July 2017

To the Vancouver City Council

From the George Pearson Centre Resident Council Working Group on Redevelopment

We are nine Pearson residents who are members of the Pearson Resident Council. Our position on the recommendation is against, though we support many aspects of the application. We believe the lack of larger group living denies people with disabilities a valid choice on the spectrum of housing and care, and reflects a failure to meet several commitments made in the Policy Statement[1].

The commitment residents have heard from VCH since the beginning was that we would be able to live on the Pearson site, if we choose to – and that the models of housing would match our diverse choices.

At the June 2016 Resident Council meeting, a critical mass of residents became truly aware that there would be no New Pearson on this land for those who would choose it as their preferred housing option. Although a complex care building is planned for the site, it was realized at this meeting that Pearson residents are not prioritized for living there, nor will be it be designed for our needs[2].

At the Working Group meetings, we discussed the history of resident participation in the redevelopment planning and research done with residents on choices in housing and care[3,4,5], as well as the planning documents.

From those meetings - the Resident Council Working Group supports a spectrum of choices in housing and supports as follows:

1) We support independent accessible housing and better supports for those who choose to live alone, with a partner, or roommate
2) We support the 4 or 6 bedroom home for people who choose this smaller grouping
3) We support a larger group living model, which shares resources and social spaces.

The decision to exclude residents from living in a new larger group living situation on the Pearson site is in opposition to what residents had expressed in earlier research. It is not what was agreed upon in the Pearson Dogwood Consensus Document, which was supposed to provide the foundation for the Redevelopment planning and decisions for housing and supports.

Earlier research with residents revealed a desire to retain, to some degree, the unique Pearson community. Residents envisioned a larger building containing small house units with 6-12 people per unit. These units were neighbours to other units, and collectively they shared services and offered ease of socializing. This community of people with disabilities is at the same time integrated into an even larger community.

Many people choose to live at Pearson for the benefits they experience here. We believe this would be a preferred option for other people with disabilities as well if it was designed appropriately. Pearson is almost always full, with new residents coming in regularly, often with complex medical needs.

There are two main advantages to the larger group model: one is the social aspect and sense of community. Second are the many resources we can access without leaving home, which is so important when the weather is cold or you aren't feeling well. The socializing and shared resources are the same reasons that many able-bodied people choose to live collectively.

In addition, the Working Group knows that, for many residents, living in a larger group offers a lesser chance of isolation and decreases the risk of abuse, especially for those who cannot speak for themselves.

In our discussions, the RCWG determined that several commitments stated in the policy plan had not been met. Two significant areas are as follows:

1) Consultation with residents has been minimal beyond the individualized planning. Many residents face barriers to participating in the planning process – including hearing impairment, difficulty speaking as well as memory, physical, medical and cognitive challenges. It should be noted that at the Working Group's request, VCH has recently consulted with residents, generating two reports.
2) Working with residents in the individualized planning: In this process, residents were not actually offered any larger group living option, here or elsewhere. We regret this missed opportunity to gather data on how many current residents would choose this option.

Some direct quotes from Pearson residents about the redevelopment plan:

- "There are a lot of residents who aren't able to participate in planning, and we need to speak up for them. It's hard to speak for somebody else but we are their neighbours."
- "At what point was the decision made that there would be no new Pearson? In PRRG we worked with the understanding that we were planning for a new version of Pearson."
- "This is in opposition to what many residents want. We should not be denied this choice on this site."
- "Why do other groups, who do not live here at Pearson, have a voice in this planning and Pearson residents have a lesser voice?"
- "Why is it okay for Dogwood to build a facility for them, but it isn't okay for Pearson residents?"
- "Some of us would choose to be together in order to gain more services."
- "If we are scattered across the site I know we won't have access to the same services I get now in the same safe and convenient manner without battling the outside weather."

- “Being grouped together has benefits many of us treasure – and does not preclude being integrated into the greater community”
- “We should suggest grouping residents more. I wish a balance – I like my privacy but always want someone nearby in case I need help.”
- “Why can’t we have housing for people with disabilities on the lower floors together, with ramps, and everyone else who can use stairs above us?”
- “We need to convince City Council that we aren’t nearly as afraid of the word ‘institution’ as they are. We like to live together, with privacy still. The social aspect, including Recreation is just as important as the health care.”
- “If we can convince the City that we wish to live together as a community it would mean significant cost savings & efficiencies.”
- Regarding the Total Care Worker – “Who are these amazing multi skilled people, where will you find them, and what will they be paid?”
- “It sounds like semantics – so rather than call it an institution – call it a community with shared care. It’s what’s inside an institution that makes it good or bad, not the fact that people live together”
- Who says that a community can’t be made of people with disabilities? Why does community only matter if there able-bodied people included in it?

In Summary: Living collectively and sharing resources is not a concept unique to people with disabilities. We believe, through living here at Pearson, that it can increase independence by providing more social interaction, more immediate supports and more on-site services. In contrast, we know that for some people with disabilities, living alone will increase risk of social isolation and opportunities for abuse, as there will be no witnesses to the care being delivered.

At its essence, this is about choice for people with disabilities. We’ve heard some people will argue against any number of groups of people living together. Yet we know that some people, with or without a disability, like to live alone, while others like to live in a group. Resident Council supports the full range of housing and care options.

Thank you,

The Resident Council Working Group on Redevelopment

Appendix 1: Background Information on Groups: RC, RCWG, PAR & PRRG

[1] Appendix 2: Policy Statement Commitments Not Met

[2] Appendix 3: Beyond Medical Care: Services Valued at Pearson

[3] PAR Report 2008

[4] PRRG Report 1-2012

[5] PRRG Report 2-2013

Appendix 1

Background Information on Groups: RC, RCWG, PAR & PRRG

Resident Council (RC):

-Open to all Pearson residents
-Meets monthly
-Administratively supported by the Community and Residents Mentors Association (CARMA).
-Meetings are attended by approximately 15-20 Pearson residents
-Most GPC residents are unable to understand the content of a meeting
-The purpose of RC is to inform and consult with residents, hear complaints, plan solutions, and raise issues regarding anything of concern to residents.
-The Pearson / Dogwood Redevelopment has been on the Resident Council Agenda every month since the planning started, with a brief report coming back from the Redevelopment Steering Committee via CARMA as information became public.

The Resident Council Working Group on Redevelopment (RCWG)

-Formed in June 2016
-Comprised of 9 Resident Council members
-Met in July and August 2016.
-Facilitated by members of CARMA
-Purpose was to get resident input back into the redevelopment planning
-discussed the history of resident participation in the redevelopment planning that effectively ended in 2013
-reviewed reports on Pearson residents' choices in housing and care - the 2008 PAR report, and PRRG Report 1 in 2012 and Report 2 in 2013
-reviewed The UN Convention of People with Disabilities, the Pearson Dogwood Consensus Document, and the Policy Statement.

PAR Report

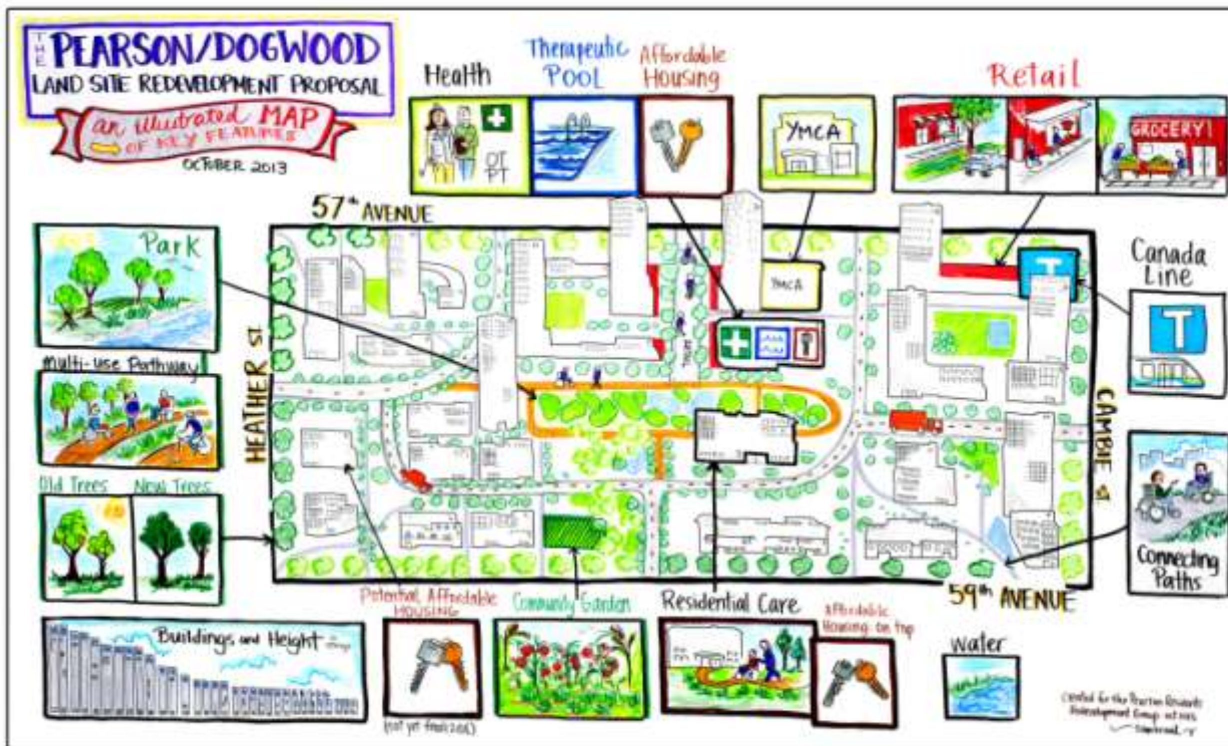
-Participatory Action Research done in 2008
-Residents were asked to envision what home means to them
-Generated the PAR Report and graphic murals depicting results (on walls of Pearson)

