IMPACT OF HOUSING FIRST AND SUPPORTIVE HOUSING ON FRAIL SENIORS

SPOTLIGHT ON A LANGLEY SOCIAL HOUSING COMPLEX

To gain a fuller understanding of the unique needs and barriers faced by seniors living in a low-income housing complex in Langley.

Langley Seniors Community Action Table

For further information please contact Leslie Gaudette at 604-630-4201 or lgaudette@gmail.com

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Leslie A. Gaudette, MSc (Epidemiology) participated in key stakeholder meetings from January 2018 onwards, organized and facilitated the Poverty Reduction Strategy Consultation, conducted the literature review and wrote the bulk of the report

Kathy Reddington, BA, CHRP, LSCAT Co-Chair, developed the initial stakeholder consultation strategy, participated in the Poverty Reduction Strategy Consultation and in stakeholder meetings before January 2018 and from March 2018 onwards, tabulated the responses to the written questionnaire, wrote the Executive Summary and reviewed and commented on the report and the Recommendations

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EXECUTIVE SUMMARY

The report, ***"Impact of Housing First and Supportive Housing on Frail Seniors: Spotlight on a Langley Social Housing Complex"*** was authored by the seniors-led volunteer community group, the Langley Seniors Community Action Table (LSCAT) to assess the impact of *co-housing Housing First clients (who may require supportive housing for mental health and substance use issue) together with vulnerable, frail low-income seniors* at the 600-unit, non-profit Langley Lions Senior Citizens Housing Society[1] complex in the City of Langley, and to *recommend steps that could be taken to avert a public health tragedy.* We shine a spotlight on the "curious silence" whereby public policy research has not examined the impact on vulnerable seniors of co-housing those requiring supportive housing.

Findings*:*

Profile: Who are the senior tenants living in the complex? What are their hopes and fears?
Representations by senior tenants (55+) from the Langley Lions Housing complex, along with data gathered through a community consultation, personal interviews and other research, provide the following profile of this population of approximately 400 seniors aged 55 plus who:

- live with economic insecurity;
- suffer from one or more chronic illnesses and in some cases have mobility issues;
- experience much poorer health than the general population, with 52% reporting poor or fair health compared to 23% of British Columbian seniors aged 65+;
- live in fear of their surroundings – a disturbing 41% report feeling unsafe;
- live in fear of what the future may hold – illness, loss of independence, loss of housing;
- live with ongoing stress of deciding whether to buy prescriptions or groceries, but not both;
- are isolated from the community, largely due to low income;
- experience landlord issues with lack of representation in their ability to bring issues forward and be informed of issue resolution.

On a positive note, these seniors:

- take pride in their independence;
- contribute to the community through volunteering, when possible;
- want someone to listen to and help resolve issues with their living conditions.

What Public and Mental Health, and Social Housing Policies have led to this housing crisis?
Our research draws attention to the following public health, mental health and social housing policies implemented over the past 10-20 years:

- More and increasingly frail seniors are encouraged to age in place as a way to improve their health and quality of life, with the aim to reduce overall provincial health care costs.
- Public pensions including OAS, CPP, and GIS have not kept up with the cost of living, and BC now has the highest percentage of any province of seniors living in poverty.
- No new social housing has been built in the past 12 or more years; 1,807 seniors in the Fraser Health Authority are on wait lists for subsidized housing, an increase of 20% in one year.
- BC Housing has expanded its definition of disability to include mental health and substance use issues: "A severe and prolonged impairment in physical or mental functions".

[1] As of June 2018, now known as the Langley Lions Housing Society, may be referred to hereafter as Lions Housing.

- Individuals with mental health and substance use disorders who would once have been institutionalized are now housed in the community, often without all the supports they need to live independently, and many have become homeless.
- Public health policy has evolved to support housing the homeless as a way to improve their health and quality of life while reducing overall costs to the justice, corrections, policing and health care systems.
- At the Langley Lions Housing Society, all tenants are housed under the Residential Tenancy Act as being capable of living independently, which leaves accountability for the behaviour of the tenant with the landlord.

Unintended Consequence – Impact of Mixed Tenancy:
A consequence of these policies is seen in the mixed tenancy housing model at the Langley Lions Housing complex, with approximately fifty (50) tenants placed through two (2) programs established there by the Fraser Health Authority, and who receive considerable supportive housing services.

In addition, Housing First clients are recommended by Fraser Health's Mental Health and Substance Use Unit (MHSU) to be housed there – these number about 60 to 80 persons. ***These tenants do not receive the psycho-social supports they may need to successfully live independently****,* and are co-housed with a frail, vulnerable seniors' population. The already highly stressed seniors population experiences increased fear, anxiety and isolation due to the mixed housing, lack of support and aggressive behaviours displayed by some tenants placed by Housing First and Mental Health and Substance Use.

Studies showing benefits to Housing First clients did not evaluate the impact on vulnerable seniors (i.e., low income, poor health, limited mobility) when they are housed side-by-side with younger disabled persons with behavioural and substance use issues.

Conclusion:
This report highlights the many difficulties faced by seniors living in this social housing complex. We provide evidence of the toxic impact of the mixed tenancy housing model on the health and well-being of seniors when layered on top of their already profound issues of social isolation, poor health and poverty.

We document this situation with a view to engaging community partners in finding and implementing solutions. We share these findings with the fervent hope they will serve as a catalyst for much-needed policy changes.

Recommendations:
With this in mind, we conclude the report with recommendations to the Fraser Health Authority, including the Mental Health and Substance Use Unit and the Langley Seniors Integrated Network of Care (LINC) team, Langley Lions Housing Society, Langley City Council, the Township of Langley Council, Provincial and Federal governments, and seniors-serving community-based organizations.

We view our recommendations as a call to action for concerned organizations to be accountable for their programs, and to work together to improve the overall quality of life and well-being of the seniors living at the Langley Housing Society complex.

INTRODUCTION – SETTING THE ENVIRONMENT

In this report we assess the impact of a number of policies on housing and health care in the context of a large low-income housing complex in Langley. The Langley Seniors Community Action Table (LSCAT) prepared this in response to representations from tenants at the complex. The tenants proposed that a study was needed to understand the impacts of co-housing Housing First clients with vulnerable, frail seniors, and to define what next steps could be taken to avert tragedy.

LSCAT's initial approach was to connect with the Fraser Health Authority along with other key community partners including the Seniors LINC, Langley Seniors Resource Centre and Langley Mental Health and Substance Use. (Refer to Table 1 for a complete timeline of consultations). A proposal prepared by senior tenants at the Lions Housing Complex was developed that proposed an investigative study be undertaken by key stakeholders and further that a lessons learned managerial approach be taken to develop and implement an action plan. In the absence of any positive response from accountable bodies, LSCAT continued to research the situation. This report is intended to address some of the issues raised in the original proposal and uncovers new directions for stakeholders to consider.

LSCAT now realizes that a high level of engagement with community stakeholders and decision makers is needed to resolve the issues faced by both tenants and management of the complex. Community engagement is emerging as an important pillar of public health according to Dyck et al (2018)[i]. These authors develop an action framework that puts knowledge mobilization at the centre to support the implementation of a population health status reporting process that is more likely to result in action to improve health equity. They stress the need for all players to collaborate to turn policy into action and practice. Community partners must work together with medical and public health professionals as well as researchers to equip the community to take action and implement viable policies and programs.

Jennifer Zelmer, Editor in Chief of *Health Care Polic*y, points out the need to address "curious silences in health care policy and research"[ii]. She endorses the observation of Andre Picard, health reporter at *The Globe and Mail,* who encourages focus on issues that may go unreported. In our case, the ***curious silence*** in the literature is the impact on other (and in our case frail senior) tenants in buildings where Housing First tenants are co-housed.

This report presents our findings as follows. First we examine public policy trends to determine how and why this situation has happened. Next we present the results, both quantitative and qualitative, based on information gathered during a Poverty Reduction Strategy Consultation session held in March 2018. Vignettes of lived experiences of tenants are included throughout the report. We conclude with a discussion of the factors affecting quality of life along with Recommendations. A separate document provides Appendix Material including questionnaires used and related documents already submitted to the provincial government and others.

Public Policy Trends: How did we get to where we are?

This issue appears to have come about as an unintended consequence of a number of public policies that have been implemented over the past 10 to 20 or more years.

