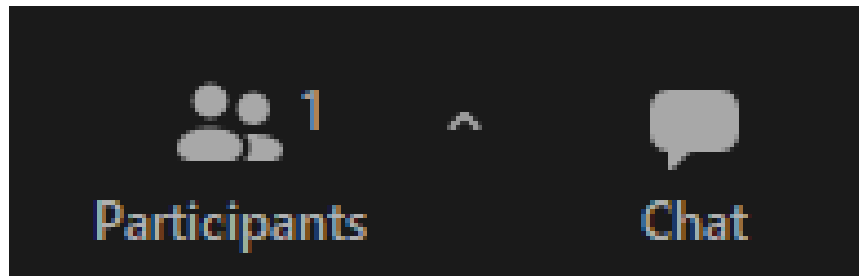
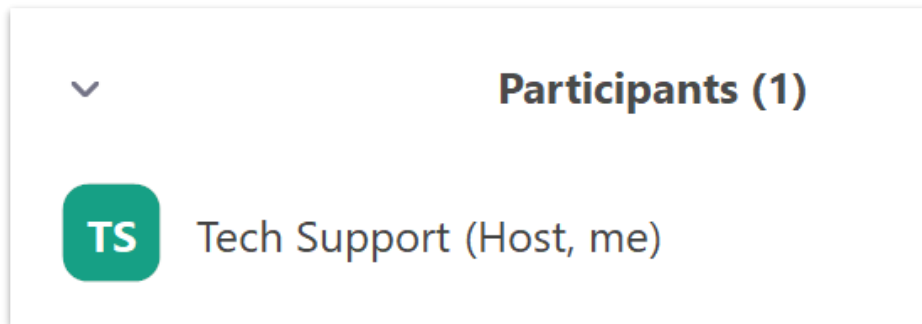
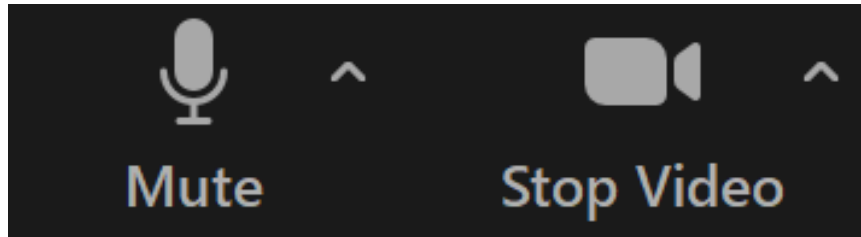
SESSION 5: SUPPORTIVE HOUSING AND CONTINUING CARE



LAND ACKNOWLEDGEMENT

In the spirit of our journey to promote reconciliation, we would like to honour the truth of the shared history and acknowledge the many First Nations, Métis and Inuit who have lived in and cared for these lands for generations. We are grateful for the traditional Knowledge Keepers and Elders who are still with us today and those who have gone before us.

HOUSEKEEPING



This session will be recorded, and the slides will also be available.

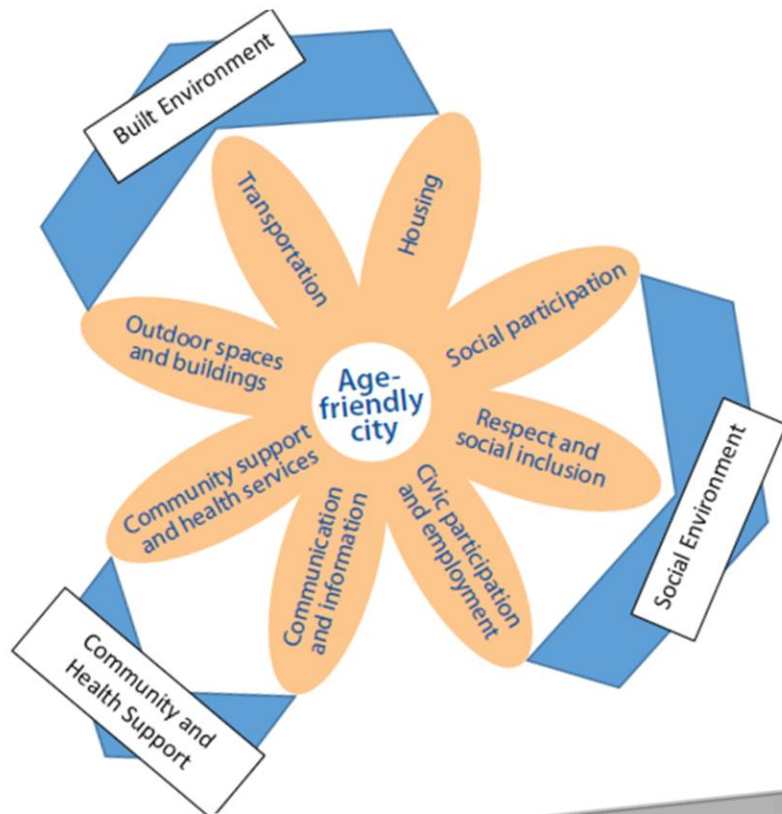
They will be uploaded on the CORE Alberta platform

<https://corealberta.ca/>

*“Design for the young and you exclude the old.
Design for the old and you include everyone.”*

~ The late Bernard Isaacs, Founding Director
Birmingham Centre for Applied Gerontology

What is Age-Friendly?