PRRG (Pearson Resident Redevelopment Group)

-Formed in 2012, funding ended in 2013
-Supported by CARMA
-Purpose was to ensure residents' voices were heard throughout the planning
-Consulted with residents regarding redevelopment – interviews, focus groups etc.
-Generated two reports

A Vision of future Residential Care building on the Pearson-Dogwood Site (PRRG)

Graphic Depiction of Results from PRRG Report in October 2013



Appendix 2

Pearson Dogwood Policy Statement Commitments Not Met

From

3.1 BACKGROUND

HEALTH CARE: HOUSING & SERVICES pg 18

Five commitments in the *Policy Statement* have not been met, as assessed by the RCWG:

1) Pearson Dogwood Policy Statement*: The models for providing health care, housing and supports to the seniors and persons with disabilities communities, including those currently on the Pearson Dogwood site, will be planned in consultation with those constituents including consultation with the Seniors Advisory Committee.*

RCWG Response:

- Consultation with residents has been minimal beyond the individualized planning. PRRG funding ended in 2013 and resident participation soon discontinued.
- While residents have been invited in general to attend the Redevelopment Committees, many residents have barriers to participating in the current process. This includes hearing impairment, difficulty speaking as well as memory, physical, and cognitive challenges.
- There has been little support in the past 4 years to help residents overcome these barriers in order to meaningfully participate in planning.

2) Pearson Dogwood Policy Statement : Using the "Proposal for Housing and Support for Pearson Redevelopment" as the basis for implementing housing and supports for the Pearson redevelopment with the condition that overall costs are no higher than the current overall operational costs at Pearson, including administrative costs and adjusted for inflation.

RCWG Response:

It appears to us that the pressure from outside groups against larger groups of living has resulted in a larger incidence of the smaller 4 or 6 person group home model. The original vision of the Greenhouse had a minimum of 6 persons, up to 12, and shared resources with other Greenhouses.

Sections of note, excerpted from:

Pearson Dogwood Redevelopment Consensus Document – Proposal for Housing and Support

Page 2:

4. The Greenhouse model, which enables small group living with personal choice/control

Page 3:

Greenhouse: general description

• Each Greenhouse has 6 - 12 people, each with their own bedroom & bathroom.

Greenhouses in an Integrated Building: Specific details
Crucial conditions to which must be included
• In houses with high acuity residents, a hybrid can be designed with a few medical staff shared between two Greenhouses in the same neighbourhood.

Page 4:
- Several Greenhouses can be built on one floor of a larger building and may share some broad services, but each individual Greenhouse must be self-sufficient for daily living activities and have designated staff to ensure continuity of care.

3) *Pearson Dogwood Policy Statement: VCH is committed to working with the Pearson residents to develop individualized support plans utilizing the support and tools provided by Pearson Residents Redevelopment Group (PRRG) and CARMA. This process will assist to identify the housing and support options for individuals.*

RCWG Response:
- In the individualized planning process, residents were not offered the option that they had planned for during PAR and PRRG. They were only offered the 4 current housing options.
- In PRRG's reports, residents clearly chose larger groupings such as 50 residents per floor, in 4 units of 12-13 people each.
- It is in contradiction to the choices of many residents of Pearson to fail to group Greenhouses together.
- Residents fear the loss of this design will severely impact the quality of life for many residents, especially those who require high levels of social and cognitive support.
- It denies residents the rights to build a community of care, with neighbours who also have disabilities.
- It suggests that there is more social value in neighbours without disability, rather than acknowledging the social value in being near others who understand what it means to live with a disability.

4) *Pearson Dogwood Policy Statement*:
Not including 37 beds from Pearson as part of the 150 bed residential care facility proposed on the site.
AND
No person currently residing at Pearson will be transferred to another facility/institution unless it is their choice.

RCWG Response:

- These appear to be contradictory points. It appears the case that many residents still wish to live in a situation similar to Pearson, and also stay on site.
- Accepting this, how are residents able to choose a complex care option and stay in this neighbourhood? Are we denied the option of living at the 150 bed facility proposed on this site?
- Even if so, will it be suitable for the demographic of Pearson residents or be geared towards Dogwood demographic entirely?
- Who decided this should not be an option for GPC Residents?
- How can Pearson residents advocate for this additional choice in housing and supports?

5) Pearson Dogwood Policy Statement: *Having the Greenhouse model and other social models of housing and supports on the site for the Pearson residents. These will be part of integrated buildings and not part of a residential care facility.*
AND
Increasing the number of housing units with supports to 114 housing units for all the Pearson residents.

RCWG Response:

- How does VCH define "residential care facility"?
- As many residents still wish to live in a larger group, keeping resources close by, and sharing services, can this be done without calling it a "residential care facility"?
- Is VCH able to amend that commitment so that all residents' choices are included in housing options?
- Suggestion from Council that we would call it a "Community with Care" as it would be designed differently from the institutions of the past.
- There are many services residents currently value at Pearson (See *Appendix 3: Beyond Medical Care*)

RCWG Recommendation:

Living and Sharing Together: Community with Care

Grouping the multi-person units in order to share more on-site resources should be an option in the continuum of housing and care on the Pearson Dogwood site.

The Community with Care is where 6-12 member Greenhouses are grouped together to total a community of around 50 people with disabilities, located on the lower floors with ramps for safe access. This is at the same time integrated into an even larger community. This larger grouping is currently preferred by residents and family members, though numbers are not known as opportunities to gather this data have not been supported. This is the option that residents expressed support for in PAR and PRRG, and the Resident Council Working Group still supports.

Appendix 3

Beyond Medical Care

Other Services that GPC Residents currently value at Pearson:

1. *Banking services* – with staff person who knows residents and helps with money withdrawals – amounts are managed in relation to resident's income
2. *Computer services* - with staff person who knows residents well – remembers passwords, sets residents up at computers, teaches basic computer skills, types emails to help residents keep in touch with family and friends
3. *Canteen* – in same building – enables residents to purchase food/beverage and personal care items on their account – specialized social space
4. *Clinics* – on site, appts made for you – dental, urology, podiatry, eyes, gynecology, breast exams and more – specialized equipment
5. *Doctors* – on site M-F and will visit on weekends too
6. *Equipment Technicians*: repair/modify chairs and beds and work on Power Mobility, including 'quick fixes' at Wheelchair drop-in shop
7. *Facilities* – fix everything on the walls and within the walls
8. *Family Rooms* – two rooms that residents can book so their families can stay overnight for longer visits
9. *Faith Services* – Spiritual Care Coordinator and Joy Fellowship
10. *Fingernail care*, especially for residents with spasticity and curled fingers
11. *Gardening Program* on site with skilled Horticultural experts and volunteers
12. *Hair Salon* – specialized equipment and stylist, largely subsidized by Women's Auxiliary
13. *Lab Technicians* on site twice a week for blood tests and do ECG with mobile machine
14. *Massage Therapy* students come twice a week
15. *Mobile Voting Booth* to your bedside
16. *Music Therapy* – on site
17. *Occupational Therapy* – assessments for seating and wheelchairs, mattresses and positioning, adaptions to access computers, TV's etc. Technicians make changes at no cost to residents.
18. *Pharmacy Services* – medications delivered to you M-F and rush orders on weekends
19. *Physiotherapy* - specialized equipment in the gym for exercises and walking, bedside exercises and range of motion as needed
20. *Pool* – on site and with volunteer assistance
21. *Recreation* – Individual outings, group outings, entertainment, regular activities on site (Bingo, BBQs), encourages socializing - largely subsidized by Marpole Women's Auxiliary
22. *Respiratory Therapists* – on site M-F 7am-7pm for trached and vented residents
23. *Sewing* – mending and adapting clothes
24. *Social Workers* – two on site to help with pensions, applications, wills, financial matters, contact family members, transitions
25. *Speech Therapist* – swallowing assessments, provides speech aids and training
26. *Tax Clinics* – Accountants volunteer to fill out resident's tax return
27. *Volunteer Coordinator* – recruits volunteers to assist with Recreation programs and outings
28. *CARMA* – follows up on issues not resolved by RCC or manager, advocates for residents, administers Resident Council, coordinates Community Kitchen
29. *Resident Care Coordinator and Residential Program Manager* – follows up on issues, holds staff accountable

ENVISIONING HOME

Participatory Action Research with George Pearson Residents

Community and Residents Mentors Association (CARMA)
Pearson Residents Council

2008

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Introduction

Over the past 8 years the Community and Residents Mentors Association (CARMA) and the Pearson Residents Council have been working together to improve the quality of life for the Centre's residents. CARMA was developed by former Pearson residents who had resettled in the community but who had not forgotten Pearson or what it took to enable them to leave the facility. They decided to create a peer support program, sponsored by the BC Coalition of People with Disabilities and funded by the SMART Fund at Vancouver Coastal Health (VCH). CARMA's aim is to encourage and support Pearson residents to make and achieve goals for themselves. Since its inception, the CARMA team has worked closely with individual Pearson residents and the Residents Council to create opportunities for greater self-determination by residents in all of the issues that affect their lives.

