



REPORT ON ACCESSIBLE HOUSING FOR THOSE WITH MOBILITY IMPAIRMENTS IN THE HALTON REGION

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Multiple Sclerosis Society of Canada-Halton Region

Report on Accessible Housing for those with Mobility Impairments In the Halton Region

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EXECUTIVE SUMMARY

Background

In 2002, the Multiple Sclerosis Society of Canada-Halton Regional Chapter received a grant from the Region of Halton Supporting Community Partnerships Initiatives (SCPI) Program to undertake a review of the problems related to accessible housing in the Halton Region. An Advisory Committee of the Multiple Sclerosis Society in Halton developed this report with assistance from members of the community, a committee member from the Multiple Sclerosis Society-Ontario Division and a consultant who wrote the Report.

The project was initially undertaken to determine if people with mobility impairments were leaving the Region because they were unable to find appropriate housing to accommodate their disability. In the interim, the effects of having long-term care facilities open in the Region meant a revision of the initial primary focus to allow for a look at the impact these facilities was having on the client population. The second purpose of the project is to provide a Tool for Universal Design, a user friendly Tool for people searching for appropriate housing to accommodate their mobility impairments.

Methodology

The Tool included in this Report was developed by two members of the Advisory Committee and was the object of two focus groups comprised of individuals with mobility impairments and those front-line workers who work with people with disabilities and seniors. Participants in the focus groups provided an in-depth review of the draft Tool and made alterations and additions based on their experience.

The Tool was then piloted in three homes; one a typical suburban bungalow and two in fully accessible apartments currently housing clients of the Halton MS Society. Those pilots were the basis of the final revision of the Tool.

Interviews were conducted in the community with executive directors, managers and front line workers who provide services to seniors and to people with disabilities or disease. These interviews were conducted in person with eleven people and one telephone interview was conducted. The findings from these interviews are discussed below.

Housing information was gathered from a variety of sources. Current reports and data were used and much information regarding the waiting lists was given through the interviews. Information on the advances made by the United States was collected over the Internet and through members of the community who have access to that information. The bibliography cites all sources used.

KEY FINDINGS – the barriers to accessibility for people with mobility challenges

- 1. People who could remain in their own homes and apartments if there were available community supports to assist are using long-term care facilities.**
- 2. Provincial cuts to disability pensions and cuts to social services has resulted in people seeking out long-term care facilities just at a time when there is a glut of long-term beds in the Halton Region.**
- 3. There is not enough affordable supportive housing in the Region or housing designed for people with mobility impairments.**
- 4. There are long waiting lists for people to get into assisted housing. Some estimate the number is as high as 2,500.**
- 5. Transportation for people with disabilities is a serious problem in the Region.**
- 6. Young people with disabilities are often housed in senior citizen buildings because there is no alternative for them in the Region.**
- 7. Some people are spending between 70% and 80% of their incomes on housing in order to remain in facilities which they can access.**
- 8. Two home renovations programs exist for providing accessible housing but both are means tested and require all family income to be counted for eligibility. They have an income limit of \$50,000 annually for all family members.**
- 9. The cost of renovating a home to universal design and visitability principles depends on the nature of the original design and the cost depends on original construction**
- 10. No new social housing has been built in the Province since 1995.**
- 11. People have left the Region to find housing or more accessible public buildings; they go primarily to Hamilton and Peel Region.**
- 12. The current long-term care arrangement is creating a two-tier system; those who can afford the private beds have a wide range of choice. Those who are waiting for the basic or subsidized units have a long waiting list.**
- 13. Long-term care facilities do not meet the needs of MS clients, many of whom are young and employable and/or have families. More units are needed to accommodate them and their families.**

- 14. The Region of Halton Directions Report, The Greening of Halton – Smart Growth, Smart Choices August 2002 proposes that each planning application will be assessed against ten Smart Growth Indicators one of which is barrier-free design.**
- 15. The Canadian Rehabilitation Council for the Disabled guidelines for accessibility is outdated and does not use the principles of universal design.**
- 16. If a dwelling is advertised as accessible, even with the wheelchair accessible symbol, this does not mean that all physically challenged individuals can live with ease within the dwelling.**
- 17. Family units do not come as readily available as units in senior buildings.**

Note re: Costs of long-term care vs. community care

Results of a longitudinal study in British Columbia between 1987 and 1997 indicate that the costs of maintaining people in their own homes vs. putting them in long-term care facilities are between 40% and 75% lower. Clients requiring low levels of care cost about 40% less while those who require intermediate levels of care cost less than 2/3 the cost of maintaining them in long-term care facilities. Those requiring high levels of care receive that care at about 3/4 the cost of facility care. Home care clients who remain at home at about the same level and type of care for six months or more cost about half that of facility care.

Source: Hollander Analytical Services, Ltd. “The National Evaluation of the Cost-Effectiveness of Home Care”. Victoria, British Columbia

INTRODUCTION AND PURPOSE

Background

In 2002, the Multiple Sclerosis Society of Canada-Halton Regional Chapter received approval from the Region of Halton Supporting Community Partnership Initiative (SCPI) Program Human Resources Development Canada to undertake a review of the problems related to accessible housing in the Halton Region. The primary focus of this initiative was collaborative to the extent that there was input from MS Society clients, others with mobility challenges, staff and people with special needs. Valuable input was also derived from municipal staff, developers and architects.

This involvement reflects an interest in the issue that has been under discussion at all levels of government. The federal Liberal Party has promised a \$1.1 billion housing program over four years, to be cost shared with the Provinces, to construct new rental units. The Halton Region must examine the number of units that will be made accessible to those with various levels of disability as it participates in this program.

An advisory committee of the Halton Regional MS Society developed this Report, with collaboration from members of the community and a representative of the Ontario Division of the MS Society of Canada. Two focus groups provided feedback to an initial draft of a Tool for Universal Design in August 2003 and community interviews were conducted in the fall of 2003.

Purpose

The purpose of this project is to identify the problems related to housing stock in the Halton Region for those with mobility impairments and to provide a Tool based on Universal Design that can be used to determine the level of accessibility of a dwelling. The Report summarizes our findings after interviews with clients, executive directors and front line workers in the many social service agencies operating across the Halton Region. The intent is that this Report be published in such a format that it can be updated as new information or new resources are identified.

Objectives

The objectives of the Report are to:

1. Provide a Tool for Universal Design to those seeking appropriate housing related to their mobility impairments
2. Create a tool which can be used by developers and builders when incorporating Universal Design elements into construction and renovation
3. Collect information regarding the status of accessible housing currently in the Halton Region
4. Prepare a document that can be used to influence municipal and provincial politicians in the construction of future housing stock in the Region

5. Obtain community support for the issue of construction of more accessible housing for those with mobility impairments, the aged and infirm
6. Determine what alternative housing arrangements are made to accommodate those who can not find appropriate housing as they acquire disabilities or as they age
7. Identify community supports and resources required to allow those individuals with disabilities to remain in their homes

Methodology

Information for the Report was gathered in several ways and from several sources. Research, the reading of the issues related to housing in the Halton Region and the focus groups with people with mobility challenges, caregivers and Halton area rehabilitation staff laid the groundwork for the development of an interview schedule. This schedule provided the basis of a structured interview with key people currently involved in the matters of housing, service provision and health for those with disabilities in the Region. The list of those to be interviewed was created through a snowball technique, that is, word of mouth regarding people who are active in the issue of housing or service provision in the Halton Region. Names were also selected on the basis of their office or title. Eight interviews were conducted in person with eleven people and one was conducted over the telephone.

The Report includes demographics related to the issue of accessible housing in the Halton Region. While other disease specific groups are considered in the project, the purpose and focus of this project is related to those with multiple sclerosis. The findings in the report were derived from the interviews and input from those identified above.

There is no available data related to the exact numbers or characteristics of people with mobility impairments in the Halton Region. Enough information was gathered during the course of this project to allow a profile, or picture, to emerge related to who those people are and the issues that impact on their lives related to housing and services.