1. ***Home is best – seniors age in place in their homes with supports***:
As part of the move to Age-Friendly Communities and to create capacity in the healthcare system, current public policy is based on the philosophy where seniors are encouraged to age in place in their own homes and communities. Supports, including meeting health care needs as well as help with housework and activities of daily living, are provided to frail seniors in their homes. This policy direction to provide care in the community, rather than in more costly institutional settings, is recommended not only to be cost-effective but also to better support seniors' autonomy. Unintended consequences are that more housing is needed that is adaptable

Gail's Experience (not her real name) as reported in a telephone interview.

In her working life, Gail had worked as a Mental Health worker in a private care home. She has now lived at the Lions complex for about 10 years and, for the first five years, felt it was a beautiful building. Then, five years ago, there was a fire and she lost everything and had a heart attack due to the stress. As she moved back and forth between buildings, she needed to pay another damage deposit.

She asks, "Where do I move to? There's no place to go (besides the Lions)." After the fire she was in a brand new apartment but there were gouges in the linoleum when she moved in, a shelf fell off the wall and there was only one coat of paint – "then they make a scene for every nick."

One tenant liked to feed the birds. This resulted in 12 to 15 seagulls pooping on the balconies of the tenants below. This situation was finally dealt with.

It is hard to socialize with other senior tenants, as conversations get interrupted by others who can't follow a conversation.

Police are coming to the building all the time and one time took someone away in hand cuffs.

She reported the following story which occurred as she was trying to maneuver her scooter into the building and met up with a woman (I will call Dee) who is well known for repeating "Mary, Mary quite contrary" over and over again.

Gail: "Hi Dee, can you help me open the door?"
Dee: "No, Dee's not here"
Gail: "Dee, please help me open the door."
Dee: "Sorry, Dee is not here."
Gail: "Well who is here?"
Dee: "Mary is here."
Gail: "Can Mary let me in?"

Then "Mary" opened the door and held it for her.

and accessible, and that seniors live at home longer with diminished physical and mental capacity. Demands for community-based services are thus increasing with limited or no increase in supply, leading to long wait times and ever higher criteria for accessing services, exacerbated by cost-cutting efforts to save resources.

The British Columbia government promotes Age-Friendly Communities, which aim to ensure that policies, services and structures related to the physical and social environment are designed to help seniors "age actively". Key features include: housing that is affordable, safe and appropriately designed for seniors; affordable and accessible public transportation; accessible and well-maintained roads and walkways; available health and community support services; and safe neighbourhoods.[iii] In the Langleys, the Township (but not the City) has met the requirements for designation as 'Age-Friendly'. Both jurisdictions struggle with homelessness and lack of affordable rental housing for low income residents of all age groups.

Both Langley City and the Township struggle with homelessness and lack of affordable rental housing for low income residents.

2. Poverty is increasing among seniors:

The purchasing power of public pensions including Old Age Security (OAS) and the Guaranteed Income Supplement (GIS) has not kept up with the cost of living. Seniors are falling further and further below the low-income cut-offs commonly used to describe the poverty line. The Canadian Centre for Policy Alternatives (CCPA) reports that following a sharp decline between 1976 and the mid-1990s, the seniors' poverty rate in BC rose from 2.2% in 1996 to 12.7% in 2014, affecting almost 100,000 seniors.[iv] Increasing poverty is largely concentrated among single seniors, particularly women.[v]

The median income for BC seniors is about $26,000 per year and the low-income cut-offs are around $21,000 depending upon geographic area. Many seniors have must live solely on their OAS and GIS benefits which provide a minimum income of about $18,000 per year ($1,500 per month). According to the BC Seniors Advocate, two-thirds of the low income seniors report having no extended health care benefits to assist with costs for dental care, vision aids and hearing aids, placing further stress on their already limited budgets.[vi]

3. ***No new social housing built in past 12 years results in increased seniors' homelessness:***

According to the Canadian Centre for Policy Alternatives, the number of social housing units has remained static across the province for both seniors (at around 21,000) and for all populations (at about 41,000) over the past 12 years.[vii] The trend of escalating demand from increasing numbers of low-income seniors meeting a static supply results in affordable housing being less and less available for seniors. This rise in demand occurs not only due to the increasing trends in the number of seniors (and of low-income seniors) but also from the goal to boost the number of seniors supported to age in place at home. For the Fraser Health Authority, the BC Seniors Advocate reports that between 2013/14 and 2016/17 the number of seniors on the wait list has increased from 1,255 to 1,807.[viii] One visible result of this crunch is found in the ever larger number of seniors who are homeless.[ix] The 2017 Metro Vancouver homeless count reported 206 homeless persons in Langley of which 24 or 12% were seniors (65 years of age and over). In fact, the actual number of homeless seniors is higher than that reported due to numbers of

"unseen" homeless seniors – couch surfing through the homes of relatives and friends, or living in their cars or RVs.

4. Housing First for the homeless:

Over the past two decades public health policy has evolved to support housing the homeless as a way to improve health and quality of life while reducing overall costs to the justice, corrections, policing and health care systems. A Canada-wide research project in five centres across the country, evaluated the approach known as Housing First for homeless persons with mental illness and showed benefits to moving people from the streets into regular housing.[x] Across all Canadian sites, Housing First significantly improved housing stability among older and younger homeless adults with mental illness, and resulted in superior mental health and quality of life outcomes in older than younger homeless adults after 24 months of being housed.[xi]

Comparison of scatter and congregate approaches shows benefits of congregate housing:
These research studies evaluated primarily a *scatter approach* where a limited number of persons were placed (and no more than 20 per cent of all tenants) in an apartment building. These buildings were often in the private market providing lower income housing, and *not* in social housing, and the persons usually had a choice of location.[xii]

Notably, one analysis compared this *scatter approach* with *congregate housing first (CHF)* – in congregate housing, all study participants are housed together in one building. While Housing First in either scattered or congregate housing formats (the latter located only in Vancouver) was found capable of achieving housing stability, *only congregate housing was associated with improvement on some outcomes among people experiencing major mental illness and chronic homelessness*. Improvements to persons placed in congregate housing were found concerning severity of disability, psychological community integration, and recovery. In this model, CHF included on-site supportive team members along with on-site recreational opportunities and a supportive peer environment.[xiii] Further, the shared backgrounds and experiences of residents were found to contribute to a 'positive sense of community'.

Real life challenges in implementation of Housing First:

While Housing First shows many early successes, applying it in real life in the current housing market in Metro Vancouver is challenging. Participants in a senior-focused workshop in Metro Vancouver emphasized the need for adequate housing for seniors across ***all*** income levels, with options along the housing continuum including the need for more publicly funded long-term care beds. Other housing needs identified were: increased rental subsidies; affordable housing locations that were close to health care services; access to social programming; transportation; and ready access to information including help with completion of forms.[xiv]

Concerns with implementing Housing First in the Metro Vancouver area are documented in a report prepared by Ninow. Rapid re-housing and client choice were the most difficult goals to achieve. Clients seldom have a choice of housing units, while the Housing First workers must search diligently to find even one workable housing option, which may not be in the ideal location for the tenant and may not meet client expectations. [xv] Moreover, Housing First workers sense that not all service providers are committed to Housing First. The workers feel isolated in the communities and identified a lack of community capacity and collaboration among

organizations as a threat to successful implementation. More support is needed to develop cross-sector collaborations and create opportunities to build relationships with other providers and organizations to offer the ICM (Intensive Case Management) teams.[xvi]

> *"A few Housing First workers....report feeling conflicted about placing clients they perceive as* ***potentially violent or unpredictable*** *into private market housing. They are concerned that the client may still be using substances heavily and/or displaying violent tendencies.* ***Accessibility to mental health and addictions services in some municipalities remains difficult*** *and Assertive Community Treatment (ACT) teams often have waitlists...****The Housing First workers are concerned that placing a high acuity tenant in an apartment building may endanger other residents of the building****." (Source: Ninow report*)

5. Changes in approaches to mental health care

Over the past two to three decades, patients being treated for mental illness and housed in Riverview Hospital have been discharged into the community. While initially many former residents appeared to be housed adequately, unfortunately, sufficient additional funding to provide community based supports did not materialize and it appears that at least some former patients ended up among the homeless.