The decision by the Residents Council and CARMA to pursue an action research project was strongly supported by some particular individuals: Linda Rose, the Director of Residential and Transitional Care at VCH; Lezlie Wagman, the Director of Vancouver Coastal Health's SMART Fund and Liz Bloomfield the Resident Services Manager at George Pearson Centre. Both the Pearson Residents Council and CARMA gratefully acknowledge the funding assistance of Vancouver Coastal Health for this project. The plan could not have been accomplished without the expert assistance of Dr. Barbara Dobson, the consultant researcher and the researchers themselves, Joy Kjelboton, Albert Irvine, Shannon Huddleston, Taz Pirbhai and Heather Morrison who together proved that participatory action research can live up to its promise to be "equitable, democratic, liberating and life-enhancing."

Background to the Envisioning Home Project

George Pearson Centre (GPC) is home to approximately 120 residents who live with a range of physical disabilities. The disabilities include multiple sclerosis, spinal cord and traumatic brain injury, cerebral palsy and a variety of other conditions. Some residents have lived at the Centre all of their adult life. Some are relatively new residents, while many others expect to live out their life in the facility. The residents are mixed in terms of their age, gender, health needs, experiences, as well as in terms of their aspirations and expectations for themselves.

GPC is unique in the City of Vancouver as it is situated on 19 acres of rolling hills, pathways, trees, grass and shrubs. The services offered at Pearson are also unique in the province because they include specialized support for people living with ventilators as well as on-site occupational and physiotherapy, and a computer centre.

Vancouver Coastal Health Authority has included the George Pearson site in its capital planning process. This means that planning for redevelopment of the site will be undertaken sometime within the next several years. In order to be part of this planning process, Pearson residents will need to have both the opportunity and the time to consider what their expectations are and how these expectations might be met either on the existing Pearson site or elsewhere.

> *"Having the opportunity to give my opinion makes me feel appreciative. I'd like to stay here but I'd like to be involved in any decision-making process."*

The challenge was to devise an approach to enable residents to express their views about where and how they wanted to live. In an attempt to achieve this, the Community and Residents Mentors Association (CARMA) together with the GPC Residents Council, developed a project to work with residents to enable these views to be articulated. CARMA received funding for a one-year participatory action research project to help residents to develop their own ideas about the future of the site and services and to prepare themselves to participate in the planning process when it gets under way.

What is CARMA?

The Community and Residents Mentors Association (CARMA) is a project sponsored by the BC Coalition of People with Disabilities and funded by Vancouver Coastal Health's SMART Fund to enable peer support to Pearson residents to help them to make and achieve personal goals. Over the last three years, CARMA has also been facilitating the Residents Council at Pearson as part of its objective to assist residents' self-determination. With this support, the Residents Council has played a leadership role in initiating the Eden Alternative care model, facilitating a working relationship with the food services and cleaning services companies, developing and managing the family room and contributing to the accreditation process. Residents Council operates in a transparent and democratic manner and has earned the trust of Pearson residents and Staff.

The Aim of the Participatory Action Research Project

The aim of the project was to gather and analyze information that will enable Pearson Centre residents to play an active role in planning for the future of the site and services. A project team was brought together in April 2006 and worked to identify the questions to be addressed. The project team identified six questions and this report contains a discussion about the issues raised.

Project Questions

- How do residents define home?
- What are the housing and support preferences of Pearson Residents?
- What do residents perceive to be the challenges, opportunities and aspirations for the redevelopment of the site?
- What would constitute a successful resettlement?
- What would constitute a successful site redevelopment?
- How do the perceptions of Pearson residents compare with those of policy makers, planners and families?

Each of these project questions will form a section of this report.

The project team wanted to make the research process as inclusive and as democratic as possible. It also wanted to ensure that the answers to the project questions would be trans-

formed into action. With this in mind and in consultation with Vancouver Coastal Health Authority and the British Columbia Coalition of People with Disabilities, the project team decided upon a participatory action research approach (PAR).

PAR does not have specified methods; instead it uses different and often multiple research methods depending on the setting and context being investigated[1]. What differentiates PAR from other approaches is that it has a set of values, which determine that the research process must be democratic, equitable, liberating and life enhancing. PAR involves a cyclic process of participatory reflection, research and action. The relationship between researchers and stakeholders is a highly cooperative one "with constant feedback … and a commitment to using the findings and to raising all participants' consciousness about the problem in its social context".[2] It is essentially the bringing together of practical concerns of people with an approach to investigate them systematically but in such a way as to suggest possibilities of moving those concerns on.

Who was the Project Team?

In PAR the participants, in this case four residents (past and present) of the George Pearson Centre, and one with close ties, formed the project team. These individuals have disabilities themselves; they also have a detailed knowledge and experience of GPC. They were able to bring to the project their experiences and understandings of the issues investigated and as such the project was enriched. In addition, they were also able to design interview guides that enabled residents of GPC to participate as much as they were able to. For example, the original interview guide was amended to enable non-verbal respondents to participate in this process to make their views known.

Throughout the PAR project, the project team was supported by a consultant researcher who provided advice and practical help to ensure the information collected was valid. The consultant provided training and support to the project team prior to them conducting this study.

The project team performed the following tasks:

- Designed and distributed posters, flyers, and invitations
- Advertised and marketed the project through word of mouth
- Designed the questions to be asked
- Recruited participants
- Conducted the interviews
- Analyzed the data
- Produced information about the project
- Identified strategies to generate action based on the work of this project.

[1] Stringer E.T. Action Research: A Handbook for Practitioners. London, Sage Publications 1996: 10

[2] Morgan D.L. Successful Focus Groups: Advancing the State of the Art. Newbury Park, California: Sage Publications, 1993

What was the Project Process?

The project was essentially divided into three components:

- Interview residents of GPC
- Consult with family and friends of GPC
- Consult with other stakeholders.

The first two stages have been completed and are described in this report. The final stage, consultation with other stakeholders, will follow-on from the dissemination of the information collected by the project.

Interviewing the residents

All residents were sent a letter telling them about the Envisioning Home Project and asking them to take part. This information was supplemented by posters around GPC. The project was also discussed at Residents Council meetings.

A total of 46 residents agreed to be interviewed. The interviews with residents lasted between 45 minutes and an hour and a half. Some interviews were completed in one visit. However, other residents were unable to sustain this length of interview time and so the project team members completed the interview over a number of visits.

The interview guide developed by the project team was qualitative, in that it asked relatively open questions. The purpose of qualitative research is to gain a deep understanding of an issue rather than a surface description of a large sample of a population. In qualitative research meaning emerges from the participants. It is also a more flexible approach in that it can adjust to the setting; concepts, data collection tools, and data collection methods can be modified as the project progresses. This approach was used in this project because the aim of the

project was to understand the views and experiences of the residents of the George Pearson Centre and to explore with them their aspirations for where and how they wanted to live.

A list of all residents who agreed to take part was compiled by the project team who then contacted residents to arrange a time to interview them. The project team reviewed this list to ensure that those being interviewed were "representative" of all residents. Informed consent was obtained and each interview was recorded and analyzed by the project team.

Throughout the period when the interviews were being conducted, the project team met on a regular basis with the consultant researcher to review issues arising and to reflect on the information gathered.

GPC Residents and the Envisioning Home Project

While residents were happy to participate in the project, some questioned the value of their contribution. They doubted whether policy makers, stakeholders and planners would listen to their comments, concerns, hopes and fears and incorporate them into their strategic plans. One resident stated:

"This place is full of forgotten people; they are out of sight and out of mind and the Government uses this to cut funds and programs."

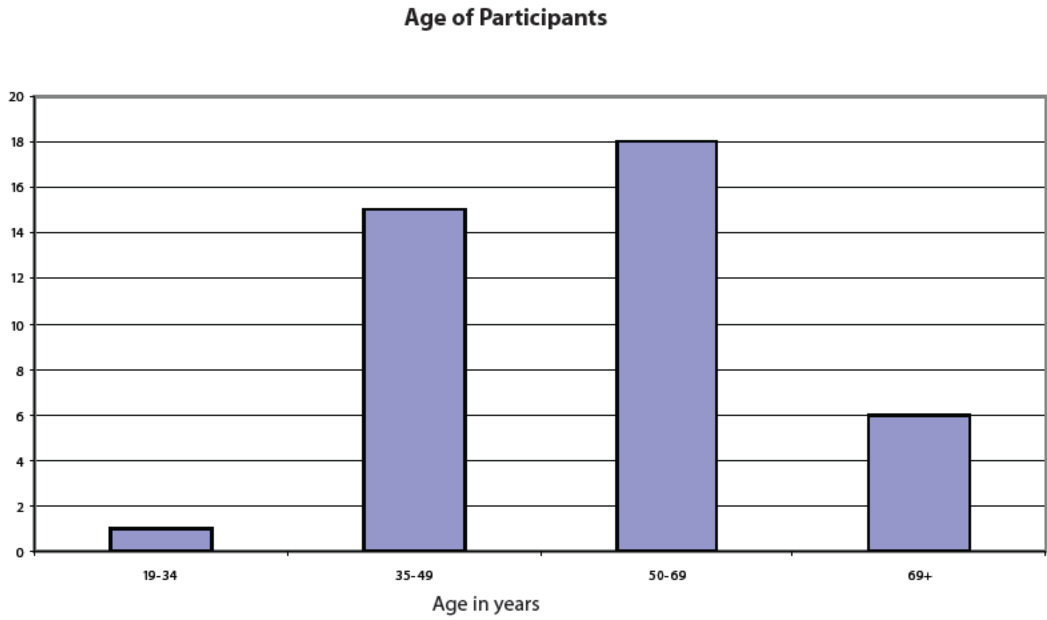
The project team would therefore like to issue a challenge to the reader. Don't read this report and forget the residents of GPC. Hear what they have to say and enter into genuine consultation when deciding on the future of GPC. GPC is not just 19 acres of real estate: it is where 120 individuals live. There is a real opportunity to improve the lives of these residents and their families as well as those who are to come. While we all hope not to need the care provided by GPC, those of us who do and who will in the future, ask you to plan for your future or that of your loved one. One resident when they were asked to think about how they wanted GPC to be in the future, stated very simply,

"Why dream if you have no hope!"