The methodology in the Report is primarily interview based and includes interviews and focus groups with people with multiple sclerosis, caregivers, Halton area rehabilitation staff and the executive directors of various disease specific groups in the Halton area.

Limitations

This project is limited in five ways; first, it does not address the issue of affordability. Having physically accessible housing is not useful if those in the community who require it cannot afford it. The researcher heard several times in the course of this project that there is not enough affordable housing in the Region. According to a senior housing manager in the Region, what there is for people with mobility impairments is sometimes empty. This is either because of the price or because those units designed for wheelchairs in supportive housing locations can only be used for people in wheelchairs and excludes those on walkers or who require canes.

Second, the project does not address other forms of disability outside mobility impairment. Future research should discuss problems for hearing and visually impaired persons.

The Report does not discuss aging directly, but again several times during the interviews the researcher heard about the desirability of allowing clients to “age in place”, another name for staying in their own homes for as long as they are able. This is not to imply that aging in place is appropriate for all people; moving into appropriate facilities for health or other reason enriches some people. The issue is one of choice and individual circumstance.

Fourth, the Report does not provide specific data on people in the Region with mobility impairments. Those people come in all ages and levels of mobility; some are young people living with parents, and they are not discussed in this report. However, renovations and appropriate housing for them is an issue that should be considered in future studies. Instead, this project focuses on adults, and they meet one of three categories; those who live alone, those with young families and senior citizens.

1. Young adults who live alone constitute a large number of those in the Region with mobility impairments. Many live in buildings designated for senior citizens and their issues are particularly concerning; they are with a population with whom they have little in common and they are unable to find employment, though many can work.
2. Adults with families are depending on home help programs or are extremely dependent on their families to provide care. This causes major disruption because those relying on home help have had their services severely cut. Families that care for people with mobility impairments are stressed and often feel guilty about not being able to provide a standard of care for their family member. They have to lift the person, move them in and out of baths and provide other physical services for which many are not physically equipped.
3. Senior citizens comprise a large number of those with mobility impairments and their housing issues are related directly to safety. Some senior buildings have considered accommodating seniors as they age, but many have not and those seniors are lining up to get into assisted housing in the region. Many have no families to care for them.

Last, the Report does not provide an in-depth cost-analysis related to housing people in long-term care facilities and providing community supports for people to remain in their own homes for as long as possible. The interviews revealed that while there is no one in long-term care who is not qualified to be there, some could be in their own homes if there were adequate renovations, alterations and community support programs. Community support programs have been cut at a time when long-term care facilities have opened in the Region. Government policy has cut at-home services and is forcing people into long-term care facilities, effectively cutting them off from community life. This is a major problem in the Region and a concern heard over and over in the interviews.

DEMOGRAPHIC INFORMATION

Canadians have one of the highest rates of multiple sclerosis in the world. An estimated 50,000 Canadians have multiple sclerosis and every day three Canadians are diagnosed with multiple sclerosis. Approximately 12,000 people in Ontario have MS. Prevalence rates range from one case per 500 to one per 1,000 population. The population of Halton Region is approximately 410,000, which suggests that at the 1/500 rate, there are between 600 and 900 people living in the Halton Region with multiple sclerosis. The Halton chapter of the MSS has almost 500 members, 2/3 of whom have multiple sclerosis.

The MS Society of Canada was incorporated in 1948 and the Halton Regional Chapter has been operating since 1967. Membership in the MSS in Canada is over 32,000 and it is the only national advisory organization in Canada that both supports MS research and provides services to people with multiple sclerosis and their families.

The annual estimated cost of MS is approximately \$1 billion-higher than the cost of asthma (\$504 million) and all infectious diseases in Canada (\$772 million). The disease attacks the central nervous system, resulting in symptoms that can affect vision and can cause numbness, loss of balance, impaired speech, extreme fatigue, cognitive disorders, tremors and paralysis. It is the most common disease of the central nervous system affecting young adults in Canada and women are twice as likely to develop MS than men.

Also, by the year 2029 the population of seniors is expected to increase to 20% of the population.¹ Recent reports indicate that most individuals within this aging population will likely acquire some form of disability, from natural or external causes.² Public buildings have legal requirements for accessibility, but the housing market has lagged behind in affecting regulation and legislation with regard to accessible housing. The Ontarians with Disabilities Act spells out accessibility requirements for government offices and other public sector organizations such as public transit, school boards, hospitals, colleges and universities, but makes no provision for accessible housing units.

¹ City of Toronto. Final Report of the Seniors Task Force. “Toronto-Building a City for All Ages”. September 1999.

² Shane-Holten. Report for the Toronto Joint Citizen’s Committee for People with Disabilities. “Planning a Barrier-Free City of Toronto”. June 2000.

THE TOOL TO DETERMINE THE LEVEL OF ACCESSIBILITY OF A HOME

This Report includes an inventory Tool, which is designed as a tool with which individuals, realtors, caregivers and others can identify barriers in design. It describes the characteristics of Universal Design for people with varying levels of mobility impairment.

The creators of this Tool discovered that they were unable to assess the level of accessibility of the housing stock advertised as accessible as no standardized tool on universal design is being used. Consequently, the Tool was created as one which individuals, realtors, caregivers, and others can identify barriers in design. It describes the characteristics of Universal Design for people with various levels of mobility impairment.

Two focus groups were held in August 2003 in order to provide feedback to a draft Tool for Universal Design that had been developed by two of the advisory committee members. Attendees at these focus groups were clients of the MS Society and those providing front line care to persons with mobility impairments. As a result of these focus groups, adjustments were made to the original draft of the Tool. Fourteen people attended the focus group sessions.

The Tool was then piloted three times; once at a typical suburban home in a middle-income neighbourhood, and twice again in two different fully accessible apartments in the Region. Alterations were again made to the Tool after those pilots of the document; such that what survived in the final draft reflects accurate physical measurements, independent objective observation and input from MS clients currently living in these apartments. Three people welcomed us into their homes and allowed us to measure appropriate spaces and openings. Others were of assistance in reading the draft and providing feedback as the Tool was developed.

Tool to Determine Level of Accessibility (Universal Design)

Introduction: This Tool is designed as a tool to assist in the determination of level of accessibility of a home, apartment or living quarters. It is for use with those with mobility impairments but can be used to assess suitability for aged or other individuals seeking a place where they can live independently. It is designed to consider those in wheelchairs, with walkers or on canes. Scooters are not included because of the range of dimensions available from different manufacturers. It is recommended that people in scooters contact their manufacturer for advice regarding physical structures and renovations related to turning, height and other considerations listed below.

How to Use this Tool: The list is divided into each section of the home, starting with the exterior and approach, through the front entrance and into each of the rooms. It is divided into rooms in the interior. There is a column for you to check whether the structure is appropriate for you. The list also includes notes to consider and a space for you to write your own observations. The Tool does not discuss cost, appearance, architecture or the design of a home, since the requirements related to these vary from individual to individual. It also does not discuss equipment or alterations to furnishings, since these are dependent on the individual and vary.

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The Exterior

Exterior	Wheelchair	Walker	Cane	Appropriate For you	Consider	Your Notes
				Yes No		
No Steps	Yes	Yes	Yes		No step on at least one entrance; remote to garage	
Slope of Ramp is 1 inch (2.5 cm) or less per foot	Yes	Yes	Yes		A porch lift may be ideal for some. Rails to assist	
Height of Mailbox or Mail Slot Above Floor					Which side of the door is the mailbox-for easier access?	
27 to 45 inches (69 to 114 cm)	Yes	Yes	Yes		Slots should be 27 inches (69cm) from floor	
Less than 27 inches	No	No	No		Bending	
Area Outside Door						
Radius 5 feet (152 cm) or more	Yes	Yes	Yes			
Less than 5 feet (152 cm)	No	Yes	Yes			
Surface of Outside Walk and Ramp is Made of Concrete, Asphalt or Screened and Compacted Gravel	Yes	Yes	Yes		Avoid cobblestone and interlocking brick. Are there deep cracks?	