- Age-friendly is a model to enable active, healthy aging by focusing on eight domains of community living.
- Age-friendly communities help seniors remain engaged in their communities through the development of supportive built and social environments that facilitate exercise, social connection and respect for seniors.
- The cornerstone of the age-friendly model is the development of a community plan which brings together traditional and non-traditional partners to identify community assets and strengths that facilitate social inclusion of seniors and factors that hinder it.

Alberta Age-Friendly CORE Groups

Community of Practice

- Communities considering or pursuing an age-friendly plan
- Offer mentoring support
- Meets regularly
- Members actively support the Community of Practice.



Discussion Group

- Open to anyone
- Information sharing
- May or may not be involved in an age-friendly initiative.



Age-Friendly Housing – Setting the Stage

- Most seniors want to remain in their own homes for as long as possible.
- Majority of Alberta seniors live in private dwellings.
- The majority of seniors in private dwellings are homeowners.
- While about 1 out of every 7 Alberta seniors in a private dwelling is a renter.
- Close to a quarter of Alberta seniors in private dwellings live alone.



Checklist of Essential Features of Age-friendly Cities

Housing

- Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community.
- Sufficient and affordable home maintenance and support services are available.
- Housing is well-constructed and provides safe and comfortable shelter from the weather.
- Interior spaces and level surfaces allow freedom of movement in all rooms and passageways.
- Home modification options and supplies are available and affordable, and providers understand the needs of older people.
- Public and commercial rental housing is clean, well-maintained and safe.
- Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.

Recap Session 1 - Setting the Stage for Seniors Housing

Housing is a unique journey

Understanding those barriers and strategies in each setting gives us better insights on how to move forward.

- Not everyone should stay at home
- Some people aren't suited to community living
- At times, maybe the solution is a blended model

We might be creating a model that causes isolation by keeping people at home who aren't suited to that.

Variable, options and choice will ensure people have access to the supports when they need them.

Stronger Foundations: Alberta's 10-year strategy to improve and expand affordable housing

Action highlights – housing for seniors

Action 1.7: Increase seniors housing in line with population growth.

Action 2.4: Collaborate with partner ministries to co-ordinate supports and transitions for Albertans as they move through the housing continuum. This includes people receiving income support, youth exiting government care, women and children fleeing violence and seniors moving to higher levels of care.

Action 5.6: Work with partners to enable seniors' lodges to serve as community hubs in rural areas, and expand the Lodge Partnership Program to increase designated supportive living spaces in seniors' lodges where stand-alone continuing care facilities are not feasible.

Recap Session 2 - Late Life Homelessness and Affordable Housing

Homelessness among older adults is not just a housing problem; it is multidimensional, touching upon several issues including mental health, physical health, loneliness, and community wellbeing.

Responses and best practices:

- Permanent Supportive Housing
- Affordable Accessible Housing
- Eviction Prevention
- Rental Assistance
- Housing Navigation Supports
- Coordinated Access
- Housing First Philosophy
- Policy Changes

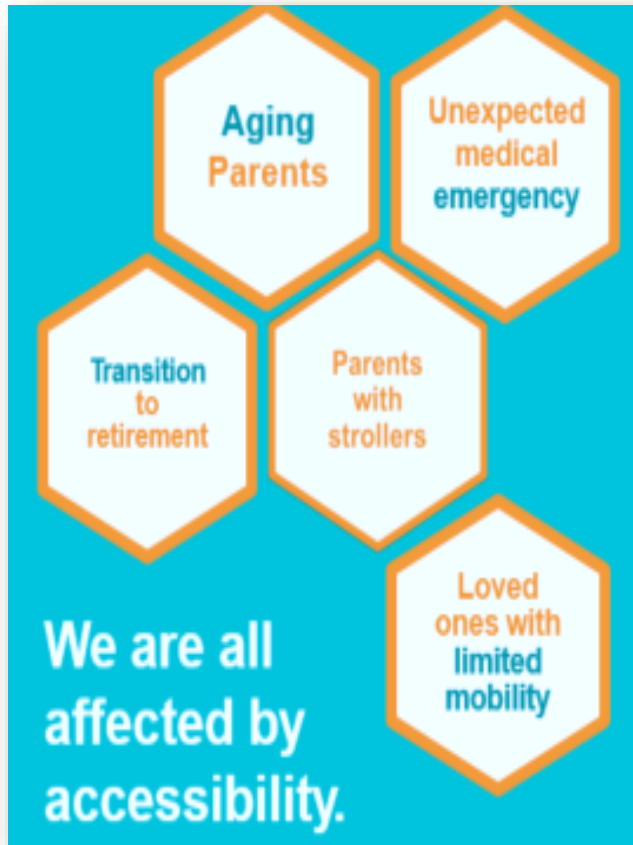
Living well in community, from a housing perspective:

- Safety and security
- Accommodation costs no more than 30% of income
- Well maintained building and suitable space
- Responsiveness of landlord to problems/financial issues
- Close to amenities, support network and community services

It takes a village:

- Seniors/Community Centres
- Home Care
- Schools
- Health clinics/including diagnostics
- Wellness supports – foot care, dental, therapies, etc.
- Friends and Family
- Transportation
- Volunteers
- Support service availability – grounds maintenance, repairs, etc

Recap Session 3 – Characteristics of Age-Friendly Housing for Seniors



The Building Blocks that Allow for Housing for Everyone

1. No-Step Entrance
2. Accessible Bathroom
3. Vertical Access
4. Interior Space
5. Accessible Kitchen
6. Wayfinding

(Color and Texture Contrast)

Visitability is a design strategy that focuses on three main features within a home – a zero-step entrance, wider doors, and a bathroom on the main floor – that allows people with disabilities, including seniors with limited mobility, to enter the first floor of the home.