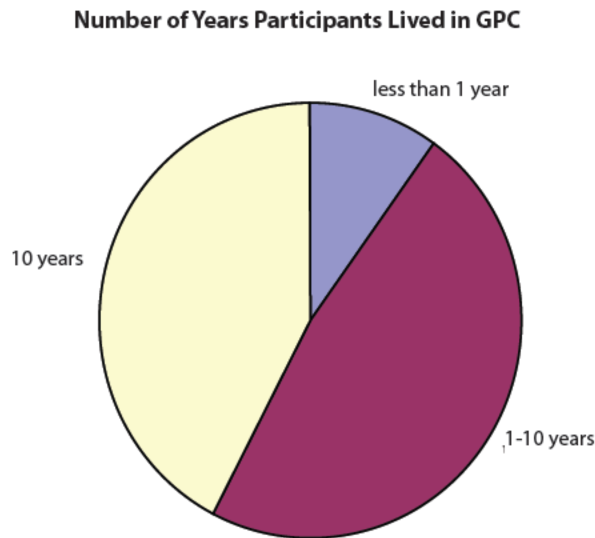
So we are asking you, the reader, to make this project one of hope.

Who was interviewed?

The project team interviewed 46 respondents and eight of these respondents were non-verbal. Chart 1 shows the ages of the participants. The majority of participants were aged between 35 and 69 with only one individual aged less than 35.



The pie chart below shows that most participants had lived in GPC for a considerable number of years. Only four participants in this study had lived in GPC for less than four years.



For the purposes of this report the non-verbal residents who participated in this project are included in the overall discussion of all GPC residents. There were no significant differences between the responses of these two groups of Residents.

Consultation with family members

After the interviews with residents were completed, family members of GPC residents were also invited to participate. A series of notices were posted at the centre informing families of the project and inviting their involvement through interview or questionnaires. Two focus groups were held with family members who volunteered. The information from these focus groups is included in the analysis that is presented in this report.

Defining Home

How do residents define home?

While there were differences amongst residents in what they would like their individual living arrangements to be, there was a high degree of consensus in terms of how they defined home. Home was somewhere residents could feel safe and happy; where they were able to make decisions about what they did and when they did it as well as a place where they were treated respectfully.

Residents said home is:
- Where I am safe
- Where I am happy
- Where I can welcome friends and family
- Where I have some control over what and when I do things
- Where I am treated respectfully
- Where I have my things around me
- Somewhere that does not feel like an institution
- Where I have my needs met
- Where people listen to me
- A busy place where things are going on

Some residents recognized that their ideas and expectations of home had changed as they adjusted to their disability and reconciled their current situation with the practicalities of their need for complex medical care. However, they insisted that for anywhere to be considered a home it had to meet certain basic requirements. There was agreement that home meant more than satisfying medical needs; it also had to encompass all the social aspects of living if individuals were to be able to lead fulfilling lives. Home should offer these possibilities.

In general, residents defined home very modestly. While some defined home as living independently or with their family, others appreciated the support they received from other residents. What united all the residents who took part in this study was a desire to maximize their independence and a degree of autonomy. All agreed that the organizational and financial demands of a long-term care facility had to be balanced with the need to preserve the dignity of residents. Some residents acknowledged that forms of autonomy and independence would vary from resident to resident but all insisted it was possible.

> *"We need a family atmosphere – togetherness- keeps away loneliness for people who do not have a lot of family members or company visiting."*

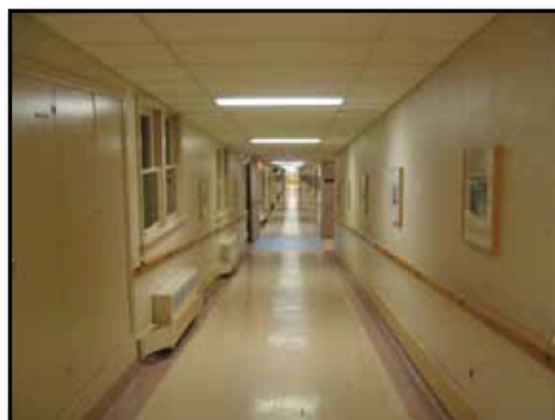
Do Residents Think of the George Pearson Centre as Home?

All the residents were asked if they would describe GPC as their home. Over three-quarters of residents interviewed said they regarded GPC as their home. It was, for many, a place where they had lived for a number of years. Their medical needs were met, they had an established circle of friends within GPC and they had some autonomy to come and go as they were able.

The reasons given for GPC being home were that it was:
- A place where they felt safe
- Where there were things to do
- Where health needs were met
- Where family and friends could visit
- Where individuals have a degree of control over basic aspects of their lives
- The location and setup of GPC.

The location and setup of GPC was very important to residents for a number of reasons. Residents appreciated the gardens and grounds around GPC. The fact that they could go outside and around the garden was very important and it was a feature that differentiated GPC from other long-term care facilities. For those residents who were able to go out, easy access to banks, shops and other facilities was equally important. This was partly for convenience but also because it was something these residents could do themselves (or with volunteer support). Residents discussed the independence and the control this gave them as well as the importance of being part of the world and doing everyday things such as going to the store or the bank.

Over a third of those who said GPC was home qualified their answers by stating that it was home because they had nowhere else to go. Some residents stated very clearly that no one would choose to live in GPC if they did not have to. For these residents GPC met their medical needs but it was not the place they wanted to be or enjoyed being. Some of these residents wanted to return to their own homes, where they had lived before their health needs required the level and complexity of care provided by GPC. Others wanted to live independently in the community but were unable to do so because of the financial implications of finding accessible accommodation and of obtaining the level of care they required. A few residents regarded GPC as a transitioning place, 'a stop in the road'. They did not want to see themselves living at GPC indefinitely.



Residents also discussed the implications of staff shortages on how they regarded GPC. Residents were aware of staff to resident ratios which they acknowledged were driven by costs; but the reality of this for them was that there were fewer staff to help with social or rehabilitative activities or to basically make GPC feel more like home. Residents understood the need for a routine within GPC but many criticized the inflexibility of it. Residents consistently gave three examples in which the routine challenged the reality of GPC as home: being able to have a bath or shower more than once a week; being able to go back to bed for a rest and then get up again during the day; and having to remain in bed on days when they were to have a bowel routine. Residents wanted a greater degree of control over these aspects of their lives. They described these three things as being pretty basic and that they were really about having some control over your own life. They believed that it was not unreasonable to want to have a shower more than once a week, or if they were feeling like it, to go back to bed for a rest and to then get up again. Residents were aware that they have been told that there is currently not staff available to allow for this flexibility, but they suggested that if GPC was to be their home then it should afford them greater degree of control over these basic features of their lives.

Some residents also commented on what they saw as the constant introduction of new staff and the negative effect this turnover had on them. Residents explained this in terms of the learning curve for new staff in which they had to explain to the new staff members why their care should be delivered in a particular way. Families also echoed these concerns especially for residents who were not able to communicate for themselves. Family members and friends were particularly concerned for these individuals and gave examples of things that were neglected. Family members and residents found this process to be quite stressful.

There were also variations in the level and quality of care received by residents. Some staff members were acknowledged to be very attentive and caring while others were not: for these individuals it was just a job, with tasks that had to be completed to a minimal standard and with little attention to how this was achieved. A minority of residents were also unhappy with the attitude of some staff that they described as being less than respectful in how they talked to residents as well as in how they delivered care. For example, staff not asking before they did something and not ensuring privacy as far as possible. Some residents suggested that if GPC was supposed to be their home then the manner in which their care was delivered should be more respectful. Residents stated that home should be characterized by mutual understanding and respect. This was not always the case at GPC.

Some residents did not feel able, physically or emotionally, to challenge staff to try and change things. They did not want to upset the status quo. A number of residents commented it was the "squeaky wheel gets the grease" by which they meant it was the most vocal residents who had their needs or issues addressed. Residents also discussed their fear of negative consequences if they complained too much or made a fuss.

> *"Home first of all is to be happy. If you feel miserable all the time you don't want to stay here. Staff have to treat you good, because they are a big part of our lives, they help you to do things you can't do yourselves. They need a good attitude. I'd rather they lived their jobs, not just for the money. We are handicapped but that doesn't mean we are not normal."*

Home was also somewhere were residents said an individual should have some choice over what they did. The majority of residents did not feel they had real choice; for example, a former resident, who had a severe speech impediment and restricted mobility, stated that every day, after getting her into her wheelchair, staff members would position her in front of the T.V. where, since she could not change the channel or wheel away, she was forced to watch Bob Barker, host of the T.V. show "Wheel of Fortune". After moving into her own apartment, she could not bring herself to watch this show as it was a reminder of a time when she had no choice.