The Entrance

Entrance	Wheelchair	Walker	Cane	Appropriate For You		Consider	Your Notes
				Yes	No		
Threshold at Porch Level has Flat and Easy Roll	Yes	Yes	Yes			Is there a deep junction between surfaces as lip?	
Distance Between Exterior and Vestibule Door if Both Open Out							
96 inches (242 cm) or greater	Yes	Yes	Yes				
Less than 96 inches (242 cm)	No	Yes	Yes				
Entrance to Apartment Lobby							
Keyless entry	Yes	Yes	Yes				
Pocket door or sliding door	Yes	Yes	Yes			Moves sideways	
Door opens outward	No	No	Yes			Consider weight of door	
Apartment Mail Centre Box Between 33 and 45 inches (81 to 114 cm) from floor	Yes	Yes	Yes			Less than 33 inches not good for those on canes or walkers. Unsafe bend	

Elevator						
Size must be at least 80 inches (203 cm)						To accommodate stretchers laying flat
Exterior Door to House Apartment						
36 inches (91 cm) wide or more	Yes	Yes	Yes			Allows for most scooters
32 inches (81 cm)	Yes	Yes	Yes			This is building code standard
Less than 32 inches (81 cm)	No	Yes	Yes			
Peephole or Window in Door						
Between 42 and 44 inches (107 to 114 cm) from floor	Yes	Yes	No			Bottom of window pane should allow to see out
Higher than 45 inches (114 cm) from floor	No	Yes	Yes			
Lever Door Handles	Yes	Yes	Yes			Dexterity
Keyless Entry	Yes	Yes	Yes			Heavy doors

Hallways

Hallways	Wheelchair	Walker	Cane	Appropriate For You	Consider	Your Notes
				Yes No		
Width						
Between 32 and 36 inches (81 to 91 cm) or greater	Yes	Yes	Yes			

Closet						
Door should be pocket, bi-fold, sliding or curtain	Yes	Yes	Yes		Bi-fold sections no larger than 16 inches.	
Bi-level or single rod with one no more than 48 inches (122 cm) from floor	Yes	Yes	Yes		55 inches is alright for those in most scooters	
Floor						
Easy roll non-slip surface	Yes	Yes	Yes		Ceramics are slippery unless treated	
Carpet	No	Yes	Yes		Unless low pile such as indoor-outdoor. Pad?	
Light Switches Between 32 and 49 inches (81to 124 cm) from Floor	Yes	Yes	Yes		Consider remote switches	
Electrical Outlets Between 18 and 49 inches (45-124 cm) from Floor	Yes	Yes	Yes		Anything shorter requires bending; unsafe	
Doorways from Hall 36 inches (91 cm) or Wider	Yes	Yes	Yes		See page 4	
90 Degree Turning Radius	Yes	Yes	Yes		Depends on size of chair and Configuration of space adjacent.	

The Living Room and Dining Room/Eating Area

Living and Dining Areas	Wheelchair	Walker	Cane	Appropriate For You		Consider	Your Notes
				Yes	No		
Width of Doorways is 34 to 36 inches (91 cm) or more	Yes	Yes	Yes			See note on page 4 Furniture?	
Flooring is Easy Roll and Non slip	Yes	Yes	Yes			See notes on page 5	
Turning Radius 5 feet (152 cm) or more	Yes	Yes	Yes			Wheelchairs only require this space	
Window Openers and Curtain Pulls							
18 to 44 inches (46 to 110 cm) from floor	Yes	Yes	Yes				
Greater than 44 inches from floor	No	Yes	Yes			Lower than 18 not safe	
Window –Bottom Pane is less than 40 inches (100 cm) from floor	Yes	Yes	Yes			This allows people in wheelchairs to see out	
Light Switches and Electrical Outlets						See notes on page5	
Thermostats and Fireplace Switches							
32 to 40 inches (81 to 100 cm) from floor	Yes	Yes	Yes				
More than 40 inches (100 cm)	No	Yes	Yes			Too high for wheelchair	
Less than 32 inches (81 cm)	No	No	No				

The Kitchen

Kitchen	Wheelchair	Walker	Cane	Appropriate For You	Consider	Your Notes
				Yes No		
Refrigerator						
Side by side	Yes	Yes	Yes		Ideal. Small doors	
Freezer on top	No	Yes	Yes			
Freezer on bottom-2 door	No	No	No		Bending /Unsafe	
Stove Switches Situated Along Front of Stove	Yes	Yes	Yes		Accessible to those in wheelchairs	
Microwave is no more than 44 inches (110 cm) from Floor	Yes	Yes	Yes		Accessible for those in wheelchairs	
Floor Surface is Easy Roll, Non-Slip, Smooth	Yes	Yes	Yes		See notes on page 5	
Turning Radius is 5 feet or Greater (152 cm)	Yes	Yes	Yes		See note on page 6	
Counter Height						
All counters are 36 inches (91 cm) from floor	No	Yes	Yes			
None have cutout for chair	No	Yes	Yes		Wheelchairs cannot use	

Kitchen	Wheelchair	Walker	Cane	Appropriate For You	Consider	Your Notes
				Yes No		
The Sink					Wheelchairs must be able to roll squarely up to sink	
Counter has cut-away	Yes	Yes	Yes		See Counters above	
Pull out shelves or drawers	Yes	Yes	Yes			
Insulated pipes under sink	Yes	Yes	Yes		If made of metal	
Faucets						
Lever- type	Yes	Yes	Yes		Dexterity if screw type	
Distance of faucet from front of sink is less than 11 inches (27 cm) if doesn't have cutout underneath	Yes	Yes	Yes		Those mounted on the side of the sink are useful	
Windows and Curtains Pulls					See notes on page 6	
Telephone Jack is 27 to 45 inches (69to 114 cm) from Floor	Yes	Yes	Yes		Wheelchair accessible height	
Electrical Outlets and Light Switches					See notes on page 5	

The Bathroom

Bathroom	Wheelchair	Walker	Cane	Appropriate For You		Consider	Your Notes
				Yes	No		
Width of Door						See page 4	
Floor is Easy Roll, Non-Slip						See notes on page 5	
Has 5 foot (152 cm) Turning Radius						See notes on page 6	
Supporting Walls Have Studs for Adding Grab Bars in Shower Stall, Tub Enclosure and Around Toilet	Yes	Yes	Yes			Grab bars cannot be added if there are no studs in walls	
Clear Space Beside Toilet							
36 inches (90 cm) of clear space on one side of toilet	Yes	Yes	Yes			Attendant needs space and wheelchair can use	
36 inches in front of toilet	No	Yes	Yes				
Less than 36 inches in front or beside toilet	No	No	Yes				
Bathing Facility							
Wheel-in shower with no lip	Yes	Yes	Yes			Ideal for wheelchairs	
Bathtub with at least 40 inches (100 cm) of clear space beside	Yes	Yes	Yes			This required for attendant to assist	
Handheld shower head	Yes	Yes	Yes				

Bathroom	Wheelchair	Walker	Cane	Appropriate For You		Consider	Your Notes
				Yes	No		
Counter Height						See Kitchen section	
Sink and Faucet							
Rim height 34 inches (87 cm) from floor	Yes	No	No				
Rim height greater than 34 inches (87 cm) from floor	No	Yes	Yes				
Exposed metal pipes under sink are insulated	Yes	Yes	Yes				
Faucet located 11 inches (27 cm) or less from front edge	Yes	Yes	Yes			See Kitchen section re: cutout under sink	
Faucet is of lever type	Yes	Yes	Yes			If screw-type, dexterity?	
Mirror is Cantilever Mounted or is Full Surface Flat Mounted No More than 37 inches (100 cm) from Floor	Yes	Yes	Yes			If flat mounted more than 37 inches from floor, individual must stand to use	
Cupboard Doors Open Wide then Retract out of the Way or are Absent	Yes	Yes	Yes				
Drawers Roll Out	Yes	Yes	Yes				
Electrical Outlets and Light Switches/Décor Light Switch						Outlets safe distance from water. See page 5	