At the same time, BC Housing Policy changed the definition of disability. This affected access to and eligibility for social housing which had been originally designed and used to accommodate seniors and persons with disabilities (which 30 to 40 years ago included primarily those with physical disabilities). The definition of disability was expanded to include persons with a mental illness or disorder and the definition found on the BC Housing website reads as follows:[xvii] "*A severe and prolonged impairment in physical or mental functions*".[2] This new group of tenants was to be housed with supports under the Residential Tenancy Act and deemed capable of living independently with these supports. (*See also page 15 of this report).*

Housing First aims to provide mental health care through either Intensive Case Management (ICM) (usually teams in a dedicated site) or Assertive Community Treatment (ACT). While Housing First has had many successes in housing the homeless, this approach necessarily includes placing persons with significant mental health and substance use issues; such persons may be placed in low barrier housing where the goal is housing stability and not treatment.

Transition and supportive housing may be provided to those with high needs for both mental health care and other supports. However, definitions appear increasingly blurred between *social housing* intended to provide independent living for seniors and those with disabilities, and *supportive housing* where some tenants may need supports provided in a structured environment.

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[2] Also note the definition used by the United Nations Convention on the Rights of Persons with Disabilities: *"Persons with disabilities included those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."*

The Vancouver Police Department (VPD) has reported steady increases in mental health related police incidents over the past decade or more.[xviii] During this time the VPD has worked in cooperation with Vancouver Coastal Health and Providence Health Care to address these issues. Two recommendations made in this report provide context to the situation occurring in Langley:

- *More staffing at BC Housing sites to support tenants with psychiatric issues and a reduced proportion of this type of tenant.*
- *More significant support through ACT teams for psychiatric patients living in the community, including those residing in market housing.*

6. What is the picture of mental illness in Canada, among older adults?

Mental illnesses encompass more than four hundred types, which may range from single, short-lived episodes to chronic disorders and include mood disorders (major depressive disorder, bipolar disorder), anxiety disorder, psychoses, personality disorder, psychosexual disorders, substance use disorders, other non-psychotic disorders, mental retardation and dementias.[xix] According to the above report from the Public Health Agency of Canada, older Canadian adults were more likely to use health services for a mental illness, including one in four Canadians aged 80 and over and about one in five aged 55 to 79. Women were somewhat more likely than men to use health services for a mental illness. Increased risk of mental illness in Canadians was found among those also reporting a number of chronic diseases including: asthma, chronic obstructive pulmonary disease (COPD), ischemic heart disease, diabetes, and hypertension.

Joan's Experience (not her real name) – My personal experience in the Lions Complex:

I moved into the Lions complex in September, 2013, so have been there 4 ½ years.

In the last 4 years I've found some drastic changes in my building. The apartment beside me has had 3 different younger mentally ill tenants, and by no means have any of them been peaceful or quiet. I cannot go for a week or so without some kind of chaos occurring.

The first tenant, a lady, would continually accuse me of going into her place and stealing from her. She would also knock on my door saying someone was in her place and asking me to call the police.

In a different building, seniors have had health issues like a quadruple by-pass, minor heart attack and summoned life line. The ambulance attendants have no access to the front door of this building. At 11:30 pm I helped the ambulance attendants to get into the front door of the building because I have a key from one of the tenants there who I help. I am in shock and disbelief that a life and death situation would go unheard and affect the response time.

Whether the problem of first responders getting into the front door of this building got solved or not is left unknown, until the next time – but THE NEXT TIME MAY BE TOO LATE.

In 2012, according to the Canadian Community Health Survey, about one in five persons aged 15 and over reported needing mental health care in the past year. About one-third of these reported that their needs were not met or only partially met. The study concluded that many Canadians are in need of mental health care, particularly for counselling, and that people with high distress levels were more likely to have unmet and partially met needs. [xx]

What is the impact on Seniors?

The combined effect of these policies has resulted in an increasingly short supply of affordable housing for very low-income seniors. The BC Seniors Advocate highlights the 60,000 seniors in rental accommodation and living on less than $30,000 per year as being most at risk. The Lions complex is not alone – it has become evident that other housing societies across the province are facing pressures to house the homeless with the result that younger populations with disabilities pertaining to mental health and substance abuse are being placed in units previously designed and reserved primarily for seniors and persons with disabilities of a more physical nature.

At the same time, studies showing benefits to Housing First clients *did not evaluate* the impact on seniors who are vulnerable due to factors including low-income, poor health and limited mobility, when seniors are housed side-by-side with younger disabled persons having behavioural and substance use issues. ***This is the curious silence that we aim to address in this report.***

Langley Lions Housing Complex

1. ***Scope of programs and description of complex***
This complex originally intended for seniors has always housed, in addition, persons with disabilities (in the earlier years primarily physical in nature), or as defined in the constitution and by-laws of the Langley Lions Housing Society as "handicapped adults who can live independently". However, with the changed definition from BC Housing, the definition of disability was expanded to include persons with disabilities related to mental health and substance use.

The Langley Lions complex has been expanded since the mid-1970s and is one of the largest of its kind in BC, comprising a high-density complex of seven buildings which together house about 400 seniors and about 100 younger tenants with disabilities. Many of the buildings are at least 40 years old. The exterior and interior designs generally reflect standards of an earlier era where the tenants would usually be responsible seniors, and designs do not necessarily consider the needs of younger adults with varying levels and types of disability. As management of the rental subsidies is now being transferred from BC Housing to the Langley Lions Housing Society, rents for the low income senior tenants are now supported by SAFER (Shelter Aid for Elderly Renters).

The Langley Lions Housing Society is proud to manage the most programs of any similar complex in the province for hard to house clients. Two programs which house about 25 tenants each – Acquired Brain Injury (ABI) and the Rainbow Program – provide supports to their clients through contracts set up between the Fraser Health Authority and non-profit community agencies (Cheshire Home Society of BC and Stepping Stone Community Services Society). Other tenants appear to be placed through being directly recommended by Fraser Health's Mental Health and Substance Use (MHSU) Unit, and the Langley Lions website contains a form to be used for tenants with disabilities, which may stem from physical or mental impairments.

As a primary, if not only, source of affordable, rent-geared-to-income-housing in the Langleys, in recent years the Langley Lions Housing Society has accepted increasing numbers of tenants under Housing First and other initiatives, including persons having a broad range of mental disorders including substance use issues. While all tenants are reported to be housed under the Residential Tenancy Act and are accepted as being capable of living independently – *see excerpt from physician consent letter below* - many are placed through programs which offer considerable supportive housing services.

Notably, many tenants who are recommended rather than formally referred to be housed by the Langley Lions Housing Society *do not receive the psycho-social supports they may need to successfully live independently.* Tenants with disabilities who are not in one of the two contracted programs may exercise their right to refuse treatment and/or opt out of services, ***which can include essential supportive services for effective management of their mental health and substance use disorderss***. Yet, because they have been accepted as tenants under the Residential Tenancy Act as able to live independently, the landlord has few, if any remedies available, if needed, to ensure the safety of both the disabled tenant and others.

Excerpt from Langley Lions physician letter for applicants needing certification of disability.

Dear Physician:
....Your patient is applying for subsidized housing under our disabled client group. To confirm eligibility under this group, documentation is required from you, his/her medical physician, indicating that your patient suffers from a prolonged mental or physical disability which cannot be improved by medical treatment ***and causes a severe loss or impairment of normal physical and/or mental ability such that he/she is incapable of pursuing or maintaining any substantial gainful employment on a regular basis.*** To be eligible for subsidized housing, your patient's disability must be expected to continue permanently, or for a significant duration, i.e., for several years, that cannot be predicted with any certainty. ***He/She must also be able to live independently....***

2. *Residential Tenancy Act and Supportive Housing:*
This Act covers the responsibilities of landlords and tenants, including tenants housed in both social and supportive housing who are expected to be capable of living independently. Both the landlord and tenant have responsibilities to provide quiet enjoyment of property and not disturb other occupants. Under this Act, the landlord must follow a lengthy process to evict any disruptive tenants. Here are the responsibilities as documented on the a BC Government website (see https://www2.gov.bc.ca/gov/content/housing-tenancy/residential-tenancies/during-a-tenancy/quiet-enjoyment):

> ***Landlord's Responsibilities***
> *A landlord must provide* ***quiet enjoyment to all tenants****. Upon getting a disturbance complaint from a tenant, the landlord must take steps to fix the problem. For example, a landlord may need to speak to a tenant about noise if it bothers neighbouring tenants. In this type of a situation, the landlord should:*
>
> - *Talk to the disruptive tenant(s) about the problem*
> - *Let the tenant who complained know what's being done to address the issue*
> - *Follow up with the disruptive tenant in writing (e.g. a "breach letter") to explain:*
>   - *The details of the problem*
>   - *The reasonable amount of time allotted to resolve the problem*
>   - *What may happen if the tenant doesn't fix the problem (e.g. serve notice to end the tenancy)*
>
> ***Tenant's Responsibilities***
> *Tenants must make sure they, their guests and their pets don't unreasonably disturb other occupants. If there are disturbances like unreasonable noise, excessive second-hand smoke or harassment from a neighbouring tenant of the same landlord, the tenant should speak to the landlord about the issue. If tenants are unreasonably disturbed and the landlord doesn't take action, tenants may apply to the Residential Tenancy Branch for dispute resolution.*

Note that the Residential Tenancy Policy Guideline clearly distinguishes between Emergency Shelters and Transitional Housing, which are not covered under that Residential Tenancy Act, and Supportive Housing, which is. Here supportive housing is defined as "*long-term or permanent living accommodation for individuals who need support services to live independently*." And furthermore that "*landlords and tenants cannot avoid or contract out of the Act or regulations*" so that "*policies put in place by supportive housing providers must be consistent with the Act and regulations*". According to BC Housing, "*supportive housing is for British Columbians experiencing or at risk of homelessness....Non-profit housing operators provide a range of on-site, non-clinical supports, such as life-skills training, and connections to primary health care, mental health or substance use services*."