When asked about the good things about living at Pearson residents said:

- *"Yes, I like the site that Pearson sits on, the landscaping, the beautiful trees, the little animals that come and visit."*
- *"I like the canteen, I've not been to a place yet that you can have a coffee and meet your friends, it's a good meeting place."*
- *"The staff is the life-blood of this place, too bad the Government has not hired more nursing, OT and PT staff."*
- *"I think it is good for the care and safety; it makes your life simpler, feel more safe here, the right people know your medical problems."*
- *Sure, at Pearson we are disabled, this place and the staff try to make it as normal as possible. I never thought I'd be able to go to the movies or concerts or shopping again."*

When asked about the aspects of Pearson residents did not like, the following comments reflect the range of opinions.

- *"No, because of the lack of freedom, staff is constantly changing so there's no consistency."*
- *Definitely the noise level . . . it forces you to seek peace and quiet outside your ward.*
- *When you want to find a private spot to get away from everyone and be by yourself it is hard to find privacy here."*
- *I do not appreciate being told I am not permitted to do something due to time constraints."*
- *It is inhumane to have a human being shower only once a week."*

How Residents Regarded the Possibility of Changes to GPC

Residents responded to these concerns differently. Some were very sceptical; they had been around GPC long enough to remember previous discussions about the possibilities of significant changes to GPC. Many of these residents were trying not to get too 'worried' but they wanted to be kept informed of what was happening. A consistent theme within the interviews was that many residents had lived in GPC for years and regardless of whether they liked it or not, it was their home and they wanted to be consulted about where and how they would live.

When other residents were asked about potential changes to GPC they said they felt apprehensive about what would happen to them. They had a number of questions, the most immediate of which were would they be moved somewhere else and would their families be able to visit? These residents were also concerned about leaving their friends with whom they had lived for several years. A real concern for these residents was that any changes would not be positive and they would end up worse off.

Some residents viewed the possibility of change positively. They hoped that when the time came for changes that there were would be real improvements in the layout, structure and

organization of GPC. They described how planners had the opportunity to do something that would make a real difference in the lives of residents and staff and make GPC a place residents' would want to live if they had complex health needs.

When thinking about change residents said:

- *"It worries me a great deal because I immediately think of being placed in a large building with so called automatic elevators which I can get stuck in quite easily. . ."*
- *"it makes me feel anxious and excited. Change is always interesting. A little anxious because I hope the good things we currently have will not be downgraded or eliminated during any changes."*

Regardless of how residents regarded the possibility of changes to GPC, they hoped planners would take the opportunity to consult with residents, their families and supporters as well as staff and that there would be a commitment to listen to their needs and concerns. All were concerned to ensure that economics should not be the only basis on which decisions about the future of GPC are based.

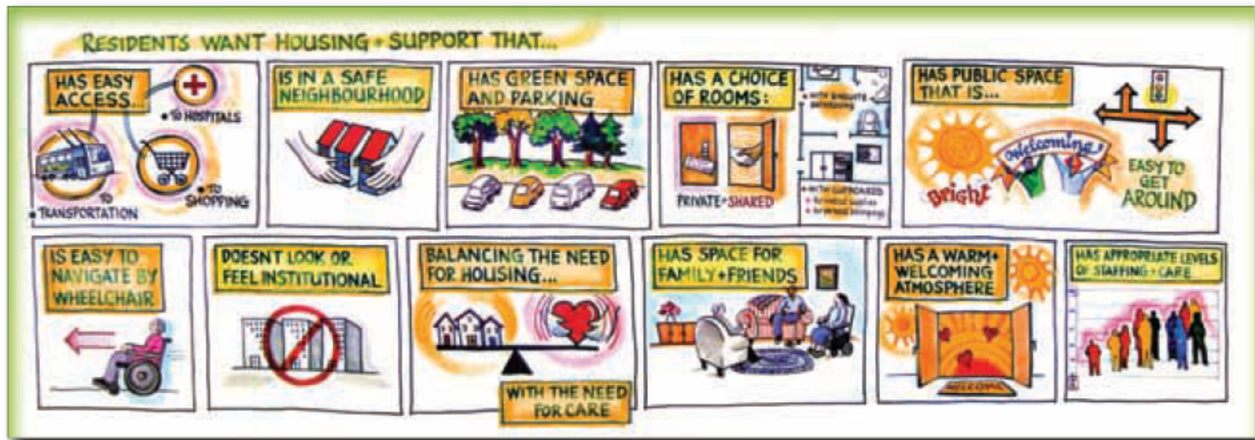
What are the Housing and Support Preferences of Pearson Residents?

In discussing their housing and support preferences it was evident that the majority of residents did not separate the fabric and layout of the building from the quality of care and the model of care delivery. Residents support the vision of Vancouver Coastal Health (VCH) which sees 'homes' as:

"…communities that nurture the body and spirit by supporting growth, companionship, choice and spontaneity."

The George Pearson Centre Residents Council has adopted its own vision of how the centre should look and feel:

"We want our wards to be small, nurturing neighbourhoods, each a bit different Our vision is for residents in these neighbourhoods to be happy, well cared for, outgoing and filled with a sense of adventure, not feeling bored and lonely from a lack of companionship".



In essence, residents want to live in an environment that is pleasant, safe and that promotes the independence of the individual as far as possible. They want their care to be delivered in a manner that preserves their dignity rather than compromises it and they want supports to be available that enable them to lead interesting and fulfilling lives. Some residents were aware of the EDEN Alternative and suggested that this would be a good model to implement.

What is the EDEN Alternative?

The EDEN alternative is an innovative philosophy of long-term care. It believes that loneliness, helplessness and boredom account for most of the suffering experienced by residents living in long-term care. The EDEN alternative seeks to eliminate these by creating a vibrant, living and working environment for its residents and staff. In addition the EDEN alternative encourages the independence of residents and honours the relationships that exist between the resident and the caregiver. In short, the EDEN alternative sees the long-term care environment as a habitat where people can continue to grow and learn rather than an institution for the sick and frail.

The context for the discussion about housing and support preferences was that the majority of residents who participated in this project were aware that change was likely to happen within Pearson. The challenge for the project team was to get residents to think about how they would like to live and receive support. Some residents readily engaged in this process, but a small number of others were surprised at being asked what they would like and they were reticent to ask for changes in case they ended up worse off. The project team reassured these residents that the purpose of this project was to begin the process of thinking about what was possible in terms of housing and support needs of residents, so that when the time came to make decisions, residents were prepared for any discussion.

In discussing their housing and support preferences residents identified the following features, which are discussed below:

- The location of the George Pearson Centre
- The site
- The structure and layout of the buildings
- Personal space
- Public space
- Space for family and friends
- Atmosphere
- Appropriate levels of staffing and care

The Location of the George Pearson Centre

The majority of residents want the George Pearson Centre to remain in its current location[3]. The reasons given for this were:

- **Easy access to amenities**
  All those who took part in this project agreed, that the current location of GPC meant that it was easy to get to a variety of amenities. Some residents were able to go to local banks, stores and libraries by themselves, which they appreciated being able to do independently.

[3] Only a few residents wanted GPC to change location or were ambivalent about where it should be.

- **Easy access to hospitals**
  Hospitals and specialist medical services are close by so residents felt happier that, in the event of an emergency, help was not far away.
- **Central location**
  GPC was regarded as being relatively easy to get to. It was close to the airport and main road networks. It also has good transportation links and, with the prospect of the Canada Line being close by, this was likely to improve.
- **Free parking spaces**
  Having free and easy to access parking at GPC was seen to be very important and a way of making it easy for friends and relatives to visit.
- **Relatively safe location and welcoming neighbours**
  Residents felt safe going out independently and they reported that the majority of those living in the area were very welcoming. Residents were fearful of being moved to an area where they would be frightened to go out. Residents felt that over the years GPC had become established in the area and they were accepted.
- **A park-like setting**
  The park-like setting of GPC was appreciated by residents and family members as it was an environment where they could get away from the institutional setting and to enjoy being somewhere else. Residents suggested that other community members could share GPC's park-like setting.

The George Pearson Centre Site

Everyone who took part in this project, was aware that GPC is located on an expensive parcel of land. Many viewed change and redevelopment as inevitable but they were concerned about the pace at which redevelopment would take place and also how the site would be used. Residents identified three options:

- Maintain the whole site for the use of GPC
- Sell off all the 19 acres and move residents elsewhere
- Sell off some of the 19 acres to fund redevelopment of GPC in its current location

Residents thought that in the current financial climate maintaining the whole site for the exclusive use of GPC was unlikely. One or two individuals suggested that GPC could be expanded to provide more accommodation and services for people with disabilities. Option 2, selling off the whole 19 acres, was not welcomed at all by residents who believed GPC was in a good location and therefore there was no need to move it. Residents were also fearful about where they would end up and worried that it would be more difficult for family and friends to visit. Also, residents reasoned that any alternative location would be in a more remote setting where they would become more isolated as transportation links were often lacking for people with disabilities.

Given that change of some description was inevitable, the majority of residents would prefer option 3, selling off some of the land to fund redevelopment of GPC in its current location. Other land around the Canada Line corridor where GPC is located is being developed for residential purposes. If this were to happen at GPC, residents considered that low rise residential units would be in keeping with the area. Residents were concerned that any rezoning of the area should have sufficient checks and balances to ensure a planned redevelopment that maximized accessibility and did not sacrifice the features of GPC that are important to residents.