The Bedroom

Bedroom	Wheelchair	Walker	Cane	Appropriate For You	Consider	Your Notes
				Yes No		
Width of Door					See page 4	
Easy Roll, Non-Slip Floor					See notes on page 5	
Windows/ Height/Curtains					See page 6	
Light Switches and Power Outlets					See notes on page 5	
Closet						
Door is pocket or bi-fold with no section of the bi-fold larger than 16 inches (30 cm)	Yes	Yes	Yes		Solid hinged door requires person to step back to open. Suitable for canes only	
Clothes rod is bi-level or single with bottom rod no more than 48 inches (120cm) from floor	Yes	Yes	Yes		55 inches is alright for those in most scooters	
Size of Bedroom					36 inches beside bed. Paths. Turn radius	

The Balcony, Deck and Storage

	Wheelchair	Walker	Cane	Appropriate For You		Consider	Your Notes
				Yes	No		
Balcony and Deck							
Hardware of Sliding Patio Door							
Mounted on Ceiling with roll out less than ½ inch (1.25 cm) threshold	Yes	Yes	Yes				
More than ½ inch (1.25 cm) lip	No	Yes					
Hinged Door, Single or Double Width						Weight of door and ability to move past	
Lock on Patio Door							
27 to 45 inches (69 to 114 cm) from floor	Yes	Yes	Yes				
Less than 27 inches (69 cm) from floor	No	No	No				
Width of Balcony or Deck is Between 5 and 6 Feet for Turning	Yes	Yes	Yes			If there is no railing on a deck, must be large	
Surface is Flat and Easy Roll	Yes	Yes	Yes				
Railing is Designed so than a Person in a Wheelchair Can See Through It	Yes	Yes	Yes			Plexiglas or bars that allow vision below	
Storage Space Large Enough to Access Items						Are shelves accessible?	

FINDINGS

Below are the findings related to housing for those with mobility impairments in the Region.

Accessible Housing

The object of this project was to determine the status of accessible housing in the Halton Region for those with mobility challenges. It was undertaken as a result of the efforts of the Multiple Sclerosis Society Halton Region because they were aware that there was insufficient accessible housing stock suitable for their members. The consequence of this is that some members were forced to move out of the region.

- The Canadian Rehabilitation Council for the Disabled (CRDC) estimated in the 1970's that assisted housing is required for people with disabilities for from eight to twelve percent of the population. They established guidelines to assist in identifying housing stock that meets basic criteria for accessibility.³ Those guidelines are more than 26 years old and since then various groups have created several more updated versions. (See Appendix)
- The Halton Region Assisted Housing Survey Report provides complete data on the assisted housing needs of the Halton Region and focuses primarily on housing stock and affordability.⁴ It makes reference, however, to physical accessibility in the following ways:
 1. A portion of the population requires wheelchair modifications to their dwellings and does not have them. 1% of owners and renters reported the need for wheelchair modifications to their dwellings. 63% of renters reported not having the modifications compared to 33% of owners.⁵
 2. While a number of senior citizens need some help to continue to live independently, a large number are having difficulty obtaining such help. 10% of renters and 3% of owners reported needing help to live independently. 19% of those renters indicated they did not have this help while 33% of owners did not. Unclear why they did not have assistance.⁶
 3. Ways have to be found to increase people's knowledge and access to programs that exist in the community that help people live independently.⁷

³ Canadian Rehabilitation Council for the Disabled. "Housing for the Physically Disabled". Unpublished Guidelines. Toronto. Undated.

⁴ Regional Municipality of Halton Social and Community Services Department, Halton Non-Profit Housing Corporation Division. "Halton Region Assisted Housing Survey Report". November 2000.

⁵ Ibid. Pg.51

⁶ Ibid. Pg. 53

⁷ Ibid. Pg. 9

- The Elderly Services Advisory Committee (ESAC) survey also found that many seniors are not aware of services available to them or who to call for information in order to assist them to remain in their own homes.⁸ ESAC suggests that as new housing is built, it must be designed for adaptability, as seniors become less mobile.⁹ Of the 27 seniors who reported that they had fallen within the last year, twenty identified stairs, bathrooms, windows, storage spaces, entrances, kitchens, bedrooms and overall layout as problematic.¹⁰ Of the 193 seniors who responded to the questions regarding reasons for moving, 23% said they had to move because of design barriers.¹¹ Of the 335 homeowners sampled, 24% have already made modifications to make their home more accessible. 81% have installed grab bars, 50% have added handrails to stairs and 36% have modified their baths or installed showers.¹²
- The Directions Report of the Halton Region Official Plan Review focuses on affordable and financially assisted housing, but does not mention barrier-free housing or accommodation for people with disabilities.¹³ Yet an adequate supply of accessible and barrier-free design housing ranks as one of the highest concerns among those interviewed for this Report.
- Interviews. The structured interviews conducted in preparation of this report asked several questions related specifically to housing supply. (Appendix A) To the question “Has finding appropriate housing in the Halton Region been a problem for clients of the agency?”, the unanimous answer was “yes”, in one form or another. Almost all referred to long waiting lists to get into the existing units and almost all referred to people going into long-term care facilities because there was not sufficient housing with community supports to allow them to stay in their own homes. To the question “Would you say there is an adequate supply of housing in the Halton Region to meet your clients’ needs?” all replied “No”. Some spoke of people having to leave the Region to find appropriate housing for their disability and almost all spoke to the increase in long-term care beds at the same time that community service and support funding has been dwindling.

⁸ Elderly Services Advisory Committee, Regional Municipality of Halton. “Halton Seniors Survey Results: Housing, Transportation and Services. October 2001. Pg. 8

⁹ Ibid. Pg.10

¹⁰ Ibid. Pg. 38

¹¹ Ibid. Pg. 61

¹² Ibid. Pg.67

¹³ Halton Region. “Directions Report: The Greening of Halton-Smart Growth, Smart Choices.” August 2002

**Interview Responses to Structured Interview
(See Appendix A)**

Questions	Responses Which Appeared Most Often
Issues related to independent living (Question A)	<ul style="list-style-type: none"> ▪ Cost of housing for those on fixed incomes ▪ Inadequacy of facilities for independent living ▪ Lack of enough community support programs ▪ Lack of housing supply/ 2500 people on waiting list
Physical factors that make independent living a problem (Question B)	<ul style="list-style-type: none"> ▪ Lack of mobility and ability to bend, move. Wheelchairs ▪ More space needed because of walkers and wheelchairs ▪ Physical barriers in building and issues of “visitability” ▪ Houses are not set up for assisted living or supportive devices. Scooters bumping into walls and doorways ▪ “We’re putting young people into senior facilities because we have no housing alternatives.”
Finding appropriate housing for clients in Halton Region (Question C)	<ul style="list-style-type: none"> ▪ “Housing is next to non-existent” and long waiting lists ▪ Many people could “age in place” instead of using long-term care (This appeared several times in various agencies) Even those in long term care noted this ▪ Many don’t have the financial resources to convert homes ▪ Not enough units for those in wheelchairs ▪ There is an adequate supply for seniors with no disabilities ▪ Long-term care facilities have almost doubled. There are always beds available in the 60% that are private.
Clients who have moved outside the Region because of problems with housing (Question D, E and F)	<ul style="list-style-type: none"> ▪ “Before the opening of all the long term beds, families looked to Peel and Hamilton. Now many want to return here.” Strain on families if person located outside Halton ▪ Over half of those interviewed did not know of anyone ▪ Many interviews indicated people are held in hospital for long periods until housing can be found. There is a points system to assist waiting list but is a shortage of units