Accessibility or Universal Design is a relatively new concept that goes beyond mere visitability and accessibility and aims to create housing and environments that can be used by people of all ages, abilities and mobility levels, without the need for adaptation or specialized design. Universal design focuses on creating homes that are comfortable, attractive, safe and usable by everyone at every stage of life.

Adaptability or FlexHousing™ is a term used by CMHC to describe an approach to housing design that incorporates features at the design and construction phase that will allow homeowners to adapt their space to meet their changing needs. In the U.S. this is known as “adaptable design.”

Recap Session 4 – Innovative Housing Models for Seniors

Community




Mosaic Village
Cohousing
www.MosaicVillage.org




Contact: John Mungham - 403-680-0418

Companionship

Supplemental Income



Canada HomeShare
by NICE



Intergenerational social work facilitated homesharing:
Municipal pilot to national expansion

Program by the National Initiative for the Care of the Elderly

Intergenerational Connections



Missing Middle



green
VIOLIN
COMMUNITY DEVELOPMENT COMPANY

Welcome

Agenda

Welcome and session overview

Presenters:

- Carolyn Tulloch, Lawyer, Estate Planning
- Sophie Sapergia, Director, Supportive Housing and Residential Living, Provincial Seniors Health and Continuing Care, Alberta Health Services
- Kierstin Kashuba, Director of the Integrated Policy and Planning Unit, Continuing Care Branch, Alberta Health

Question and Answer

Wrap-up

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SESSION 5: SUPPORTIVE HOUSING AND CONTINUING CARE



The Alberta Age-Friendly
Community of Practice

Age-Friendly Housing Series:
From homelessness to continuing care

What to consider when thinking about advance planning and making housing transitions

Carolyn Tulloch, Lawyer

June 22, 2022

Introduction

- All advice provided is to be considered general in nature and different facts would alter this advice. To rely on legal advice, one would need to discuss their circumstances directly with a lawyer.

Outline

- Aging and Decision Making
- Housing
- Sale of your current residence, private or through realtor
- Purchase of another residence
- Estate Planning with downsizing
- Vulnerabilities and Scams

Aging and Decision making

- There comes a point when seniors begin to think about changes that might need to occur. What drives those thoughts:
 - Feelings of insecurity
 - Infirmary or inability to physically do what they use to do
 - Change for the sake of change
- What areas of decision making need to be addressed?
 - Care
 - Housing

Housing

- Stay where you are.
 - What do you need to do to manage?
 - Why do you think moving will solve those problems?
 - Do you want to leave the back door open?
 - Can I go back?
- Assuming you really must move, what do you need to do to downsize as it will be presumed you are going to reduce your living space.
 - What does this mean?
 - When does this process begin?
 - Why does one want to downsize?
 - What is important to you?
 - What is important to your children or other close acquaintances?
 - What is not replaceable?
 - Do you want to travel?

Housing

After deciding that you must downsize, what are your Options:

- Smaller house
 - Will this address your concerns or is this just prolonging the inevitable?
- Condo
 - What is the difference between condo and house?
 - Condo fees
 - Joint owned common property
 - Spread the expense around
 - Still have to pay property taxes and probably telephone and internet.
 - What do you want in a condo? Underground parking, extra parking, common amenities, restrictions on occupancy

- Rental
 - What type of accommodation do you choose:
 - House
 - Multi-dwelling
 - Condo
 - Is it really stress free?
 - Subject to Notice to Vacate if owner wants to occupy the premises, or a family member or sale.
- Care Facility
 - Levels of care facilities.
 - What care do you need and why do you think a care facility can provide that care?
 - Have you talked to a resident in that facility or the family of a resident?
 - Are meals important?
 - Is entertainment important?
 - What about social interaction, is that important?

Sale of your current residence, private or through realtor

- Advantages of selling it yourself:
 - You don't have to pay a realtor's commission
 - Generally 6% on first \$100,000 and 3% thereafter plus GST. Example on a \$300,000 sale it is \$6,000.00 plus \$6,000.00 plus GST \$600.00.
 - You can take your time
 - How do I decide on a sale price?:
 - Ask someone who has sold
 - Ask for opinions from others who might know
 - Obtain an appraisal
 - Certified
 - Realtor valuation
 - How do you sell?
 - Ask your neighbours
 - Ask your friends
 - Put an ad in the paper or if you are tech savvy, advertise on line
 - Put up a sign
- The actual process:
 - Are you comfortable meeting with potential buyers
 - How do you protect yourself at the same time?
 - Don't be hasty; let them make you an offer. Remember until there is an offer in writing you don't have anything at all
 - Be aware of low ball offers? No need to respond.
- What happens when you "find" a buyer? Should you draw up your own Offer to Purchase? What is the downside?
 - Make a mistake
 - Make a promise you can't keep
 - End up spending money to complete the sale that you did not anticipate.
- Should you have a lawyer draw up the offer to purchase
 - My standard practice is not to charge to draw up the offer. I appreciate solving problems before they start.
 - Title search
 - Conditions of sale – RPR and Certificate of Compliance

Sale of your current residence, private or through realtor

- Using a realtor
 - Generally 6% on first \$100,000 and 3% thereafter plus GST. Example on a \$300,000 sale it is \$6,000.00 plus \$6,000.00 plus GST \$600.00.
 - Advantages: these are a few examples, not intended to be a summary of all the advantages (best discussed with a realtor)
 - You don't need to find a buyer,
 - Realtor may give you tips on enhancing the value
 - You don't need to worry about showing the property
 - Stress and strain reduced

Purchase of another residence

- Do you need a realtor?
- Can you have a lawyer draw up the offer to purchase if sale property is not listed through a realtor?
- What do you need to do to protect yourself?
 - What questions do you need to ask?
 - Should you involve family, friends, etc.?
- Should you consider some estate planning when you purchase another residence?
 - Should you put property into joint names?
 - What is the advantage?
 - Ease of transfer on death
 - What is the disadvantage?
 - The problems of your child could become your problems.