When residents were asked what they wanted for the GPC site they identified the following factors:

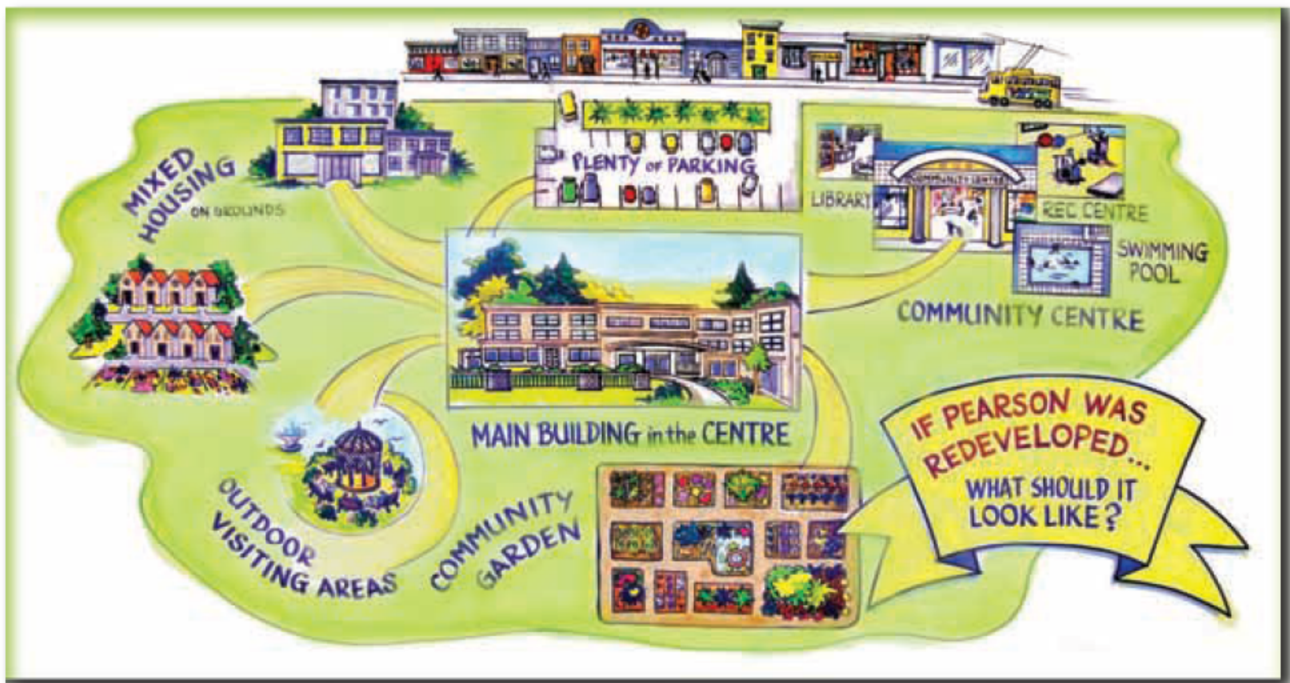
- Accessible
- Park-like setting
- Welcoming
- Accommodating to all residents
- Interesting site for residents
- Creating a home for residents, as well as meeting their needs

The Layout of Buildings

When thinking about the layout of the buildings residents were keen that any redevelopment or renovation of GPC avoid any design that looked and felt like institutional living. If GPC was to be redeveloped then residents believed that it should improve the quality of their lives and those of the staff who are also part of GPC. Residents wanted to see a building that would be welcoming and easier to navigate. They wanted to move away from the old and outdated TB hospital design to a modern approach to long-term care for people with disabilities. They wanted GPC to be redesigned in such a way that it looked like it belonged to its surrounding, rather than being the 'elephant sitting in the corner that nobody talked about.' Residents wanted GPC to be a place that people enjoyed coming to. With this in mind, residents discussed two approaches to redeveloping or renovating GPC.

Conservative approach

This would result in a similar approach to what currently exists in that there would be one main building which would be home to residents. Within this building there would be more single rooms which would be bigger; there would be better and more welcoming public spaces and easy access to outside. The sprawling layout of GPC would be addressed so that wards were closer together and the long corridors would be reduced.



Site Redevelopment: Conservative Approach

Decentralized approach

The establishment of a central hub of shared supports, resources and public spaces, much like a community center in a neighbourhood, would enable interaction among members of the community and avoid segregating people with disabilities from the larger community.

Site Redevelopment: Decentralized Approach

Various types of housing (pods) surrounding the hub would provide the variety of options appropriate to the diverse needs of an urban population. Housing could include market-rent units, purchase-units and subsidized units, as well as housing similar to currently existing long-term care facilities. Several different care models incorporated into this development, would provide medical care in the most economic and appropriate manner possible, without the rigidity and expense of the 'one size fits all' approach.

Younger people with physical disabilities could be offered education and career training at the community hub, while seniors could upgrade to higher level care services as needed (Campus of Care) without having to move away from their community. Adults with physical disabilities as well as families with children would be able to access recreational, physio and other services from their nearby condo. Specific care needs such as respiratory supports could identify the composition of residents, building design and staff structure of some housing. Other buildings would have a general lifestyle focus, such as that for seniors, families, or adults.

The flexibility and fluidity of this multi-tiered model reflects the basic design of successful planned communities, while incorporating the challenge of providing physical and medical care to individuals without limiting their housing to just those services.

Along similar lines, and on a smaller scale, residents considered other approaches including the possibility of a central building which would provide core services and housing for residents. However, alongside this building would be other units, perhaps independent apartments which could provide transitional or even permanent housing for people with disabilities. Residents believed that this would be a reasonable solution as it met the need to generate money to fund the redevelopment while planning for the future of GPC and adding to the stock of housing that is accessible and suitable for people with disabilities.

In terms of the actual structure of the building residents were keen that any replacement for GPC should be single storey. If there were to be apartments developed on site then these could be low rise in keeping with the developments in the area. There were a number of reasons for these suggestions but the two main ones were to keep any new development on a more home-like scale and to avoid creating a building that looked and felt like an institution. Residents hoped that if the building was designed to be more home-like, it would influence the model of care delivery. Residents gave examples of having enough storage place to put things away in a resident's room so that medical supplies were not left on view. There was also the very real concern about fire risks and how they would be evacuated in the event of an emergency.

The long hallways that dominate GPC are not needed and any redevelopment or renovation should look at reducing the length of the hallways. Residents hoped that this would make GPC easier to get around and a more interesting place to live in. It would also make GPC feel less like an institution.

Safety was also a concern to residents. If the site was redeveloped then there would be a need to rethink access to the building to prevent anyone from wandering into GPC because the welcoming nature of the place would encourage more people to be around. The need for improved security should be balanced with the desire to make GPC welcoming and inviting for visitors. Some residents saw an opportunity for themselves and others to volunteer to welcome visitors to GPC and to help them find their way around. They thought that this could be achieved by having a lobby and reception area where they could "meet and greet" visitors.

Residents wanted the park-like setting around the building to be maintained. Residents did not want every inch of the land redeveloped so that there was little if any green space left. Instead, residents wanted to make the land around the buildings more accessible to wheelchairs and to have areas around the building that families could go to with the residents to enjoy some quiet time away from others.

"We need more smiles. The staff don't know how to smile."

All residents of GPC have complex physical disabilities and they need access to appropriate care. If GPC was to be redeveloped residents believed that these medical, rehabilitative and social services should be included in-situ. The majority of residents interviewed regarded the swimming pool as essential for physiotherapy and stressed that this must remain.

Residents also commented on how the building should be designed to avoid "a them and us culture." Currently there are two entrances to GPC, one where the inaccessible administrative services are located and another which is used by residents, visitors and staff. Having one reception where there could be a central information point and that was designed to be bright and welcoming would help improve the overall atmosphere in GPC.

Residents' Personal Space

Residents were very aware of certain medical constraints around redesigning their personal space, including the location of equipment, access for staff and health and safety concerns. However, the majority of residents believed that these concerns could be addressed while at the same time giving them more autonomy over their surroundings. Residents wanted to make their personal space feel more like home: they wanted to have familiar things around them, to be able to put pictures on the walls, possibly even to have some of their own furniture around them.

Residents also wanted to have better storage facilities so that they would have somewhere to keep their things, both personal and medical items so that everything was not on view all the time. Many residents wanted their surroundings to look as 'normal as possible'.

Residents discussed single rooms versus wards. The consensus was that there was a need for both. Residents who were able and wanted a single room should be allowed to have one. It was the preferred living arrangement for most residents as it offered them privacy and gave them a space that they could call their own. Residents reiterated that for many of them, whether they liked it or not, GPC was their home and to have somewhere that they could go to be on their own was much sought after. The majority of residents did not want to live on wards which they described as busy and noisy. Residents said that there is often a lot going on in the ward, people getting up, receiving medication, watching television or receiving visitors, all of which was fine, but not when you wanted some peace and quiet.

> *"I feel anxious because I don't trust what the changes will be. Could be a lot worse than what we have now"*

The rationale for wanting these things was that many residents spent many hours, every day, in their room or their ward. They wanted to make the space their own and for it to be interesting. In order to make this happen, rooms needed to be bigger so that it was possible to fit equipment and furniture in and still have space to manoeuvre around. The rooms also needed to be decorated differently so that they looked and felt like home. Residents wanted bright rooms with a window to look out of so they could watch what was going on. Ideally, residents wanted to have their own bathroom. There was some discussion around whether residents actually needed an individual bathroom but the consensus was that they did and many residents stressed that GPC needed to plan for the future – the next resident might have different abilities and be able to use the en-suite bathroom. Setting aside the practicalities of the bathroom, residents also wanted a bathroom so that they would have somewhere to put their belongings: they wanted to be able to leave their toiletries somewhere. If GPC was where they lived, if it was to be home, then they thought that this was a reasonable request.