<p>Alternative housing arrangements based on physical needs (Question G)</p>	<ul style="list-style-type: none"> ▪ “Long term care beds. 40% which are subsidized are full and 60% private are almost empty” Many said this ▪ Longer than necessary hospital stays while finding housing. 1 person stayed almost a year until renovations could be completed in his private home to allow access ▪ Moving in with family instead of independent living ▪ There are benefits for some to move into facilities like Allendale because of isolation and loneliness. Supports ▪ Many discussed the problems of having young people with disabilities housed in seniors’ buildings. Inappropriate ▪ “I have had clients go into long-term care because they could not afford to renovate their homes.”
<p>Adequate housing supply in Halton Region for your clients (Question H)</p>	<ul style="list-style-type: none"> ▪ No. Every interview said the same thing ▪ Spoke to both financial and physical accessibility
<p>Requirements that would address the housing needs of clients (Question I)</p>	<ul style="list-style-type: none"> ▪ Revise the Building Code ▪ Re-educate builders ▪ Provide incentives to re-tool industry standards ▪ Revise eligibility requirement for assistance with CMHC ▪ Don’t expect families to provide care. Many can’t/won’t ▪ Refuse building permits for construction of new units unless a percentage are based on universal access design
<p>Crossover of universal design to all client groups (Question J)</p>	<ul style="list-style-type: none"> ▪ Construction to allow modifications allows aging at home ▪ All respondents said renovations for mobility impairment would benefit their clients. Most dealt with seniors
<p>Other relevant issues and what would like to see in Report</p>	<ul style="list-style-type: none"> ▪ Ratio of staff to clients in new facilities and way designed ▪ “We are always reacting instead of having long-term strategies and planning for housing for disability.” ▪ Lack of transportation a big issue- especially Georgetown ▪ Location of housing a concern expressed many times ▪ “Supportive housing is a preventative measure.”

Availability

As of November 5, 2003 there are 51 applicants approved and waiting for wheelchair accessible apartments on the Regions waiting list, of whom 9 are also eligible for support services.¹⁴

The Regional Municipality of Halton has wheelchair accessible non-profit housing units in the region as follows:

- 84 wheelchair accessible units in Burlington
- 172 in Oakville
- 12 in Milton
- 5 in Acton
- 9 in Georgetown

Halton Access to Community Housing (HATCH) is a centralized clearinghouse for people applying for geared to income housing administered by the Regional Municipality of Halton, Housing Division. As of September 2003, HATCH identifies wheelchair accessible units in areas across the Region for seniors and families as follows.¹⁵

Community	Senior Citizen Units (1 bedroom/includes special needs units)	Family Units (More than 1 bedroom)
Acton	3	2
Georgetown	4 (2 are two bedroom)	0
Milton	3	1
Burlington SW	28	20
Burlington N of QEW	16	11
Burlington SE	3	2
Oakville SW	7	4
Oakville NW	11	26
Oakville NE	4	3
Oakville SE	51	9

Note: While there are wheelchair accessible units in this listing, they have not necessarily been developed using Universal Design principles.

The Hamilton-Burlington and District Real Estate Board uses the criteria set out by the Canadian Rehabilitation Council for the Disabled. The information about the tool used, which is included with the real estate, appears to be outdated and does not use universal design principles.

¹⁴ E-mail communication: follow up from personal interview, senior manager with Region. November 5, 2003

¹⁵ Halton Access to Community Housing (HATCH). “Information Brochure on Qualifying for Rent-Geared-to-Income Housing in Halton and Application Form”. July 2003 revised data September 2003

Community Support Services

The experience and perception of professional caregivers interviewed in the community is that cuts to community supports come at a time when there is an increase of long-term beds in the Region, forcing people into long-term care facilities instead of allowing them to “age in place”. They explained that people on the waiting lists for housing need community support systems to assist while they wait for their opening. One senior manager explained that this was a “...number one priority.” Some people with disabilities have chronic health problems that may be associated with their disability; this is true for some people with MS. Community Care Access Centre (CCAC) has reduced the number of service providers, which means they have cut personal care visits. They have cut baths from twice a week to once and now spend only an average of one or two hours per visit, making it hard to complete laundry or other jobs that require more time.¹⁶ At the same time, the Ontario government has cut disability pensions, making it difficult for recipients to purchase services from the private sector.

Services identified as appropriate for community care include attendants, home help programs, meals and day programs. One senior manager said, “Supportive housing allows people to live with dignity at home. Having it allows choice. It acts as prevention because of the stresses of those trying to keep their family members at home. Supportive housing encourages wellness.”¹⁷

Another key finding during the interviews was concern about the lack of information and access to that information for people requiring assisted living. While social agencies work very hard to make the information available, there is a perception that the information is not getting out to people. Some said they needed to market their service better, but pamphlets and brochures about services are available in doctors’ offices and in other places where those seeking assistance are likely to be. However, some clients interviewed were not aware of the home renovation programs that exist, for example. The two that are available in the Halton Region are means tested and count family member income in the determination of eligibility. That offends some clients, saying that it violates independence and personal choice. A few caregivers noted that some family members do not have good relations and financial responsibility strains relations even further.

One of the problems with access to information may be that people do not seek this type of information until they require it, and by then they may be too tired, depressed, isolated and sick to seek or advocate for services on their own behalf. One MS client said, “Usually people are too worn down by fighting the system, particularly when bone weary fatigue related to MS is factored in.”

¹⁶ In-person interview with CCAC caregiver. October 21, 2003

¹⁷ In-person interview with senior support services manager. October 30, 2003

One advantage to living in assisted housing is that there is often some form of community service built into the residence, such as oral care programs, nursing, exercise programs and general interest opportunities. Of the geared to income buildings where people with disabilities are placed, five provide support services on site.¹⁸ Those buildings are Lakeview Villa, (Acton) the Bruce Apartments, (Milton) the Wellington, (Burlington) Palmer Place (Burlington) and the Caine Apartments (Oakville). Of those, only the Caine Apartments have units large enough for families. The others are designated as senior buildings, though some accommodate younger people with disabilities without families.

A concern expressed many times during the course of the interviews was the practice of placing young people in buildings with senior citizens, which isolates them from those their own age and with whom they have something in common. Service providers, whether executive directors, managers or caregivers all say this is a common practice because there is no alternative.

Transportation

Transportation is the third major issue that evolved from an analysis of the data provided in the structured interviews. The lack of transportation is described in the ESAC report of October 2001. Respondents in that survey were very concerned about physical accessibility of transportation. Their responses about transportation were grouped around four basic concerns; physically accessible modes of transportation that went from door to door and to specific locations, scheduling problems, the need for regional transportation and an affordable or subsidized system.¹⁹

Those issues are repeated in this Report. In Georgetown, the Halton Hills Community Support and Information Program provides the only transportation available to people with mobility impairments. They have one van, which can provide transportation for medical and legal appointments; there is limited transportation for social events.²⁰ There is none in Acton. People in Milton rely on a subsidized flat-rate taxi service. Most people interviewed indicated a concern that there is no public transportation between the major centres in the Region. Some areas have bus service and some do not.

Another major concern about transportation related to where accessible housing is built and where it should be built in the future. Those who work with senior citizens noted places which were isolated and where shopping was impossible. One current facility has no bus service, no convenience store, and no sidewalks and is built on a hill. Another, someone explained, "...is built right on Third Line". It is in a centre island surrounded by traffic on both sides and no way to cross over the streets. Those residents cannot go anywhere without accessible transportation. One person described several buildings as being "...in the middle of nowhere".²¹

¹⁸ HATCH Halton Access to Community Housing Brochure. Data updated September 2003, PP 19-25

¹⁹ ESAC. Halton Seniors Survey Results. October 2001. PP 51-57

²⁰ In-person interview. October 17, 2003

²¹ In-person interview. October 21, 2003

In its submission to the Ontario Minister of Citizenship, Culture and Recreation regarding the Ontarians with Disabilities Act, the MSS, Ontario Division notes that 68% of working age people with MS are unemployed. While some are unable to work, many are. By limiting their contribution because of lack of transportation, we limit our tax base, our human resources and our pool of available talent.²²

THE CHARACTERISTICS OF AN ACCESSIBLE HOME

Definitions

While there have been a number of recent housing developments in the private sector throughout Halton Region, there has been concern with providing the essential features of making housing fully accessible. Many reasons that minimize the construction of new accessible housing include fear of higher construction costs, potential worries about resale value and a lack of awareness about the need for such housing. Some builders are reluctant to include visitability components in their homes because they say buyers bypass anything that suggests they are aging.²³