Estate Planning with downsizing

- Other estate planning matters that go hand in hand with downsizing
 - Simplifying banking and investments
 - Ensuring a smooth transition to next generation
 - What information should you compile for your executor
 - Will, Power of Attorney, Personal Directive.

Vulnerabilities and Scams

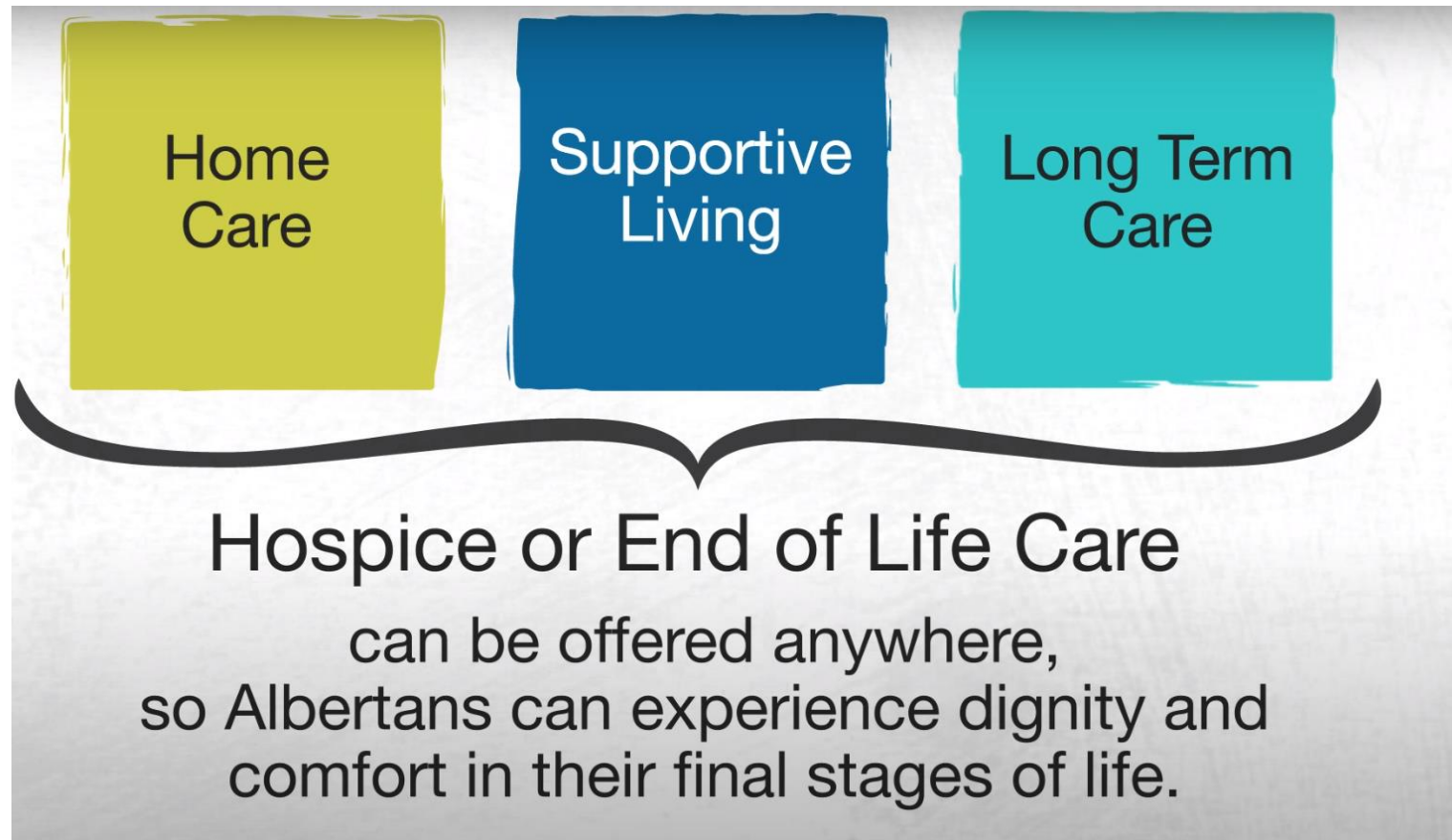
- Scams, always consult with family, lawyer, banker, etc preferably in person to ensure the legitimacy.
- If something is too good to be true, it likely is too good to be true.
- Bankers, Revenue Canada do not:
 - Threaten police action. This is a sure sign of a scam.
 - Do not ask you to go to the bank and take money out of your account.
 - Do not accompany you to the bank and ask you to take money out of your account.
 - Do not ask for info such as bank card, credit card, Passport, driver's license over the telephone.
 - If you owe money to Revenue Canada they will send you a letter.
- Other scams:
 - Contractors wanting to perform work on the house. Again, do not enter into any contracts nor put money down on work that is to be done. You need to do a background check.

Thank You



Continuing Care Services 101

Welcome to Continuing Care



What is Home Care?

Supports Albertans
of all ages to remain
well and independent
in their own homes
for as long as
possible

In 2021/22,
home care in
Alberta assisted
121,560 clients.