Some tenants of the Lions Housing complex may be moved to other forms of housing as a result of illness or reduced mental or physical capacity. Frail senior tenants may be placed in Assisted Living in the Society's Evergreen Timbers Building. For tenants with mental disabilities where the supports provided on site are not able to fully address needs, a physician ideally, but not necessarily, associated with the Mental Health and Substance Use team may recommend moving the tenant to a health care facility such as a hospital, residential care or other health care facility.

3. ***Key Factors affecting Environment for Seniors in this complex***
- Fewer units are available for seniors despite their increasing population due to:
  - Tenants with disabilities being referred by Cheshire Homes and Stepping Stones (supported through Fraser Health Authority contracts) who require affordable housing and who may or may not be seniors (i.e., 55 plus)
  - Tenants with disabilities related to mental health and substance use concerns being referred by Fraser Health Mental Health and Substance Use teams, some of whom will be under the seniors age range of 55 plus.
- Degree of vulnerability among senior tenants is increasing over time as they age and as the number of units available to house seniors shrinks.
- Presence of a high proportion of hard to house client tenants results in seniors living in fear of threatening behaviours of tenants – these behaviours reflect in part, a lack of community services and supports for those with mental health and substance use.
- Seniors experience limited supports and sense of community, and lack of information regarding sources for and subsidies of programs for seniors.
- Social isolation for some tenants due in part to limited incomes, putting them at greater risk for poor health and early mortality associated with isolation.
- Power imbalance occurs between landlord and senior tenants, who do not wish to jeopardize their housing.

HOW WE COLLECTED THE INFORMATION:

Information for this study was primarily collected during a consultation session held through the targeted small group discussion stream of the BC Poverty Reduction Consultation Strategy, in a church hall in Langley BC. The number participating was 34 tenants plus three from the community at large for a total of 37, including two 55+ tenants who were also employed by the management of the complex. (Several one-on-one interviews were also conducted in person or by telephone at other times.) More women (22) participated than men (15). Ages ranged from 49 to 86; the median age was 69 years. Attendance was double the original goal of 15 to 20 people; the larger number was accommodated by setting up an additional facilitated table discussion.

Five table facilitators led small group discussions using a series of questions aimed at understanding the person's lived experience in low-income housing, with volunteer recorders taking notes. A staff person from the Langley Senior Resources Centre (LSRC) was present to answer questions about programs and to provide extra support to persons needing individual attention. LSRC catered the food, including a selection of muffins and beverages upon arrival and a lunch at midday. A written questionnaire was circulated which resulted in 29 responses. The day closed with a plenary session to summarize key themes and identify solutions.

Results were tabulated from the written questionnaire. Recorders Notes were also reviewed to supplement the ideas put forward in the plenary discussion. Several tenants who did not attend the session were interviewed separately and comments from their lived experience were also included. The organizing committee and volunteers for the day totalled nine including representatives from the following organizations: Langley Seniors Community Action Table, Langley Division of Family Practice, Langley Senior Resources Centre, Chartwell Retirement, Triple A Senior Housing, Anglican Church Women and others. This information was supplemented by a literature review and by ongoing meetings with stakeholders. (*See Table 1*)

RESULTS OF POVERTY REDUCTION STRATEGY CONSULTATION CONDUCTED BY LSCAT: WHAT WE HEARD

In 2011, the United Way of the Lower Mainland published a report entitled *Aging with Dignity – Making it Happen for Everyone,* which focuses on vulnerable seniors and identifies ways to improve their quality of life.[xxi] United Way has the goal to prevent problems by focussing on underlying causes, engaging in community-based planning solutions and strengthening community capacity (p6). This report and accompanying materials are organized around, but not limited to, nine key dimensions of vulnerability, which are essentially the inverse of the Social Determinants of Health. We use this framework of vulnerability to present the results of our consultation (excluding only the dimension of multi-lingual communication and services, which did not arise as a concern in the discussions).

1. Economic Insecurity

Economic insecurity occurs when a household does not have sufficient funds to buy healthy food, afford housing, pay for utilities, cover medical and dental expenses or enroll in recreational activities. A common bench mark is the Low-Income Cut-offs developed by Statistics Canada.

Consultation results:
Participants reported high levels of economic insecurity. Often they are out of money by the second week of the month, and as pensions are increased the rent goes up so they are no better off.

If participants had more money to spend each month, 69% would buy more and/or better food, 41% would spend it on health care items such as prescriptions, medications, dental, glasses and/or hearing aids and another 28% would buy clothes.

Paying the rent on time was a key goal of all, but this was achieved by cutting back on other budget items: 57% on food, 39% on paying bills, and 30% on filling prescriptions.

During the table discussions, participants reported they had to curtail spending on items such as: laundry, cable/internet, phone, adult diapers, services (such as footcare nurse, physiotherapy, etc.), anything extra (eating out, entertainment), and social activities.

Some had come to need affordable housing due to loss of work or work injury preventing work, others had experienced bankruptcy, divorce, closure of a manufactured home park, addiction, family problems, or domestic abuse.

Some experienced a series of adverse life events:

> *'I was injured, but not eligible for WCB, spouse fell ill and died, I lost everything and lived at Gateway of Hope'* (emergency shelter)

2. ***Social Isolation***

Social isolation occurs when a person's social network is small, weak or not there at all. Persons with poor social networks have increased risk for poor physical and mental health.

Consultation results:
Lack of money and perceptions of unsafe living conditions contribute to social isolation. Families are far away, pets are not allowed, while tenants with disruptive and threatening behaviours preclude visits from younger family members and interfere with normal social interactions with senior tenants. Lounges are locked overnight and in some cases 24/7 which limits social interactions within each building. Lack of proper eye-glasses, hearing aids or incontinence supplies also curtails socialization.

The Scooter Boys: George and Fred as told by a friend who lived in their building since 2013.

George's Life:
George was not in good health. He had a serious heart condition and had been hospitalized with it 3 to 4 times. In addition to that, he was dealing with problems with his daughter and the management at the Lions. Both caused him a great deal of ongoing stress.

His daughter was taking his money, so he would not let her into his building, but she would hang around outside until someone (not George) let her in. She would create a disturbance when doing this and, as a result, George got in trouble with management.

Management knew his daughter because she had been a tenant at the Lions before but had been evicted, and management did not want his daughter in the building either. Despite the fact that George was not letting her in, management told him he had to keep her out – or he would be breaking building codes.

Other tenants tried to support George by getting to know who his daughter was and helping to keep her out of the building. Lions' management also placed ongoing demands on George due to outbreaks of bedbugs and cockroaches in the building.

Management was continuously inspecting his suite for bed bugs and cockroaches and he found the constant notice of entry by management very overwhelming. I became his friend and helped him with preparing food and friendship, cleaning up the kitchen and helping him get his garbage out.

One time, when he was in hospital for his heart condition, cockroaches were found in his suite. He was unable to prepare the suite for extermination as expected by management (Terminex Preparation Guidelines). Management just demanded that it be done and they offered no help. His sister was at a loss as to why Langley Lions would not help get the suite ready. This caused extreme pressure on George.

George died shortly after this in August 2017. May he rest in peace.

Fred's Lived Experience:

Fred is a diabetic with a heart condition who is also an amputee, wheelchair bound and very frail.