Universal Design

The Tool included in this Report is based on the principles of Universal Design and visitability. Universal Design grew out of recognition that, because most of the features were useful for everybody, there was justification to make their inclusion common practice. This approach recognizes that people have a range of capabilities and need designs to include this range. Universal Design proposes seven principles to guide decision-makers as they seek to create communities that are as inclusive as possible. These seven principles are:

1. Equitable Use – the design is useful and marketable to people with diverse abilities
2. Flexibility in Use – the design accommodates a wide range of individual preferences and abilities
3. Simple and Intuitive Use – use of the design is easy to understand regardless of user's experience and knowledge
4. Perceptible Information – the design communicates necessary information effectively to the user
5. Tolerance for Error – the design minimizes hazards
6. Low Physical Effort – the design can be used efficiently and comfortably and with minimum fatigue
7. Size and Space for Approach and Use – appropriate size and space is provided for approach and reach, regardless of the user's body size or mobility

²² MS Society of Canada, Ontario Division. Letter to the Honourable Isabel Bassett.

²³ Judy Stark, Times Homes Editor. St. Petersburg Times, June 8, 2002

Examples of low cost housing provisions based on these principles include:

- Equitable Use-a minimum 36” doorway and hallways. Accommodates everyone
- Flexibility in Use-non-slip tile floors instead of carpet. Consider strollers and walkers
- Simple and Intuitive-lowering light switches and raising electrical outlets
- Perceptible Information – brighter lighting and large house numbers. Visually impaired
- Tolerance for Error-lowered or level entry steps and walk-in showers. No lip
- Low Physical Effort-door handles instead of knobs and easy-open windows. Arthritis
- Size and Space for Approach and Use-front controls on appliances, counter heights

There are a variety of Universal Design applications in use in the Halton Region, though not nearly enough. Some people with multiple sclerosis have renovated their own homes, some at great cost and some at minimal cost. Costs of the renovations depend on the original construction of the house. For example, the wartime housing built in the Region cannot be renovated to Universal Design standards because of the original blueprint.

Because a unit is wheelchair accessible does not mean it meets Universal Design principles. Therefore, this Report does not automatically identify all those wheelchair accessible units listed on page 6 as Universal Design units. When piloting the Tool and through sources interviewed, it is possible to identify some Regional housing that qualified within the definition. Some of these include:

Caine Apartments

Oakville

STOA Building

Burlington

One contractor in the Halton Region reported that he builds according to Universal Design principles. He has units at The Orchard in Burlington and Parkview Estates in Hagersville. The Hagersville home is available for viewing as a model suite. He is planning another facility in Hagersville in the summer of 2004, which will provide Universal Design suites on request (See Resources Section). The other contractor has units at The Villages of Brantwell in Burlington.

Visitability

The concept of “visitability” comes from the United States and England. It has been a design principle in England since 1998 and gained popularity in the United States in 2002. The goal of visitability is to make homes more welcoming to a whole range of people for whom visiting with a friend or relative is impossible because of physical design. The idea is that anyone should be able to visit any house, as there is one no-barrier door or roll-in outside door; easily move around inside and use the bathroom. It applies not just to those with disabilities, but to a range of people- those recovering from surgery, parents with strollers and the elderly, to name a few.

The Executive Director of the American Association of Retired People (AARP) spoke before 475 developers, architects and designers at the National Housing Symposium in Orlando, Florida in 2002 suggesting the future his audience would have to consider. There is a large cohort of “baby boomers” aging and this group of people, while the healthiest in history, will demand some form of assisted independent living. Many will have the resources to pay for it and many will not.

The St. Petersburg Times reported that in the United States there are 76 million baby boomers; they earn \$2 trillion annually and control 70% of the United States financial assets. These people are beginning to see accessible housing as a human rights and community issue.²⁴ In this regard, the Americans are setting standards that Canada will soon have to follow as our population ages. Atlanta, Georgia has an ordinance mandating that all new homes built with public money be visitable. Naperville, Illinois and Pima County Arizona both have passed ordinances requiring that all new homes include some visitability features.

The AARP and the National Association of Home Builders developed a program in the United States where contractors learn how to renovate homes to accommodate owners’ abilities and needs. They award certificates to those who qualify as “Aging in Place Specialists” and awarded fifty certificates in 2001. The Georgia Home Builders Association also has a certification program and awarded two new certificates in 2001.

Builders in the United States have become less reluctant to construct new housing for visitability once they realize the costs are not prohibitive. It can cost approximately \$200 to create a zero-step entrance and wider interior doors during new construction, less than 1/3 the cost of a bay window. Adding blocking in a bathroom wall where grab bars can be installed costs nothing because it can be done with scraps of lumber and the time commitment is insignificant. When renovating, the cost to create a zero-step entrance might cost \$1,000 and widening a doorway could cost \$700, according to the National Association of Homebuilders.²⁵

²⁴ Ibid.

²⁵ Ibid.

Federally funded new construction in the United States is covered under the Federal Inclusive Home Design Act (HR5683 and HB2353). The guidelines for cost according to that act include the following:

<u>Construction Definition</u>	<u>Average Cost</u>
▪ Sidewalk raises to meet the porch without a step	Nothing to \$75.00
▪ Grading the lot and siting the house for effective entry	Nothing to \$500.00
▪ Adding ½ " threshold at stepless entry	\$800.00
▪ Interior passage doors with 32 " passage (5 doors)	\$25.00
▪ Controls at reachable heights	Nothing
▪ At least one indoor room with large turn radius on 1 st floor	Nothing if has a plan
▪ One bathroom on the main level with sink and toilet	Nothing if has a plan
▪ Reinforced walls to support grab bars (bars not required)	\$10.00
▪ Total average added cost per dwelling on concrete slab	\$68.00- \$98.00
▪ Total average added cost per dwelling with basement/crawl	\$542.00 to \$573.00 ²⁶

Laws make accessibility to public areas mandatory. At some point in the near future, if Canada continues to align itself with the United States in matters of public policy, builders will be required to consider Universal Design in their federal, provincial and municipal contracts for housing. Just as contractors are required to provide evidence of compliance with various programs, policies and legislation, they will have to show they are capable of constructing housing based on universal and visitability design principles. In the meantime, Canada's population is aging and it will soon make good economic sense to begin retooling to retrofit, renovate and construct housing which is accessible to all.

Closing

Louis Tenenbaum is a former builder and contractor in Potomac, Maryland who now works to make homes visitable. He gets a lot of call around the holiday season when people are giving parties and suddenly realize there is someone on the guest list who will not be able to get into the house because he or she uses a mobility device. He asks, "Do you not invite them and hope they won't hear about the party?"

When we asked people involved with this project what they would like to see in this report, they often spoke about the human side. One person summed it up. She said:

"We need mixed housing, not ghettos. We need housing that does not isolate and that contributes to the dignity and self-image of those that use it. We need to encourage wellness and provide housing that allows people to live with dignity at home. We need a system of services and housing that allows for individual choice."