Goals of Home Care

- healthy and independent longer
- connections
- reduce need for Emergency/ Acute Care
- allow for earlier discharge
- delay need for other higher levels of care
- respect an individual's choice



Supportive Living

Supportive Living (access via Site Directly)

- Contact site directly
- Seniors Lodges: Can receive Home Care
- Private Supportive Living: May offer healthcare services

DSL

Supportive Living (access via AHS)

- Contact via 811
- DSL 3: HCA (Nurse on-call); Personal/health needs
- DSL 4: Nurse, HCA; Personal/health needs
- DSL 4D: Dementia; Nurse, HCA; Personal/health needs

Long Term Care

- complex, unpredictable medical needs
- 24-hour onsite Registered Nurse
- recreation and leisure
- all direct and consultative healthcare services are provided on site, including physician visits



Hospice or End of Life Care

A philosophy and an approach to care that enables all individuals with a life-limiting illness to receive integrated and coordinated care across the continuum.

Incorporates patient and family values, preferences and goals of care, and spans the disease process from early diagnosis to end of life, including bereavement.

Utilizes an interdisciplinary approach to:

- meet the individualized needs of patients, their families and/or caregivers
- addresses physical, emotional, spiritual, practical and social concerns
- for individuals at all ages and stages of life



Palliative, End of Life Care
(PEOLC [Link](#))

How to access Continuing Care services?

Continuing Care Access Line

- [North](#)
- [Edmonton](#)
- [Central](#)
- [Calgary](#)
- [South](#)

[Zone Map](#)

Other Links

- [Dementia Advice Line](#) - 811
- [Continuing Care Web Site](#)
 - More information and access Facility Directory
- [Palliative, End of Life Care](#)

Thank You

ContinuingCare@ahs.ca



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Transforming Continuing Care



Kierstin Kashuba

Director, Strategic Policy and Planning
Continuing Care, Ministry of Health

June 22, 2022

Overview



Transformation background



Legislative framework



Home and community care

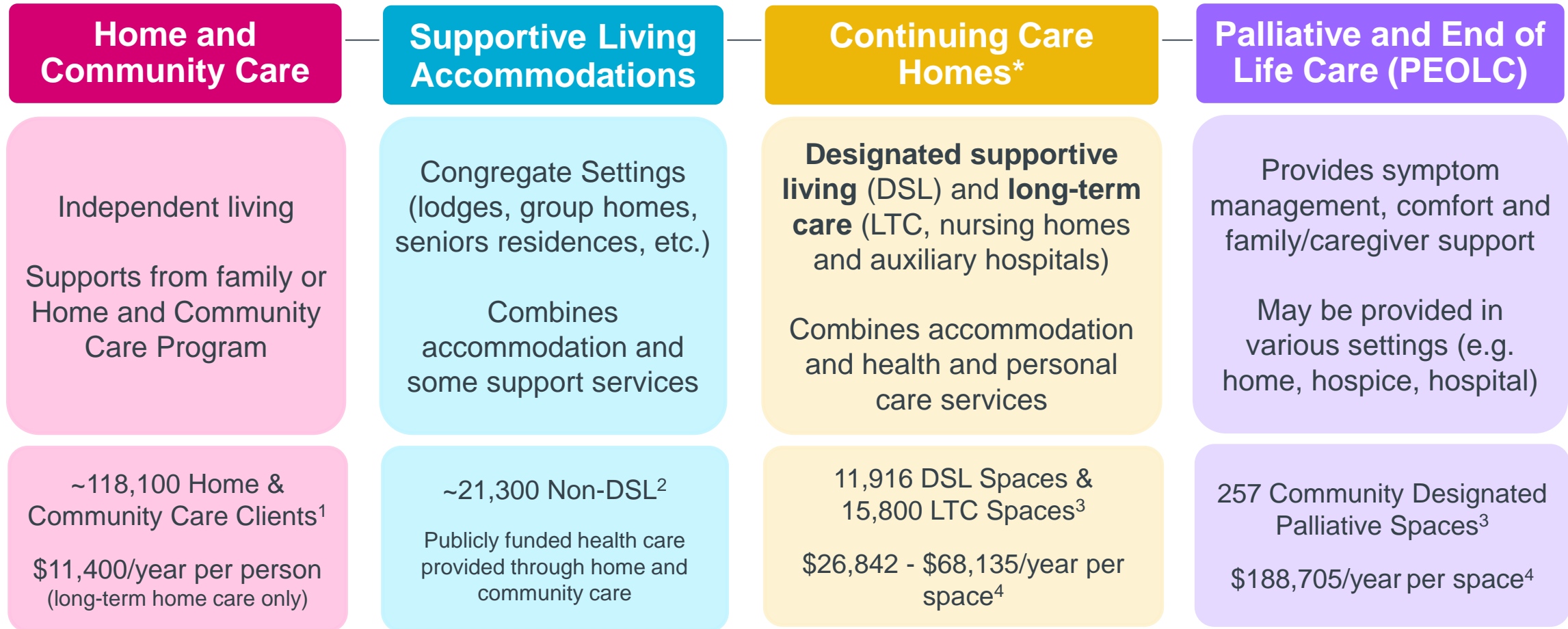


Capital and capacity



Other transformation initiatives

Continuing care system



¹Fiscal year 2020-21 (includes some people who live in supportive living, DSL and LTC). ²Accommodation Standards Tracking and Licensing System as of March 31, 2021. ³As of March 31, 2021. ⁴ For Fiscal Year 2020-21, does not include internal AHS operating cost. Note: the average length of stay in community palliative care spaces is 90 days.