At the time I met him, Fred lived on the third floor of my building and the elevator was his only way out of the building. However, the elevator was continuously out of service -- often an entire weekend. As a result, he was missing Doctor's appointments and understandably felt very vulnerable about the risk of fire having already lived through a fire in this building.

Fred was friendly and like a caregiver to people in our building. I got to know him and he's a very good friend. He asked me, as a friend, to help him do things in his apartment that he found hard to do from a wheelchair. For example, I would transfer his micro-waved chicken soup into a container so he would not scald himself.

Because Fred was having trouble with the elevator, management gave him an option to be in a first-floor suite in a different building at reduced rent. He was guaranteed that it was bug free. Even though Fred did not really want to leave the building where he was familiar with everyone, he did move.

It turned out that the new apartment was smaller and harder for him to move around in his wheelchair. The kitchen was not as accessible as in his last apartment and it also needed to be upgraded for handicapped accessibility. So much for the promise of better living standards by Lions management.

His new apartment has had no end of problems with bed bugs and cockroaches. Fred cannot cope with the spray protocols by Terminex and management charged Fred a $75 fee for not properly preparing the suite for extermination.

At the time this was going on, Fred had a heart attack, called 911 and was taken to hospital. His sister came down 2 days later and was there when Terminex arrived to spray. They were unhappy that Fred's suite wasn't ready. Fred was charged the $75 to prepare the suite even though the suite was not ready. Later, management refunded the $75, but Fred did not receive an apology from them.

While he was in hospital in the Coronary Care Unit, Fred became suicidal because of the pressure he was under from the Lions management.

Typical comments from tenants included:

- *It's unsafe for my grandchildren to visit*
- *My family lives a long way away and I can't afford to visit them*
- *No money for transportation to go anywhere*
- *As new tenant populations moved in – lost the friendly and familiar faces*
- *Difficult behaviours from some tenants interfere with normal social interactions*
- *Lounges are locked 24/7 in one building and have restricted hours in others*
- *Lack of information on sources of subsidies: e.g., seniors' rates for recreation programs at City/Township and subsidized rates at the Senior Centre*
- *Lack of ability to have a pet, something to love*

3. Poor mental and physical health

Consultation results

Self-reported health is very poor: 52% of respondents reported poor or fair health compared with 23% of persons aged 65+ in BC in 2016, while just 13% reported very good or excellent health compared with 43% in BC aged 65+.[xxii] In discussions, many mentioned a variety of chronic conditions, including diabetes, heart problems, COPD and arthritis, and many used scooters to get around in. One person alone reported kidney failure, heart disease, diabetes and arthritis. Another person reported they were about to lose a foot due to complications of diabetes.

The main items respondents reported they thought they needed to be healthy were food and better quality food, exercise, better medical coverage, affordable prescriptions and opportunities to socialize. Access to massages and foot care, and quicker access to specialists were also mentioned.

Most participants would most often go to a family doctor (57%) while 39% would go to a clinic. None reported going most often to an emergency room and one person did not go to a doctor at all. Half of respondents (50%) reported wanting additional health care to what they received.

Mental health concerns particularly those related to anxiety, stress and depression arose frequently in discussions. Typical concerns voiced were:

- ***Activities related to external visitors, often at night***
    - *No ability to sleep at night with all the noise (ins and outs, banging, activity in hallways, loud voices, altercations, 911 calls, calls on my phone to let hookers and drug dealers in)*
    - *Presence of SWAT teams and persons in HAZMAT suits*
    - *Frequent visits by first responders, police, ambulance, fire trucks, coroner's van*

- ***Worry over issues beyond their control***
    - *Stress worsens chronic health issues (e.g., high blood pressure), leading to increasing medication and hospital visits to deal with stress*
    - *Worry about how to cope with increasing rents and changing rent structures*
    - *Worry of not knowing if the apartment block (substantially damaged by fire) will be demolished to build new*
    - *Seniors are being taken advantage of financially with family coming around when money is coming in and managing to take most of it. Where can we go for help?*

- ***Increased medications to deal with stress***
    - *Need to take lorazepam to calm myself so I can get to sleep*
    - *Now have increased to 11 medications – anxiety and depression*
    - *Smoking more to deal with stress – sometimes can't afford food*

4. *Inadequate (and unaffordable) housing*

Consultation results
Tenants in this complex are grateful that they have a place to live. Still, 39% reported their housing costs are not affordable. In all, 76% reported that they received government assistance for housing: 32% reported receiving SAFER; 16% BC Housing rent supplements: and the remainder mentioned income support programs.

Most planned to live in their current locations for either the "rest of my life" (45%) or as long as I can (am able) (32%).

*A disturbing **41%** of respondents report feeling unsafe.* Many participants pointed out the need for improved landlord tenant relations and improvements to the buildings and surrounding property. Sources of fear include:

Safety in Buildings

- Safety – scared to go out, to use stairway, elevators, laundry rooms
- Need to protect oneself – some residents reported they armed themselves with weapons near their bedside such as knives, hatchet, big stick, bat and/or heavy flashlight
- Increase in robberies in the buildings including mail boxes
- Poor 911 (First Responders) access to buildings
- How can I contact authorities in emergency if I don't have a phone?
- Need a plan for helping mobility disabled people in case of fire
- Need sprinklers
- Smoking occurs in common areas, contrary to no smoking policies.

Fear of other tenants

- Some tenants with disabilities (and particularly those aged 19+ to 54 years) allow undesirable people entrance to the building (e.g., drug dealers, homeless and prostitutes) who end up sleeping in hallways and lobbies.
- Homeless will pay tenants to stay overnight, to have a shower, and also to store drugs
- Some long-term guests stay in contravention of guest policy
- Staff person was assaulted by a tenant (who is now in a secure MHSU residential care facility); during the assault a tenant was prevented use of the elevator as a safety measure.
- Verbal aggression, swearing, stalking, intimidation by other tenants (many from those with disabilities in the 19+ to 54 age group)

Areas for improvement of building design

- Provision for physically disabled including scooters and entrances
- Lack of security/multiple entrances to buildings; need two points of egress in laundry rooms, etc.

Sue's Experiences (not her real name) as told in a telephone interview:

Sue is a genteel British woman in her 70's who moved out of the Lions after living there for 9 years. Her health is poor and she needs oxygen to deal with COPD. She chose to move in with a friend (a man she had known for some years) thus losing some independence but she could not stay any longer (at the Lions). The person who helped her move out remarked that many tenants came to say their good-byes to Sue and were quite envious that Sue was able to move out

Sue lived at the Lions for nine years. The first five years were okay, except for buckets in the hallways to deal with leaky ceilings. The tenant population was stable so she would see familiar faces and know many of her fellow tenants.

Suddenly the type of tenant changed. There were people with noticeably poor personal hygiene and people knocking on doors to borrow money. Outbreaks of bed bugs began to occur.

Problems occurred. For example, an older woman had a son who would come to visit and would beat her up. Police were called and people were running down the halls at 4 am.

Management appeared to have no control. People were living on their balconies and she would observe weird people and people she thought were prostitutes, as well as one man who peed from his balcony. It was frightening, as she did not know who she would meet in the elevator or the lobby.

One day, when a tenant moved out down the hall leaving the apartment in a filthy state, a cleanup team in HazMat suits arrived. When she asked management about the situation she was told "none of your business" which made her feel very annoyed.

In recent years, the caretaker has not been effective. Cleanliness had gone downhill. For example, the railings in the hall used to be wiped all the time, and now the ones by the elevator are filthy.

About 6 to 8 weeks after Sue moved out, she reported that $100 was deducted from her damage deposit for carpet cleaning and that she was about to go back to the Lions office for the third time to get the remainder of her deposit refunded (about $150). Later that week she was admitted to hospital.

Landlord issues reported by senior tenants

- Vulnerable senior tenants are fearful and angry due to power imbalance with landlord.
- Sniffer dogs leading to landlord giving Notice of Entry as often as every two weeks
- Bedbugs and Cockroaches: Dealing with bed bugs and cockroach protocols is difficult for seniors in poor health and is expensive for extra laundry; stress results from threats of eviction if protocols not followed; a protocol requires about 5 hours of physical effort to move furniture and clean the premises, which must be vacated for a minimum of four hours (longer for those with certain medical conditions) while the toxic treatment takes effect and fumes are dissipated..
- One tenant in very poor health who was in hospital when cockroaches were found in his apartment, was unable to undertake the protocol, received no help from management, person died shortly after this event.
- Another tenant, also under severe stress due to inability to deal with cockroach protocols, became suicidal and was also admitted to hospital CCU for a heart problem
- Another tenant had to let ambulance attendants into an adjacent building at 11:30 at night as no one else was available (e.g., security) to open the door, and was concerned that this affected the response time for the afflicted tenant.