There were however, some residents who preferred living on a ward. These were predominantly individuals who had very complex medical needs, and who, for the most part, remained in bed for the majority of their day. Being in a busy ward, with people coming and going was seen to be a good thing as it made the day more interesting. Other residents, staff, visitors would stop and say hello and chat. Family members and friends concluded that a single room for these residents would increase their sense of isolation. There was also another concern raised by family members, which was around safety. Family members and other residents kept an 'eye' on residents that they considered more at risk in terms of their health or who were unable to speak for themselves.

Public Space

Residents wanted the public spaces to be bright, welcoming and easy for themselves and their visitors to find their way around. Currently the public spaces were not seen to be very inviting and they were described as being too institutional.

Many residents thought GPC would benefit from a bigger events space so that all residents who wanted to and were able could attend concerts and other events that were held throughout the year. Some residents suggested that non-GPC residents could also attend these events and this might be a way of better integrating GPC within the community. There was also some discussion about the need to maximize the potential for this space to be used flexibly so that as many activity groups as possible could partake of it.

Some residents also wanted better management of the smoking and non-smoking areas especially in the public spaces. There was recognition that that residents who smoked needed to have somewhere they could go to smoke away from non-smoking residents. Though the Canteen/Social Centre has been designated as a smoking area, this is a public space and ventilation issues prohibit non-smokers from utilizing this space. [4]

Space for Family and Friends

All those who took part in this project wanted to increase the space that could be used by family and friends who were visiting. The two main issues discussed were:

- Finding somewhere that residents and visitors could be together with some degree of privacy without feeling that they were disturbing others.

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[4] The issue of finding the balance between the needs of smokers and non- smokers is currently being resolved. The new provincial and municipal smoking laws and regulations will mean that Pearson Centre residents who are smokers will have to be accommodated off-site. Plans are being made to find an out of building location for smokers

- The need for at least one more family room so that visitors to residents had somewhere to stay. Resident Council is currently discussing the need for a second family room.

Those who participated in this project stressed the importance of having access to a more private space where they could talk with family or to be have some quiet time with them. They essentially wanted somewhere they could go where they could forget, at least for a short time, that they were in GPC and they could feel like everyone else. It was suggested that this space should be decorated and furnished in such a way that residents and visitors felt at home.

The Atmosphere of GPC

The atmosphere of GPC was seen to be very important because those who took part in this project thought that it influenced all aspects of their lives. Residents wanted the atmosphere to be less institutional, by which they meant that they wanted the look of the building, wards, single rooms and personal spaces to be more welcoming and interesting. They wanted the atmosphere to be less like a hospital. Individuals commented on how when people came to GPC they usually came in the Residential Entrance where there was no reception to welcome anyone. Individuals simply wandered and did their best to find their way; some inevitably got lost as they negotiated the long hallways. A few individuals commented that when they came into GPC they felt their 'hearts sink', they did not feel that this was a place they wanted to be. Individuals noted and appreciated the efforts to 'brighten' up hallways and public spaces but all agreed that if and when GPC was redeveloped more thought and attention should be given to making the atmosphere more welcoming.

Some individuals were also concerned about safety within GPC. Residents were aware that there had to be a balance between easy access for visitors and residents, but some worried that currently anyone could just come in off the street and wander around GPC. These residents suggested that when redeveloping GPC a reception area would improve this safety as there would be people around. It was suggested that a few residents might want to volunteer to 'meet and greet' individuals.

Appropriate Levels of Staffing and Care

Residents suggested that a redeveloped GPC should be able to respond to the range of care needs of all residents. They felt that the skill levels of staff should reflect the diverse care needs of the Residents. Currently, the Residents believed this was not the case.

Consultation with family members

After the interviews with residents were completed, family members of GPC residents were also invited to participate. A series of notices were posted at the centre informing families of the project and inviting their involvement through interview or questionnaires. A focus group was held for family members and friends who regularly visited and supported residents and was attended by eight individuals.

Family and friends raised similar issues as Residents throughout the discussion and these are discussed below.

Need to improve the fabric of the GPC building

Family and friends were unanimous that the GPC buildings needed to be renovated although all were apprehensive about implementing such improvements and the changes that would arise. Those who attended the focus group agreed the buildings were old and dated and recognized that maintaining such a site must be costly. They stressed the type of care GPC now provided was different from the original care to TB patients. Now GPC provided care to individuals across a spectrum of complex medical needs. Given the shift in focus the current layout which they described as institutional with its long corridors, small patient rooms and wards system did not match the medical and social needs of residents, some of whom had lived in GPC for years.

> *"The most important thing is there is continuity that whatever happens it is planned so that people don't have to move out to come back. Coming back never works."*

Family and friends also wanted any changes to the buildings to reflect modern approaches to long-term care and to move away from a development that had a mainly institutional feel to it. They also highlighted the fact that GPC was almost unique in BC providing the type of long term care that it did. Given this, it should be seen as a centre of excellence; instead when family and friends talked about GPC to individuals who were not associated with it the response often reported was that everyone thought the facility had closed several years ago. By redeveloping GPC family members and friends saw an opportunity to raise the morale of staff and residents and to make GPC a leader in the field of providing long term complex care.

Changes to GPC needed to be planned and managed to accommodate residents

Those who participated in this research process welcomed the idea that GPC would be updated but they were concerned that any changes to GPC be planned and take into account the needs of residents. A phased redevelopment of the site was suggested so residents could remain on site but away from building work. Family members and friends thought the site was big enough to allow this to happen. There were two reasons for this phased redevelopment. First, family members and friends were concerned that if residents were moved off-site they would not be moved back and secondly, the level of disruption that such a move would entail would be considerable. Individuals who were residents at GPC were there because there was nowhere else that could meet their care needs. Family members and friends were concerned about how care needs would be met in a temporary facility.

GPC should be kept in current location

All family members and friends who participated in this research agreed that GPC should remain in its current location because of the proximity to hospitals and also because the

location enabled residents to participate in community life as a result of the proximity of shops and other services. There was concern that the GPC site would be sold to a private developer and the facility would be located away from easy access to hospitals to a more remote setting. The concerns included fears that residents would become very isolated in a setting where going shopping or to the bank involved transport and needed more support from staff or volunteers. Family members and friends stressed that when physical capabilities and energy levels are limited, easy access is essential if residents are to be able to participate in the community.

Redevelopment should take into account the mixed levels of care need

In discussing what the redevelopment should consist of family members and friends considered whether GPC should provide mixed levels of care on site. If the redevelopment of GPC followed a mixed level of care model then those individuals who were able to live more independently could do so in buildings (apartments) which were near or attached to the main GPC facility. These individuals could access medical services and social supports when they needed to. To facilitate this model family members and friends suggested some sort of small high rise providing group care located on GPC grounds. A new purpose built GPC could then provide care for residents with more complex health needs in a mix of larger private rooms and wards.

Concern over allowing private development of the site

Family members and friends were concerned about any private redevelopment of the GPC site because they were worried that it would take place at the expense of the residents and their longer term health outcomes. There was also concern that redevelopment would happen incrementally, with small parcels of land being sold until it no longer became viable to redevelop GPC on its current location. Family members and friends adopted a pragmatic approach recognizing the value of the land, but they wanted to be consulted about any redevelopment and, if any private development was permitted, then they stressed the need for safeguards and guarantees that would protect current and future residents. Some family members and friends thought that allowing some planned private development would be beneficial as it would help GPC to be perceived as part of the everyday community rather than a long term care facility for people with complex health needs. Others were worried that the business and financial needs of private developers would dominate and would compromise the needs of residents.

Recognition that redevelopment would be a compromise

Those who participated in the research process accepted that any redevelopment of GPC would be a compromise. They were aware that it would not be possible to please all residents and all family members but they stressed the need for sincere and open consultation on any proposed changes to GPC.

The need to recognize that GPC is home to residents as well as being a care facility

Family members and friends all stressed the need for any redevelopment to recognize that for most residents, GPC is their home and that it has been for a number of years. While it was acknowledged that providing complex medical needs brought with it certain functional requirements, all agreed that these could be achieved within a building that was more welcoming to residents. For example, a new building could be designed so that it did not have long corridors that made the place feel institutional. It was suggested that more could be done to improve the look of the inside of the building with the use of more modern and appropriate materials. Family and friends said that as GPC was home to many residents there needed to be the opportunity for residents to have some of their own personal belongings around them. Family members and friends said that for some residents, as well as coming to terms with the fact they have to move to GPC, they had to dispose of personal belongings because they had nowhere to put them. This made the transition more difficult.

Awareness that for some residents GPC will likely be their last home

Some family members and friends discussed the fact that some residents would end their days in GPC. Given this situation, all agreed that more should be done to make GPC a good place to be: one that supported residents to participate in activities while they were able and provided care that maximized their independence in a dignified manner. These features were important because residents could live in GPC for a long time. Within this discussion family and friends stressed the need to redevelop GPC in such a way it supported staff who were caring for residents. Families and friends also highlighted that the actual layout of the building could only do so much in helping to provide appropriate and dignified care to residents, what was also needed was adequate staffing levels with trained staff and policies to safeguard residents' rights and needs.

The need to balance care needs with dignity of residents

Family members and friends wanted the redevelopment of GPC to take into account the needs of staff to provide care but at the same time to design the building in such a way to

preserve and enhance residents' right to privacy. Family members and friends recounted examples of how care was provided in public on wards and while they could understand the implications of staff shortages they stressed that the resident was their loved one and was entitled to be cared for in a way that preserved dignity. Some family members and friends were upset that, in addition to residents having to give up their homes, they were treated in an undignified manner. The question raised in these instances was, what would you do if it was your wife, mother, husband or father. All hoped that these aspects of providing dignified care and treatment would be incorporated into the redesign of GPC.