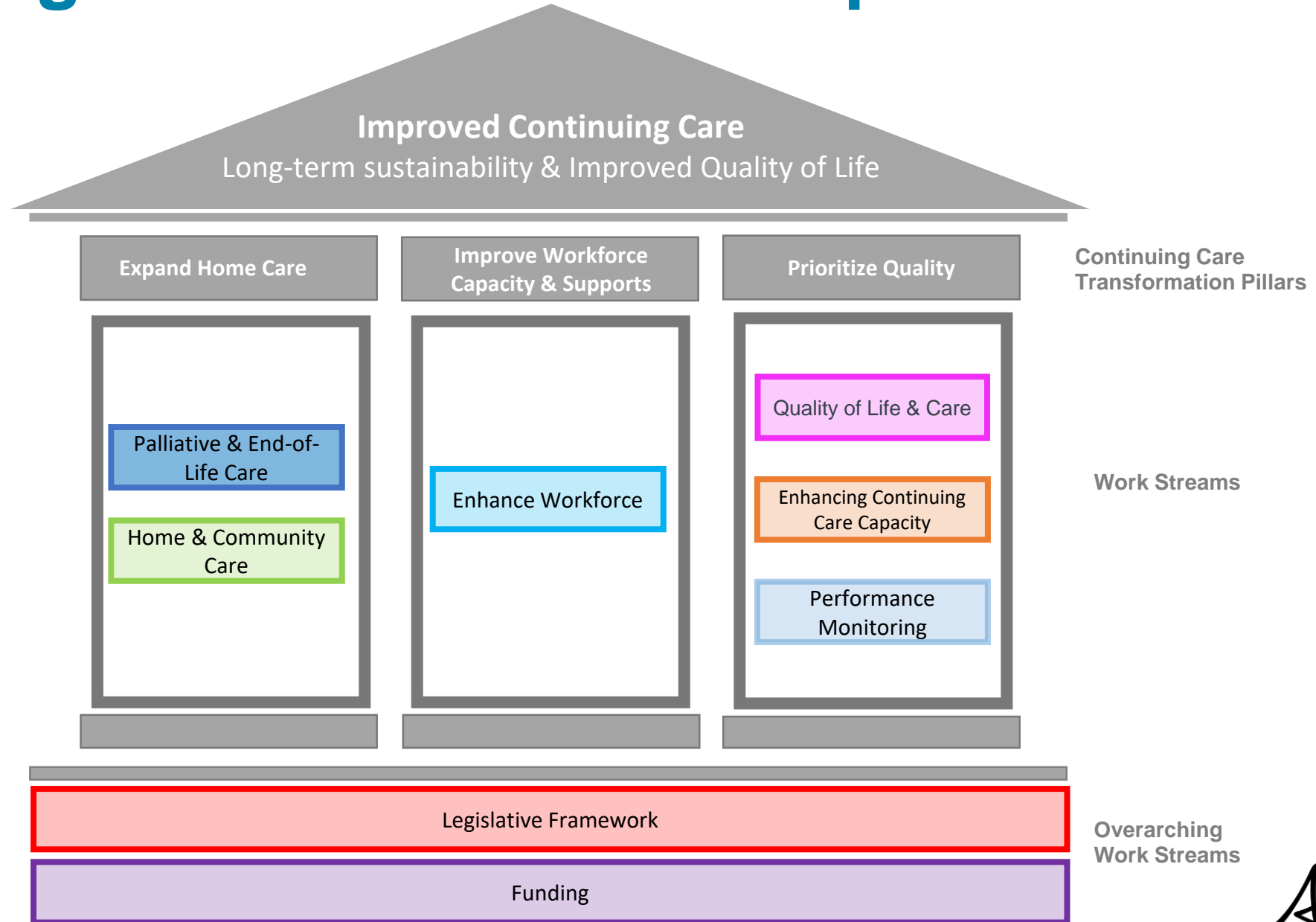
*Continuing Care Homes refers to what may be called facility-based continuing care.

Background

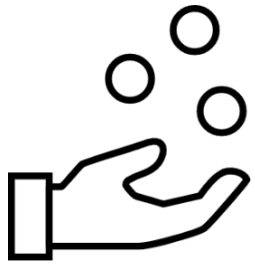
- In 2019, the Government committed to:
 - Creating new personal care homes;
 - Establishing and implementing palliative care education, training and standards for health professionals;
 - Raising awareness of palliative care and how and when to access it;
 - Developing effective caregiver support to support people in their homes and communities; and,
 - Prioritizing capital funding for new continuing care spaces.
- In May 2021, the [Facility-Based Continuing Care Review](#) report was released