Building Maintenance

Tenants reported having a number of issues with building maintenance

- Maintenance: need for efficient and effective maintenance
- Broken doors, broken elevators, filthy railings
- Disability access and bathroom grab bars are needed in suites
- One tenant was 11 months without a fridge
- Another has been waiting for 6 years to have new flooring to replace that which was in poor condition when s/he moved in 10 years ago
- Lack of a sprinkler system. One cannot be put in due to the age of the buildings and the presence of asbestos. *(A real worry as there have been two fires in the complex)*
- Elevators out of order for several days are a concern: a physically disabled person on the third floor could not leave apartment for medical appointments and worried about fire; this person was moved to another building on ground floor but then lost their social network in the other building and cannot cope with bedbugs
- A tenant with a serious water leak in her suite in the middle of the night, contacted 24-hour maintenance, to learn the repairman lived in New Westminster. When he did come, he was not helpful, and made her feel like “trash”

Issues with Management and inability to resolve complaints/ incident reporting

- Due to the manner in which management treats the tenants
- Fear of retaliation
- Harassment of tenants who attempt to report incidents,
- Told to move out if you don’t like it, you are lucky to have BC Housing
- Told ‘it’s none of your concern’
- Tenants experience high stress due to inability to resolve issues
- No ability to get any issues resolved, nobody knows who to talk to or ask for help

- Lack of communication – before 2000 there was a newsletter and a representative from each building – no longer
- Fear of management staff who attended the session (who qualified as 55+ residents in the low-income housing complex).
- Bullying by management leads to stress
- One woman in poor health tried 3 times to get her damage deposit returned

5. ***Inaccessible built environments and transportation***

Consultation results

Built Environment and Grounds Security:
Security is a challenge as the buildings are close together with limited access for emergency vehicles. The property is completely open to surrounding streets and sidewalks in an area one block square. This area of central Langley is a focal point for drug addicts and is a relatively high crime area.

What the tenants are asking for:

- Video surveillance at all buildings and parking areas in the complex
- Direct phone contact with security 24/7; phone numbers do not always connect to someone on site; how to contact for tenants not having their own phone?
- More security guards needed, one man to patrol 7 buildings is insufficient
- Snow removal not done – many have slipped and fallen
- Outdoor garbage with no doors => dumpster diving, fire concerns, attracts rats
- Cars (in both underground and above ground parking) are broken into regularly
- Discarded needles found around buildings and in parking area
- Poor security in perimeter of complex, parking lots, access through patios, etc.
- Fires: concern for hedges close to buildings, and open garbage dumpsters

Transportation
The most common ways to go somewhere are walking (48%) and bus (45%), followed by your own car (34%) and a ride from a friend (21%). Scooters were used by 10% and HandyDart by 10%. If HandyDart cost less, 57% said they would use it more often. Most respondents (71%) reported using Translink buses, of these just 56 % reported receiving a discounted fare.

While the immediate area is walkable and bus service is available, some issues remain:

- *Hard to navigate websites and phone systems to obtain discounted bus passes;*
- *Cab fares to specialist appointments are unaffordable e.g., $50 to go to Surrey or Abbotsford.*

6. ***Food insecurity:***
   More and better food was an important concern of participants who completed questionnaires. As reported earlier, if they had more money to spend, 69% of respondents said they would spend it on more or better food. Food and better quality food was named by 57% of respondents as what they thought they needed to be healthy, and 57% stated they cut back on their food budget to pay their rent.

   In the table discussions, many reported relying on the food bank and soup kitchens, and felt that they were unhealthy due to lack of food including protein that would support a healthy lifestyle. Some would like more information about access to the $5 Healthy Living Bag distributed by the Langley Senior Resources Centre.

7. ***Physical mobility limitations***
   Impaired physical mobility was a fact of life for a significant minority of tenants.

   Participants reported personal limitations that affected where they live; these included mobility issues (N=6), wheelchair (N=2), walker (N=4), cane (N=10), scooter (N=4) and stairs (N=6).

   HandyDart was used by 3 participants while another 5 reported using scooters as a mode of transportation.

   Tenants requested a secure scooter storage area, and also an automated system for the entrance doors of the buildings as it is difficult to manoeuvre scooters through the doors.

   One reported trying not to use her walker so she would not look vulnerable out of fear of other tenants. Another person reported getting little help from Fraser Health as an amputee.

   Tenants expressed concerns about mobility when elevators break down – what is the protocol if there is a fire or someone needs to leave the building?

8. ***Marginalized identities and cultures***
   Participants report there is no joy, no quality of life. Living day to day with no light at the end of the tunnel is stressful and depressing. Many report that it is “circumstance rather than decisions that put us where we are today”. These senior tenants are socially isolated and feel powerless in dealing with management. They report that management belittles them, and in many cases does not take concerns seriously. They have very little control over their surroundings and want someone to listen.

Discussion of Factors Affecting Quality of Life

This report highlights the many difficulties faced by seniors living in this affordable housing complex. We document the toxic impact of the mixed housing model on the health and well-being of seniors when layered on top of already profound issues of social isolation, poor health and poverty.

Despite the many problems these seniors grapple with, some positive findings emerged. Some tenants took on volunteer work to provide social connection, some gardened and some worked together with other tenants to pool resources. Many showed obvious pride in looking out for other tenants in their building who needed assistance. In discussions throughout the consultation session, tenants provided many constructive suggestions for improvements. We hope that recommendations based on this input will be an impetus to improve the overall quality of life and well-being of these highly stressed tenants. The voices of these tenants deserve to be heard and respected and the recommendations implemented as a priority, in order to avert tragedy.

Perspectives from Advancing Inclusion and Quality of Life for Seniors:

Many issues raised in this report are supported by the findings of the HUMA Committee[xxiii][3] to the Canadian House of Commons entitled *Advancing Inclusion and Quality of Life for Seniors.* Chapter 4.2A of this report highlights that social isolation harms seniors, while active participation benefits them and those around them. Some relevant excerpts from the report follow:

> *A National Seniors Council study on social isolation focussed on nine groups of vulnerable seniors, including among others: seniors living alone, low-income seniors and those living in poverty, seniors with mental health issues (including Alzheimer's and other dementias), and seniors with health challenges or disabilities.*
>
> *Additional factors contributing to social isolation were identified through testimony: vision loss, being of advanced years and without access to transportation, poverty, and barriers created by the built environment. Solutions included paid employment, volunteering, and participation in decision-making, with stress on the importance of aging in place in reducing social isolation.*
>
> *Several witnesses identified the importance of involving seniors not only socially, but also in matters that affect them, both to improve the programs and to engage seniors in their communities: "it is crucial that decisions are made with older adults and not for older adults."*
>
> *Canadians want to age in place, which means that housing must be affordable, adaptable and accessible. However in the intense focus on affordability, it can be easy to lose sight of important issues related to suitability. "Aging in place" is not a "silver bullet," as described by the Chief Executive Officer of Langley Lodge, who pointed out that maintaining independence is particularly challenging for older*

[3] Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities.

seniors who live alone. Even with home care and caregiving by friends and family, some needs cannot be met in an individual's home. Pat Armstrong, representing the Canadian Centre for Policy Alternatives said, "The aging-in-place solution ... ignores the fact that many people require skilled care that cannot easily be provided by partners and friends, who are themselves getting older, and it ignores the fact that many people live in places unsuitable for those with very heavy care needs."

The HUMA Committee observed that more focus is needed on the community. The representative from the Public Health Agency of Canada reported on work with provincial and territorial governments and other stakeholders "to help communities become more age friendly," with focus on "multiple aspects of community life, including transportation, housing, social participation, and inclusion." "An age-friendly community recognizes that seniors have a wide range of skills and abilities, respects their decisions and lifestyle choices, and supports seniors who are vulnerable."

Looking at the broad policy issues is crucial to finding ways to resolve these concerns. To that end we make a number of recommendations at the end of this report, keeping in mind that there is a continuum of age and degree of mental disorder, as well as a continuum of disruptive and threatening behaviours. In other words, a physically disabled 45-year-old may have similar needs and interests of a much older adult, while a fit older person may experience a mental health breakdown.