²⁶ Eleanor Smith. "Cost Data for Features Required in Federally Funded New Construction by the Inclusive Home Design Act". Unpublished paper, Atlanta, Georgia. June 2003

Burlington Services for Seniors

Community Information

- Burlington Seniors' Centre – 905-333-7888
- Community Care Access Centre of Halton (CCAC) – 905-639-5228
- Information Burlington – 905-639-4212
- Police Non Emergency - 905-878-5511

Meal Programs

- Meals-on-Wheels – 905-637-5664

Adult Day Programs

- SAM (Seniors Activation Maintenance) 905-689-5244
- Victorian Order of Nurses (VON) Alzheimer Seniors Day Program – 905-847-9559

Volunteer Visiting

- Halton Helping Hands – 905-844-0252
- NeighbourLink – 905-632-4131 (also provides volunteer drivers)
- SEN Community Health Care – 905-546-5400
- Victorian Order of Nurses (VON) 905-827-8800

Transportation

- TRANS INFO (Central Telephone Transportation Information) 1-866-775-7433
- Burlington Taxi – 905-333-8111
(Wheelchair/Walker Accessible)
- Burlington Handivan – 905-639-5158
- Canadian Cancer Society – 905-332-0060
- Deluxe Taxi – 905-333-3000
(Wheelchair/Walker Accessible)
- Red Cross – 905-637-5664

Support Services

- Canadian National Institute for the Blind (CNIB)
1-888-275-5332
- ConnectCARE Emergency Response
905-338-4357
- Halton Helping Hands (Home Help, Home
Maintenance & Repair) – 905-844-0252
- TeleTouch (Telephone Reassurance)
905-631-1711
- VON Alzheimers Services/Wandering Person
Registry - 905-847-9559

Health Services

- Community Care Access Centre of Halton (CCAC)
905-639-5228
- Halton Region Health Dept. - 905-825-6060
- Halton Oral Health Outreach - 905-639-5228
- Halton/Peel Palliative Care - 905-827-8111
- Joseph Brant Memorial Hospital
905-632-3730
- Wellness House - 905-632-5358

Halton Hills Services for Seniors

Community Information

- Acton Seniors' Centre – 519-853-5951
- Community Care Access Centre of Halton (CCAC) 1-800-810-0000
- Georgetown Seniors' Centre – 905-877-6444
- Halton Hills Community Support and Information (HHCSI)
 - Acton 519-853-3310
 - Georgetown 905-873-6502
- Police Non Emergency # – 905-878-5511

Meal Programs

- Meals-on-Wheels & Wheels to Meals
Acton – 519-853-3310
Georgetown – 905-873-6502

Adult Day Programs

- Allendale - Friends Landing and Milton Place
905-878-4141 ext. 8026 (1-866-442-5866)
- Victorian Order of Nurses (VON) Alzheimer Seniors Day Program – 1-800-387-7127

Volunteer Visiting

- Halton Helping Hands – 905-878-6403
- Halton Hills Community Support & Information
Acton – 519-853-3310
Georgetown – 905-873-6502
- Victoria Order of Nurses (VON)
1-800-387-7127

Transportation

- TRANS INFO (Central Telephone Transportation Information) 519-853-4220
- Canadian Cancer Society – 1-888-939-3333
- McKab Taxi – 905-877-1234
(Wheelchair/Walker Accessible)
- Red Cross – 905-875-1459
- Tyler Transport (Acton) – 519-853-1550
(Wheelchair/Walker Accessible)

Support Services

- Canadian National Institute for the Blind (CNIB)
1-888-275-5332
- ConnectCARE Emergency Response
1-800-665-7853
- Halton Helping Hands (Home Help)
905-878-6403
- Halton Hills Community Support Information
 - Acton 519-853-3310
 - Georgetown – 905-873-6502
- VON Alzheimers Services/Wandering Person
Registry - 1-800-387-7127

Health Services

- Community Care Access Centre of Halton (CCAC)
1-800-810-0000
- Halton Region Health Dept. – 1-866-442-5866
- Halton Oral Health Outreach – 1-800-810-0000
- Halton/Peel Palliative Care – 1-800-426-9666
- William Osler Health Centre – Georgetown
Hospital - 905-873-0111

Milton Services for Seniors

Community Information

- Community Care Access Centre of Halton
905-639-5228
- Information Milton – 905-875-4636
- Milton Seniors' Activity Centre
905-875-1681
- Police Non Emergency # - 905-878-5511

Meal Programs

- Meals-on-Wheels – 905-878-6639
- Wheels to Meals – 905-878-6639

Adult Day Programs

- Allendale – Friends Landing & Milton Place
905-878-4141 ext. 8026
- Victorian Order of Nurses (VON) Alzheimer
Seniors Day Program 905-847-9559

Volunteer Visiting

- Halton Helping Hands – 905-878-6403
- Victorian Order of Nurses (VON)
905-827-8800

Transportation

- TRANS INFO (Central Telephone Transportation Information) 1-519-853-4220
- Canadian Cancer Society – 905-845-5231
- Milton Special Transit – 905-878-7211
- Milton Taxi – 905-975-2994
(Wheelchair/Walker Accessible)
- Milton Transit Dial-A-Bus – 905-878-7211
- Red Cross – 905-875-1459

Support Services

- Canadian National Institute for the Blind (CNIB)
1-888-275-5332
- ConnectCARE Emergency Response
905-338-4357
- Halton Helping Hands (Home Help, Home
Maintenance & Repair) – 905-878-6403
- TeleTouch (Telephone Reassurance)
905-631-1711
- VON Alzheimers Services/Wandering Person
Registry - 905-847-9559

Health Services

- Community Care Access Centre of Halton (CCAC)
905-639-5228
- Halton Region Health Dept. - 905-825-6060
- Halton Oral Health Outreach - 905-639-5228
- Halton/Peel Palliative Care - 905-827-8111
- Halton Health Care Services - Milton Hospital
905-878-2383

Oakville Services for Seniors

Community Information

- Community Care Access Centre of Halton (CCAC) – 905-639-5228
- Information Oakville – 905-815-2046
- Oakville Senior Citizens' Recreation Centre/ Iroquois Ridge Seniors - 905-815-5966
- Sir John Colborne Recreation Centre/River Oaks Mature Adults Centres (ROMAC) 905-815-5960
- Police Non Emergency # - 905-878-5511

Meal Programs

- Meals-on-Wheels – 905-842-1411
- **Wheels-To-Meals**
 - Oakville Family Y – 905-845-3417
 - Oakville Senior Citizens' Recreation Centre 905-815-5966
 - Sir John Colborne Seniors' Centre 905-815-5960

Volunteer Visiting

- Halton Helping Hands – 905-844-0252
- Victorian Order of Nurses (VON) 905-827-8800

Adult Day Programs

- Seniors Enjoy Nurturing Activities, Companionship Achievements (S.E.N.A.C.A.) 905-337-8937
- Victorian Order of Nurses (VON) Alzheimer Seniors' Day Program - 905-847-9559

Transportation

- TRANS INFO (Central Telephone Transportation Information) 1-866-775-7433
- Canadian Cancer Society - 905-845-5231
- Halton Taxi - 905-844-4300
(Wheelchair/Walker Accessible)
- Oakville Care-A-Van - 905-337-9222
- Red Cross - 905-845-5241

Support Services

- Canadian National Institute for the Blind (CNIB)
1-888-275-5332
- ConnectCARE Emergency Response
905-338-4357
- Halton Helping Hands (Home Help, Home
Maintenance & Repair) – 905-844-0252
- TeleTouch (Telephone Reassurance)
905-631-1711
- VON Alzheimers Services/Wandering Person
Registry - 905-847-9559
- Wellspring Centre - 905-257-1988

Health Services

- Community Care Access Centre of Halton (CCAC)
905-639-5228
- Halton Region Health Dept. - 905-825-6060
- Halton Oral Health Outreach - 905-639-5228
- Halton/Peel Palliative Care - 905-827-8111
- Halton Health Care Services - Oakville Hospital
905-845-2571
- Ian Anderson House - 905-337-8004
- Wellness House - 905-632-5358

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APPENDIX

**INTERVIEW SCHEDULE
EXECUTIVE DIRECTORS OR THEIR DESIGNATES
HALTON REGION SOCIAL SERVICE AGENCIES**

Approximate length of Interview – 20 to 30 minutes

Introduce self and give out card, or if by phone, where calling from.

Give brief description of the project and housing issues related to people with multiple sclerosis in the Halton Region.

The purpose of this interview is to ascertain the housing issues as experienced by clients of various social services in the region.

I. Identifying Information

Date of Interview _____, 2003

In Person ___ **By Phone** _____ (Phone number _____)

Name(s) of Person(s) Interviewed

Title(s) _____

Agency _____

Approximate number of clients served by the agency: _____

Types of clients and general services provided by the agency:

G. Are you aware of any alternative or extraordinary housing arrangements your clients have made to accommodate their specific physical needs?