Continuing care transformation plan



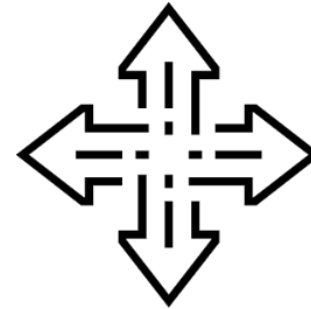
Achievements over the past 2 years



Elimination
of
co-payments
under
Palliative
Coverage
Program



New Design
Guidelines



Expansion
of
Continuing
Care
Facility
Directory



Continuing
Care Act



Increased
Public
Reporting



Capital
Program for
Indigenous
Continuing
Care



Palliative and
End of Life
Grant Call

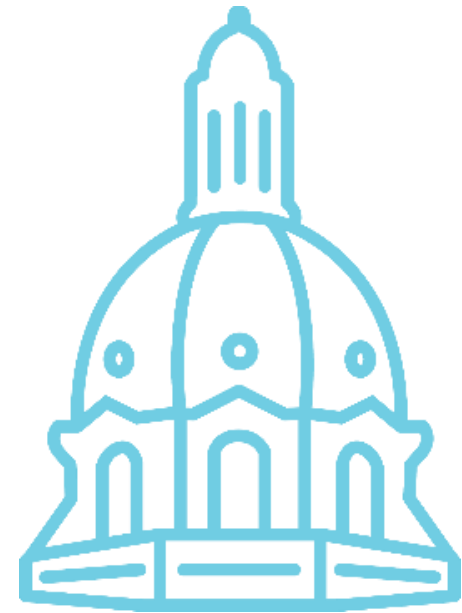
Supports to Community Partners



Legislative Framework

New continuing care legislative framework

- Alberta Health is introducing overarching “framework” legislation for the continuing care (CC) system.
- Bill 11, the *Continuing Care Act*, which received royal assent on May 31, 2022, will establish clear and consistent authority and oversight for licensing, accommodations and delivery of publicly funded care and services.
- The *Continuing Care Act* is the first stage in the new legislative suite of tools. Additional requirements will be enabled through regulations, with standards and policies to follow, for implementation as early as 2023.



Legislative Framework Implementation

Spring/Summer 2022

Continuing Care Act received Royal Assent on May 31, 2022. In effect upon proclamation (TBD).

Regulation content development and drafting.

Phase 1 standards work.

Fall 2022

Meetings with external stakeholders to inform the regulation content and implementation.

Implementation planning.

2023

New Act and regulations and Phase 1 Standards in effect (earliest), followed by:
Repeal of existing legislation.
Implementation beginning (multi-year implementation).

Phase 2 Standards: Development of new standards and supporting materials.

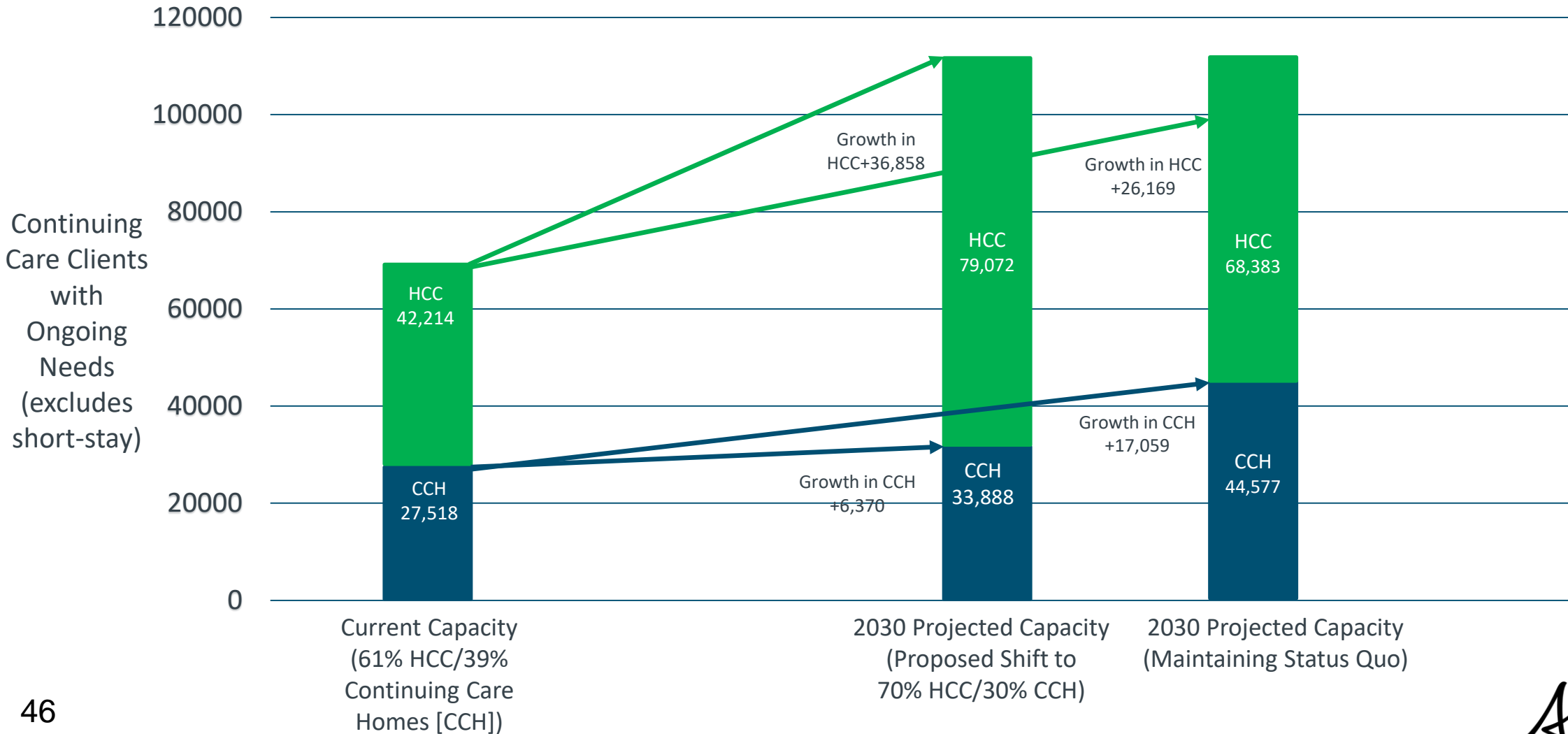
2024+

On-going implementation.