What is important to improving quality of life for individuals?
Maslow's hierarchy of needs is one way to examine how various components of one's life contribute to wellbeing. What is striking in the lives of the tenants, as reported in the consultation, is how poorly many of them fare in meeting basic needs.

The first level looks at *physiological needs.* While all tenants have access to water and warmth, many report food insecurity and lack of rest due to noise. The second level encompasses *safety needs*. As this report shows, a sense of safety and security is profoundly lacking in the lives of many tenants.

The third level, relating *to belongingness and love needs* is impaired. Many are far from families, would love to have a pet to have something to love, and their friendships are disrupted by many factors including the presence of persons with strange behaviours, inability to access lounges, and inability to invite other tenants to their suites due to fear of transmitting bed bugs and cockroaches.

The fourth level, *esteem needs*, is compromised. It is difficult to feel prestige or a sense of accomplishment when living under these conditions, as tenants have very little way to control their environment and many report not being listened to, or belittled by, management.

Thus it is unlikely that many tenants will reach the top level of *self-actualization* where one achieves one's full potential including creative activities.

In conclusion, this study illuminates the toxic impact of poverty and mixed tenancy on the health and well-being of the senior tenants at this affordable housing complex. We identify some gaps in research in public policy in that the impacts of co-housing of persons with disabilities requiring considerable supports for mental health and substance use issues, together with an increasingly vulnerable seniors' population. Furthermore we put the spotlight on facets of the Residential Tenancy Act which appear to be ineffective in dealing with tenants who do not receive sufficient supports to live independently in a manner that does not disturb others.

Our goal in preparing report is to document the situation with a view to engaging community partners in finding and implementing solutions. We believe these findings are a start to ensure that needed policy changes will be made. We share these findings with the fervent hope they will serve as a catalyst for much-needed policy changes. We urge stakeholders to carefully consider our recommendations.

Table 1:

Time Line of Key LSCAT Activities related to Community and Stakeholder Consultations:

2017 March: - Langley Lions Senior raises concerns regarding living conditions at LSCAT meeting; LSCAT member agrees to follow-up with BC Seniors Advocate.

May: - LSCAT develops an Action Plan regarding concerns, including learning more about Langley Lions Housing and working with Fraser Health Authority and other Stakeholders before involving Seniors Advocate.

June: - Langley Lions senior tenants meet with staff at **Langley Seniors Resource Centre**, which results in a memo sent that alerts some stakeholders to the issues.

July: - LSCAT meetings set up with **Fraser Health (Seniors LINC)** to attempt collaboration, were cancelled.

Sept: - LSCAT Co-Chair requests **of Seniors LINC leadership** that they coordinate a meeting of community stakeholders involved in the Lions Housing issue; the meeting is set for December.

-LSCAT Co-Chair voices support for 'affordable housing' at **Township of Langley Council**.

- LSCAT representatives continue to participate in **Seniors LINC meetings and Summits.**

Dec: - LSCAT reps meet with **Langley Lions ED, Fraser Health MHSU and Seniors LINC leaders** to discuss concerns; agreed outcome was to set up a Tenants Representation Council.

2018 Jan: - LSCAT **Housing Committee** meets and reviews a **proposal developed by Lions tenants** for a study of the impact on fragile seniors of co-housing them with Housing First clients presenting with addiction and mental health issues.

- LSCAT volunteer representatives meet with a **large stakeholder group convened by Fraser Health and Langley Lions** and present part of the proposal; meeting was chaired by **LMHSU** Director, and included **Seniors LINC, Cheshire Homes, Stepping Stones, LSRS, LDFP**, and Langley Lions ED and Board member; Advisory Committee struck.

- LSCAT volunteers and Langley Lions tenants report back to LSCAT regular meeting.

- LSCAT volunteer representatives meet with **Advisory Committee** chaired by Langley Lions ED; participants included from Fraser Health: Langley MHSU, Home Health, Assisted Living; also contracted agencies of Stepping Stones and Cheshire Homes; community orgs including LDFP and LSRS;

- LSCAT is concerned as key leadership from Fraser Health is lacking, no agenda, and no common notes circulated. LL ED did not agree that the tenants proposal be presented to the group, rather she wanted the group to review individual examples presented in the proposal. LSCAT refused on the grounds that they wished to deal with systemic issues. LL ED defines her responsibilities as limited to being a landlord under the Residential Tenancy Act and not to provide social services.

2018 Feb: - LSCAT volunteer reps participate in **2nd Advisory Committee** meeting chaired by Langley Lions ED; LSCAT receives very hostile reception due to circulation of letter by a Langley resident documenting her serious concerns about co-housing persons with severe mental illness and/or substance use issues with seniors. Some progress was made on issues related to incident reporting and involvement of community agencies

- Advisory Committee Chair sends email to LSCAT indicating consideration of the tenant proposal was not in the Advisory Committee's mandate.

- LSCAT informs **Fraser Health Authority** of its intention to withdraw from the Advisory Committee due to the attempts by the Committee to minimize the issue as 'a communication issue' as well as to manage and marginalize the role of LSCAT in representing the senior tenants at the Lions.

- **Fraser Health Authority** requests meeting to discuss concerns – scheduled in April

- LSCAT rep raises issue of co-housing vulnerable seniors together with persons with a mental disorder or substance use issue during a presentation of the **Board Chair of the Fraser Health Authority** to the Council of Senior Citizens Organizations of BC.

- LSCAT, Langley Lions Seniors, Langley Lions management and many stakeholders attend **Town Hall meeting held in Cloverdale on Affordable Housing for Seniors** and moderated by John Aldag, MP for Cloverdale-Langley City.

March: - Representatives of LSCAT, Langley Lions Tenants and Langley Division of Family Practice meet with **BC Seniors Advocate** to present concerns and discuss strategies; a major background report was prepared by the tenants.

- LSCAT Housing Committee organizes and convenes a community consultation through the **BC Poverty Reduction Strategy**, with at least 37 participants, mostly Lions tenants. LSCAT submits a short report on consultation to Poverty Reduction Strategy. Visit https://engage.gov.bc.ca/bcpovertyreduction/read-public-and-stakeholder-input/ and look for Langley Seniors Community Action Table.

April: - LSCAT volunteer reps meet with **Director of Fraser Health MHSU, Seniors LINC, and Langley Lions ED and Board member** to present preliminary findings from the poverty consultation and attempt to gain a better understanding of process for placement and ongoing monitoring of tenants with disabilities.

-LSCAT rep conducts **literature review** on evidence basis for Housing First policies;

- LSCAT rep meets with one **SFU researcher** to understand the context of the findings.

- Background report to Seniors Advocate is inadvertently sent **to City of Langley Councillors and staff** by tenants; LSCAT follows up with City.

- LSCAT reps meet a second time later in month with **Director of Fraser Health MHSU** (for first hour) and **Langley Lions ED and Board** member to continue discussions and work towards finding ways for Langley Lions to work collaboratively with other community services (such as Langley Seniors Resource Society or Seniors LINC) to provide much needed information, supports and services to the tenants.

May : - LSCAT rep prepared **Resolution on Mixed Tenancy** which was endorsed by the **Council of Senior Citizens Organizations of BC** COSCO – this will be considered by the National Pensioners Federation at their AGM in Regina September 24-25

-LSCAT reps meet with ED of the **Langley Division of Family Practice** to learn more of relationships of the Langley MHSU Unit with family practitioners when both are caring for the same patient and to clarify the signing of the Physician Consent Form where a physician documents that their patient, while suffering from a severe and prolonged mental or physical disability, is still able to live independently.

- LSCAT rep presented the Lions situation to **Healthier Community Partnerships.**

- LSCAT rep met with the ED of **Stepping Stones**.

- LSCAT rep continues liaison with the **City of Langley** with a view to holding a meeting at a mutually convenient date.

- Conversations with **RCMP re their Crime Free Multi-Housing program** – learn that RCMP needs cooperation from Lions management in order to put a program in place

June: - LSCAT rep sent **Fraser Health Authority Board Chair** a copy of the Poverty Reduction Report plus a brief update on the situation since first meeting in February

-LSCAT rep participated in a **Rental Housing Task Force Community Meeting** in Maple Ridge, also attended by MLA Spencer Chandra Herbert, Head of the Task Force; other MLAs present were Lisa Baird and Bob D'ieth.

- LSCAT reps provided requested input to forms being developed by the **Lions Housing Society** – to limited effect.

- Langley Lions ED informs LSCAT that a Tenant Feedback Form is now located in the lobby of all buildings and that TLC (Tenants Liaison Committee) meetings have been held in some buildings.