H. Would you say there is an adequate supply of housing in the Halton region to meet your client's needs?

I. If no, can you identify specific requirements related to housing that would address these needs?

J. Would more independent housing related to mobility impairments be of direct benefit to this group?

Indirect?

K. Other issues or relevant comments related to this project.

III. Closing

Thank them from their time.

Offer a copy of the report when complete.

Leave name and phone number where can be reached.

The Inclusive Home Design Act HB2353

6/03

What current problems does The Inclusive Home Design Act address?

Currently, only 5% of new single-family homes and townhouses financially assisted by the US Federal government require any access features that permit people with mobility impairments to visit or reside in the homes. The remaining **95% use public money to create new, unnecessary architectural barriers.**

Therefore, **residents who develop disabilities often face expensive renovations** at their own cost or public cost. More often, when renovations are unfeasible, residents **live in unsafe conditions** or are **displaced from their homes into institutions.** Additionally, disabled people – from children to elderly – and their families become **socially isolated** because architectural barriers in homes prevent visiting their friends, neighbors and extended family.

How does this Act address the problems?

The Act **requires a basic level of architectural access, whenever practical, in the 95%** of Federally assisted new homes not currently covered by law.

Are renovations of existing homes covered by the Act?

No.

What architectural features does the Act require?

- At least one zero-step entrance on an accessible route at the front, side or back of the home, or through an attached garage – wherever is most feasible for the given terrain.
- All interior passage doors on the main floor of the home providing a minimum of 32 inches of clear passage space.
- A useable bathroom with at least a toilet and sink on the main level.
- Blocking in bathroom walls (but not grab bars)
- Electrical and climate controls such as light switches, sockets and thermostats located at reachable heights.

What are the total, average added costs per home for all the features?

- For homes built on a concrete slab, \$98
- For homes with a basement or crawl space, \$573

Can the requirement for a zero-step entrance be waived if the terrain offers extreme difficulty and would therefore require excessive cost?

Yes.

Are multi-story homes permitted which have no access to upper floors?

Yes. The requirements refer to the main floor only.

What types of Federal assistance require the architectural access features?

Grants, loans, subsidies, land given or sold at less than market value, tax credits, mortgage assistance, loan guarantees, or insurance, provided by or from the Federal government, or use of Federal personnel.

What are the enforcement mechanisms?

Applicants for Federal financial assistance must submit an assurance to the Federal agency responsible for such assistance that all of its programs and activities will be conducted in compliance with the Act. The applicants must also submit architectural plans to **the state or local entity that is responsible, under State or local law, to review and approve or disapprove construction plans for compliance.** The Secretary of HUD may not provide any Federal financial assistance under any program administered by HUD to an applicant before determining that these actions have been completed. Furthermore, consistent with applicable State or local laws and procedures, the relevant state and local entities must withhold final approval of construction or occupancy of a covered dwelling unit unless and until compliance is determined.

Who introduced the Inclusive Home Design Act?

Representative Jan Shakowsky of the 9th District of Illinois, in October 2002.

How can I get involved to help pass the Inclusive Home Design Act?

1. Work and organize to find co-sponsors in the House and Senate, educate the public, and let us know how your efforts are going.
2. Send letters of support from you – and especially from any larger organizations you belong to or have a connection with—telling why the Act is needed to:

Darrell Price, Housing Policy Coordinator
Access Living
614 W. Roosevelt Rd.
Chicago IL 60617

Darrell will keep records on the letters received and will send the letters on to Rep. Shakowsky's office.

3. E-mail **Darrell Price** at Darrell@accessliving.org, **Beto Barrera** at beto@accessliving.org, or **Becca Vaughn** at drachqb@tilrc.org the Topeka Independent Living Resource Center, 501 SW Jackson, Suite 100, Topeka, KS 66603 in order to get materials and exchange the latest information about the Act. A regional contact person will also be available in your area. A cost sheet will be made available as well.

**Cost Data for Features Required in Federally Funded New Construction
By the Inclusive Home Design Act (H.B. 2353) – June 2003**

Item 1: At least one zero-step entrance on an accessible route that does not contain any steps or any door threshold that exceeds one-half inch in height, and is located on a continuous unobstructed path from the accessible entrance door to the public street or the driveway which serves the unit. At no point may this route exceed a slope steeper than 1:12. The cross-slope of this route must be no greater than 2% and the width no less than 36 inches.

EXCEPTION: The requirement for a zero-step entrance is waived if such an entrance “would be severely impractical because of the terrain or unusual physical limitations of the site of the dwelling unit.”

Added average costs of zero-step entrances:

A. When building on a concrete slab.

When the lot is graded with access in mind, a zero-step entrance can be achieved from the porch or stoop into the dwelling by grading the earth and pouring the porch or stoop at a sufficient height. A zero-step entrance onto the porch or stoop can be achieved by grading the earth and pouring the sidewalk in such a way that the sidewalk rises to meet the porch without a step.

Average added cost: **\$0 to \$75 with an overall average of \$25.**

NOTE: Unusual terrain such as a grade below a local flood plain might receive exemption from the zero-step entry requirement)

B. When building with a crawl space or basement.

Average added cost per dwelling when grading the lot and siting the house for the most advantageous, cost-effective entry point: **\$100 to \$1000 with an overall average of \$500** (based on deducting the cost of the steps which the zero-step entrance replaces).

C. One ADA threshold providing rise of no more than ½ inch at the door of the zero-step entrance.

Average added cost per dwelling **\$8.**

Why are the average costs for a zero-step entrance so moderate?

1. The bill allows for the zero-step entrance to be located at whatever entry point is most advantageous: front, side, back or from an attached garage or carport.
2. The figures refer to new construction, where the builder has the opportunity to site the home deliberately and grade the earth for the most advantageous entry.
3. The bill waives the requirement for a zero-step entry on sites that present usual difficulties, such as certain lots on flood plains, so “worst case scenario” cost estimates are not relevant to the average costs.

Item 2: All interior passage doors, including bathroom doors, on the main level are a minimum of 2'10", providing a minimum of 32" clear passage space.

Average added cost per dwelling, assuming five interior passage doors on the main level: **\$25.**

Item 3: All environmental controls such as electrical sockets, light switches, and thermostats at reachable heights.

Average added cost per dwelling: **\$0.**

Item 4-A: At least one indoor room of at least 70 square feet on the main level.

Average added cost per dwelling: **\$0.** (Assuming builder uses typical plan)

Item 4-B At least one useable bathroom containing, at minimum, a toilet and sink on the main level with a 30" x 48" rectangle of clear space at each of those fixtures that is not encroached on by the swing of the bathroom door. These clear space areas may overlap.

Note: To achieve this clear space in a small bathroom or powder room without adding square footage, the bathroom door may be hinged to swing outward, or a pocket door may be used.

Average added cost per dwelling: **\$0** (Assuming builder uses typical plan).

C. Bathroom walls reinforced at designated locations to permit later installation of grab bars if desired. (Grab bars themselves are not required.)

Note: Lumber from the scrap pile may be used for this purpose.

Average added cost per dwelling: **\$40** (materials and labor).

TOTAL AVERAGE ADDED COST PER DWELLING

ON A CONCRETE SLAB: \$25 + \$8 + \$25 + \$40 = \$98

TOTAL AVERAGE ADDED COST PER DWELLING WITH A

BASEMENT OR CRAWL SPACE: \$500 + \$8 + \$25 + \$40 = \$573.

Available to corroborate these cost figures:

Dr. Ed Steinfeld, Professor of Architecture, Department of Architecture, State University of New York, Buffalo, NY

Harold Dean Kiewel, AIA, CSI, CCS Registered Architect (MN & WI) Arch. Specifier, Minneapolis, MN

Louis Tenenbaum, Independent Living Strategist, Potomac, MD

Information compiled by Eleanor Smith, Concrete Change, Atlanta, GA.