CC Transformation Initiatives: Significant policy work on system transformation (i.e. funding models, staffing, expanding access to home and community care)

Home and Community Care

Proposed shift to home and community care (HCC) vs status quo

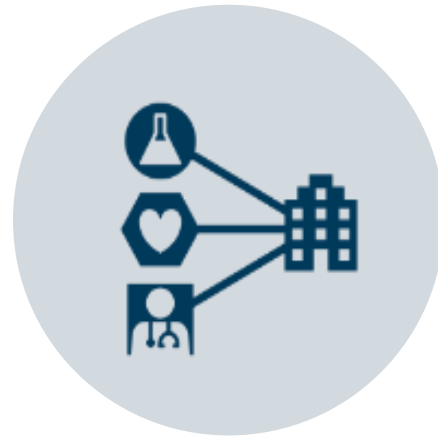


Opportunities for improvement in home care



1. Improving client outcomes

Opportunity to improve client outcomes to enhance quality and delivery of home care services to clients and caregivers



2. Workforce, scheduling, coordination

Opportunity to address workforce constraints in urban and rural zones, scheduling and coordination of services



3. Access to services

Opportunity to improve access to services for historically underserved populations or services that are not currently standardized across zones



4. Gaps in service delivery

Opportunity to address current gaps in service delivery such as rural and regional home care access

Alberta's Home Care Path Forward



Home and community first



Establish policy and funding structures to optimize home care within the Continuing Care system



Clarify services and responsibilities



Client-centred, flexible, outcome-focused service delivery



Empower clients, families, and caregivers



Ensure quality home care services



Integrated, coordinated, comprehensive care



Better coordination and access to needed health and non-medical services in the community

Capital and Capacity

Background

- There is increasing demand for continuing care (CC) spaces due to population aging and chronic conditions.
- Albertans are currently waiting in hospitals and at home for appropriate care – costly to government, inappropriate for Albertans.
- Limited culturally appropriate care options exist for Indigenous Albertans.
- Limited appropriate care options exist for Albertans with complex needs.
- Existing infrastructure is aging.

Identifying need

- The Continuing Care Capital Needs Assessment (CCCNA) process is used to identify need for continuing care capital across the province.
 - The CCCNA takes into account factors including, but not limited to:
 - Existing spaces
 - Population
 - Disease prevalence
 - Demand for spaces – wait lists etc.
- A Community Needs Assessment for Indigenous communities has been developed in collaboration with Indigenous communities.

Improve continuing care infrastructure by focusing on FBCC recommendations to:

- **Support Small Homes (platform commitment)**
- **Add new spaces for Indigenous Communities**
- **Encourage Campuses of Care**
- **Replace Aged Infrastructure**
- **Maximize P3 Partnerships**
- **Fund Innovative Approaches to Capital Development**
- **Eliminate Shared Rooms**

Small homes available to Albertans



Partnerships with private operators



Reduced future maintenance costs



Fewer Albertans required to share a room



Other Transformation Priorities

Invest in staffing supports to attract and retain workers through FBCC recommendations to:

- Create a **Human Resource Strategy** with a Focus on **Increasing Workforce**
- Implement **Pandemic Management and Prevention Plans**
- Provide **Education Subsidies** for Training in Continuing Care
- Introduce **Wage Alignment** Across Settings
- Support **Consistent Staffing**
- Convene a **Workforce Improvement Taskforce**

Training costs no longer barrier to entry into workforce



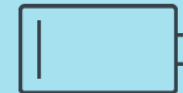
Staff retention for longer periods



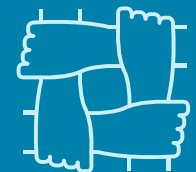
Position as desirable location for local and international workers



Reduced burnout and staff resignations



Collaborative approach with other Ministries (Labour & Immigration, Advanced Education, Community & Social Services)



Prioritize quality of life and improve system quality through FBCC recommendations to:

- Develop of **New Quality of Life Standards**
- Increase **Average Hours of Care**
- Modernize **Client Assessment Tools**
- Use **Quality of Life Outcome Measures**
- Improve **Food and Mealtimes**
- Enhance System Accountability with **Streamlined Inspections and Monitoring**

Improved mealtime experiences



Reduction of workplace accidents



Culture shift to improve client / resident satisfaction and quality of life



Improved information sharing



Easier navigation of the continuing care system



Thank you!

ContinuingCare@gov.ab.ca

Time for Question and Answer



Session recordings are available on Healthy Aging CORE Alberta at corealberta.ca:

HEALTHY AGING
CORE Collaborative Online
Resources & Education
ALBERTA

**You're invited to join the
AGE-FRIENDLY HOUSING SERIES!**
*Housing in an Age-Friendly World -
From Homelessness to Continuing Care*



The image contains four photographs arranged in a 2x2 grid. The top-left photo shows an elderly person sleeping on a wooden bench outdoors. The top-right photo shows an elderly person sitting in a chair, reading a newspaper. The bottom-left photo shows two elderly women in a kitchen, one is preparing food. The bottom-right photo shows two elderly women walking down a brightly lit hallway in what appears to be a care facility.

- February 23, 2022
Setting the Stage for seniors housing
- March 23, 2022
Late Life Homelessness and affordable housing for seniors
- April 27, 2022
Characteristics of age-friendly housing for seniors
- May 18, 2022
Innovative age-friendly housing models for seniors
- June 22, 2022
Supportive housing and Continuing Care

Thank you