July: - LSCAT submits a **Brief to the Rental Housing Task Force.**

-LSCAT circulates "**What we Heard"** an initial report on the community consultations from the Poverty Reduction Plan to everyone who contributed to organizing the LSCAT Poverty Reduction Consultation.

- LSCAT is advised that Andy Libbiter, **Executive Director, Mental Health and Substance Use at Fraser Health Authority** has requested the Background Report from the Office of the Seniors Advocate.

Sept: - **LSRS Outreach Director** passes along a notice of a meeting of the Lions tenants organized by Dave Allison and to be held without Management at the Evergreen Hall at 2pm on Sept 6

-LSCAT emails background information to **two Mayoralty candidates for Langley City**

- LSCAT reps present update of progress to date to the **Langley Seniors Community Action Table**

Oct: - LSCAT presents findings to public meeting of Fraser Health Authority Board

RECOMMENDATIONS:

Fraser Health Authority Executive level (and/or Board of Directors)

- Review this report and provide solutions and recommendations to community partners
- Assign a contact person responsible to communicate with community members and stakeholders on these issues.
- Work with Mental Health and Substance Use staff to develop a screening process and monitoring program for persons with disabilities pertaining to mental health and substance use and to ensure supports are adequate to permit the client to live independently without disturbing others.
- Provide more treatment facilities for Mental Health and Substance Use clients to reduce the need to house these persons with seniors.
- Consider public health measures to improve the health of senior tenants through improving their living conditions.
- Provide aggregate statistics on the use of health services (e.g., visits to emergency departments, hospitalizations, mortality rates, etc.) for residents of this complex.
- Require landlords housing Fraser Health Authority clients (i.e, through contracted agencies) to take advantage of and implement the RCMP Crime-Free Multi-housing programs as needed.

Fraser Health Authority Mental Health and Substance Use

Determine measures that could be taken with the aim to reduce the negative impact of the current housing model of mixed tenancy, including but not limited to the following recommendations.

- Ensure screening and monitoring processes are in place when housing persons with disabilities pertaining to mental health and substance use.
- Provide on-site services and assessment to all tenants, as needed, in the complex
- Provide a contact person to be responsible to community partners regarding incidents or complaints.
- Continue to involve, and collaborate with, other stakeholders to work towards solutions.
- Coordinate with other Fraser Health and Community Services to resolve tenant concerns.
- Ensure involvement of Langley Community Services Society, which is the contracted provider of supports to those with substance use issues and the ICM contract holder.
- Provide aggregate statistical information to key stakeholders on the number of clients (both active and inactive) they have who live on site.
- Work with Langley Lions' administration to redesign placement policies with the aim to establish 'seniors only' buildings.

Fraser Health Authority/Seniors LINC Team

- Provide on-site services of the Seniors LINC inter-professional team on regular basis.
- Provide a home health nurse on site at least weekly.
- Assess the health needs and health system use of the senior and other populations to determine the best mix of services.
- Facilitate a referral to MHSU for tenants in need of more supports to live independently.
- Coordinate with mental health and substance use to meet the goal of wrap-around care.
- Provide statistics on the use of health services by residents of the complex.

Langley Lions Housing Society

- Keep most buildings reserved for senior tenants (55+).
- Move all tenants with disruptive behaviours to a single building with the goal to better manage their behaviours and facilitate provision of appropriate supports.
- Work with RCMP to implement the Crime-Free Multi-Housing program at the complex.
- Work with the RCMP and others to develop short, medium and long term plans to redesign buildings and grounds to improve safety and security that reflects the wide range of programs under which various tenant populations are housed.
- Find more effective, less disruptive protocols for bed bug and cockroach control and extermination
- Improve access to buildings for persons using scooters.
- Find a way to provide a phone for emergency use for tenants who do not have one.
- Find a way to provide tenants with cable and Internet access at low cost based on pooled rates for all Lions tenants.
- Open lounges and designate recreation staff to work with tenants to organize and facilitate social events in lounges in each building that would be aimed at senior tenants.
- Work with community partners to provide on-site social events, information sessions and workshops, and other amenities.
- Work with community partners to provide information on how to access programs and services (e.g, SAFER, discounted Translink passes, and social/fitness program subsidies).
- Consider setting up a community kitchen, a community garden, and other means to improve nutrition of tenants.

Langley Senior Resources Society

- Facilitate provision of resources to Lions complex seniors to deal with income and social support matters. e.g., 'Healthy Living Bag' $5, Friendly Visitor, Better at Home program, onsite Income Tax Clinic, information on low cost transportation options (e.g, volunteer driver, Taxi Savers and Discount Translink bus passes).
- Document the demand and supply, as well as wait times and gaps in order to secure resources to meet these needs.
- Publicize free programs available at the Senior Resources Centre to the senior tenants at the Lions complex.
- Publicize subsidized membership at the Senior Resources Centre to the senior tenants at the Lions complex.
- Provide on-site access at the Lions complex for LSRS Outreach Services.

Langley City and Township Councils

- Partner with developers, non-profits, provincial and federal government and others to provide more affordable, low-income rental housing for seniors and others in the community, and also to update and refurbish existing housing.
- Work with low-income seniors to improve access to discounted fitness and other programs.
- Involve seniors in planning for housing – "*plan with seniors not for them*"
- Ensure a seniors lens is applied to rezoning applications affecting affordable housing for seniors (e.g., for manufactured home parks, social housing for seniors, etc.)

Other Community Stakeholders:

Langley Division of Family Practice

- Ensure family physicians are aware of the difficulties experienced by patients residing in this housing complex.
- Include Langley Lions Housing Society as part of the Primary Care Network.

Triple A Senior Housing

- Continue efforts to raise awareness, advocate and act to meet the need for affordable, accessible, appropriate housing options for seniors in the City and Township of Langley and in particular ensure a supply of units with rent-geared-to-income..

Provincial and Federal Governments and Agencies:
LSCAT plans to work either alone or in collaboration with other seniors groups to advocate to senior government officials, politicians, and relevant agencies/coalitions such as

Ministry of Health
Ministry of Mental Health and Addictions,
Minister of Housing
Minister of Social Development and Poverty Reduction
BC Seniors Advocate
BC Housing
Langley MLAs/MPs
Federal Cabinet Ministers
United Way of the Lower Mainland, Community Based Senior Services (CBSS)
PovNet
Poverty Reduction Coalition (through the Council of Senior Citizens Organization of BC)
BC Health Coalition

Recommendations to provincial/federal governments identified so far include:

- Examine policies of Housing First to ensure that housing persons eligible through this program receive sufficient supports, and not jeopardize the well-being of senior tenants requiring rent-geared-to-income housing in the same complex
- Provide funding to increase the number of social housing units dedicated to seniors.
- Continue to improve SAFER subsidies to give senior tenants more options.
- Increase the BC Seniors Supplement to assist senior tenants with budgetary pressures.
- Provide extended health care benefits to all seniors, including universal pharmacare.
- Provide easy to navigate processes for applying for benefits, such as discounted transit passes.
- Fund additional treatment facilities for persons with mental health and substance abuse issues.
- Fund additional supportive housing units for persons with mental health and substance use issues, using congregate models as appropriate
- BC Housing to reinstate original policy of housing seniors with or without disabilities, either as a discrete demographic, or in mixed housing that does not house individuals with a dual diagnosis requiring intensive active support to live independently.

- BC Government/BC Housing – revise current housing policies to provide housing specifically designed and staffed to meet the needs of those with a dual diagnosis requiring active support to live independently.
- BC Government/BC Housing - take a more active role in monitoring the management of social housing by non-profit societies in Langley and other BC communities.

Additional academic institutions and community organizations that may have interest in these finding and some of which could conduct more intensive research would include:

- UBC: School of Regional and Community Planning (SCARP) Director, Penny Guerstein
- SFU Gerontology Research Centre
- Seniors First BC: Seniors Abuse Info Line (or SAIL)
- SPARC BC: Social Planning and Research Council
- Canadian Centre for Policy Alternative, BC office
- Seniors Services Society
- BC Community Response Networks.

LIST OF APPENDICES: presented in a separate document

1. The Written Questionnaire
2. The Facilitators Questionnaire
3. The Short report written for the Poverty Reduction Strategy
4. Brief to the Rental Housing Task Force, July 6, 2018
5. Resolution endorsed by the Council of Senior Citizens' Organizations of BC (COSCO) and submitted to the September Annual Meeting of the National Pensioners Federation.

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