GPC should be welcoming to residents and families

Family members and friends all agreed that GPC was not a welcoming building either for residents or family members. As it is laid out, GPC is difficult to find your way around and many described how, when they were unfamiliar with the building, they used to get lost. Now many navigated their way round GPC by using the art work on the walls to identify which part of the building they were in.

In addition family members and friends highlighted the need for spaces and areas to be available for visiting. Another family room was seen to be essential, enabling families to stay over night when they wanted to. However, other areas for visiting were also needed so that residents, families and friends could be together without being worried about disturbing other residents.

Family members and friends also suggested that if the layout of GPC was changed and it was made more welcoming more individuals from the community may visit. The public spaces need to be bright and welcoming.

Providing adequate parking

Many family members and friends did not live locally and had to travel to get to GPC. All were concerned whether they would be able to find parking if GPC was redeveloped. Those who participated reported how difficult and expensive it was to find parking at some of the local hospitals. Unlike hospital visiting, family members and friends tended to come and spend longer visiting. They were concerned about what do about parking if GPC was redeveloped – some thought it might discourage individuals from visiting, leaving residents more isolated.

GPC should be a safe place for residents

Family members and friends repeatedly voiced their concerns about safety within GPC. There was agreement that anyone could walk into GPC unchallenged making it relatively easy to access residents and their belongings. Family members and friends recognized the need to balance easy access with security concerns and suggested that in any new redevelopment of GPC perhaps have a central foyer or entrance might be useful. It was suggested that within this setting residents could be employed or volunteer to act as 'greeters' and help visitors to find where they needed to be. Staff could also be available within this area making it more difficult for someone just to wander into the building.

The Perceived Challenges and Aspirations for the Redevelopment of the Site

The project team together with all those who participated in this project are aware that while there will be opportunities in the potential redevelopment of the George Pearson Centre, there will also be challenges. Perhaps one of the biggest opportunities, as well as a significant challenge, is to find a way to include residents and their families in the planning process in a meaningful way. What was clear from this project is that residents and their families are convinced that their experiences and insights will enrich the planning process and ultimately lead to a more positive redevelopment of the GPC site.

A potential consultation framework:

- The establishment of a transparent process of consultation and negotiation between Vancouver Coastal Health Authority, GPC Management, Residents and families.
- Dissemination of information and feedback through the Resident's Council, or similar vehicle.
- The formation of a Planning Committee with participation from all of the stakeholders.

Challenges

GPC residents all need high levels of personal and medical care.
However within that there are ranges of support needs and wants:

- Some residents want more independent but supported living;
- Other residents want and need only improvements to current setup

Change in the profile of residents in terms of their ages and disabilities
The project team identified four potential populations within GPC:

1. residents requiring palliative care
2. long stay residents
3. residents who hope to transition out of GPC
4. residents who have a significant cognitive challenges as well as complex physical medical needs including ventilator support.

Balancing the needs between residents who are hoping to maximize their abilities and independence and those who need complex care

Ensuring quality of life

- Respectful care
- Better balance between needs of facility and staff/routine and those of residents
- Effects of staff changes and turn over which results in a lack of consistency
- There was some discussion about residents being more involved in the overall management of Pearson for example, those who are able could be involved in the selection process for care-givers, physiotherapists, occupational therapists and other disciplines.

Aspirations

Residents hope that:

- It is achieved in consultation with the residents
- The opportunities to enhance the lives of residents are taken
- The redevelopment creates a centre where individuals want to live, and a place which meets their medical and social needs.

Family members hope that:

- Redevelopment will create a place where they feel their loved one is cared for, is safe and they lead as fulfilling lives as possible.
- GPC offers more mixed options for those with complex care needs
- Redevelopment of GPC happens in a planned way with residents and family members knowing and understanding what is going to happen and the implications of this.
- Residents are not displaced from GPC during the work.
- Residents are assured that they will be able to remain in GPC.
- Levels of care during redevelopment are not compromised.
- Redevelopment is not seen as an opportunity to introduce cost cutting or efficiency strategies.

What would constitute a successful resettlement?

- **A smooth transition for residents**
- **Residents, family and friends are kept informed on a timely basis**
- **Well planned, with residents knowing what is going to happen beforehand**
- **Staff are on board and the redevelopment improves not only the fabric of the building but also the model of care.**
- **The lessons from other long-term care facilities have been learned and applied**

What would constitute a successful site redevelopment

All those who participated in this project accepted that there would have to be some compromises on all sides if GPC is to maximize the opportunities for redevelopment. While the majority of residents accepted that there may well be a need to finance the redevelopment by selling some of the land, all stressed the importance of keeping GPC in its current location – that is within an established community.

Any redevelopment should maintain the park-like setting which was important to most residents. Being able to access the grounds and gardens was very important and residents suggested that this access should be improved if the site was redeveloped. Those who participated in the project suggested that the redevelopment should create an infrastructure for a vibrant community within GPC. Residents were keen to welcome others to use the site and to improve links with the community. A successful redevelopment of the site would result in a place people want to visit while still meeting the needs of residents. It was suggested that a successful redevelopment of the site should set the standard for long term care within BC. ■

George Pearson Centre Redevelopment

Issues and Recommendations

Report 1/ October 2012

Pearson Residents
Redevelopment Group

Background

In 2008 CARMA and the George Pearson Centre Residents Council collaborated on participatory action research exploring how George Pearson centre residents envisioned their future if the Pearson site was redeveloped. The report on this project "Envisioning Home" has been broadly circulated since 2008[1] and has formed the basis for follow-up action by residents[2].

In January 2012, with the prospect that official redevelopment planning was imminent, CARMA and the Pearson Residents Council teamed up to form the Pearson Residents Redevelopment Group (PRRG).

PRRG has the following goals:

Goals

1. Enable George Pearson Centre residents and their families to participate in the redevelopment planning process as equal participants using a variety of tools that will assist in leveling the disparities between them and other participants.

2. Ensure that George Pearson Centre residents and their families have access to plain language communication about redevelopment activities, site planning and transition options.

3. Promote the ability of George Pearson Centre residents and their families to develop unique, indigenous options for the site redevelopment.

Process

Since January 2012, PRRG members have been regularly meeting to fulfill these goals. In its efforts to be representative and accountable to the diverse Pearson population, PRRG has been reporting monthly to Residents Council, using a large, centrally located Bulletin Board and posters to convey information, providing updates through the Pearson residents website and conducting focus groups with residents from each of the Pearson neighbourhoods.

This is PRRG's first public report and it aims to sum up the discussions that have taken place with Pearson residents since January 2012 and to provide the first set of a series of recommendations to planners and the Steering Committee for the Dogwood/ Pearson redevelopment.

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1 Community and Residents Mentors Association and the George Pearson Centre Residents Council: Envisioning Home: Participatory Action Research with George Pearson Centre Residents, 2008 http://www.bccpd.bc.ca/docs/envisionhome.pdf

2 Since 2008, Pearson residents and CARMA have been focusing on how to improve the quality of care at George Pearson Centre, which was one of the major themes that emerged from the participatory action research. See www.pearsonresidents.bc.ca for a description of some of these initiatives.

Issues and Recommendations

Universal design should be applied to all building and landscape design on the redeveloped site. People with disabilities must be included at every stage of the redevelopment, from design to construction, to ensure that the site is universally accessible.

Pearson residents have suffered for more than a generation with a site and buildings that are replete with barriers that have created isolation and frustrated ambition. If the redeveloped site is to be "welcoming and accommodating to all residents"[3] then it must incorporate design that accommodates all people, without the need for adaptation.

Universal design implies a "more participatory and inclusive design process"[4] so, if it is to be successful, architects, designers and builders have to thoroughly understand the principles and practice of universal design and incorporate user experience at every stage. Universal design needs to be distinguished from its forerunner barrier free design which focused primarily on mobility limitations[5]. Universal design targets all people of all ages, which means that it can encompass all disabilities.

Residential facilities should be designed and developed at the smallest possible scale, based upon the diversity of residents' needs and goals and connected in a physical and social campus.

The findings of the Envisioning Home report illustrated that, when applying the principle of form follows function for residential facilities, it is essential to define the central function as providing a home for residents. Pearson residents have endorsed the Eden principles as a way to characterize home and have tried to catalyze their implementation, but this has had limited success. The failure to launch Eden in the current Centre is due, at least in part, to the scale of the facility.[6]

Pearson residents are a diverse population with a range of needs and goals. As the 2008 Envisioning Home research illustrated, quality of life is of prime importance to them. Scale and the quality of care are closely correlated. PRRG recommends that the housing and supports that are developed for Pearson residents consist of a mix of buildings allied in a campus style[7] that ranges from independent apartments with individualized day time supports and overnight shared personal care;[8] small shared homes with 24 hour staff for those who need more guidance and direction and a low rise building for complex care that has self contained small house units of no more than 10 people/unit.[9]

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3 Envisioning Home, page 19

4 What is Universal design? Social Design Notes, 19 August 2003: http://backspace.com/notes/2003/08/what-is-universal-design.php

5 Center for Universal Design, UD Features in Housing, 2/21/06

6 The Green House project has evolved from the original Eden Initiative and emphasizes care in small, self-contained homes organized to deliver individualized care, meaningful relationships, and better direct care through self-managed teams of multi-purpose cross trained staff. http://thegreenhouseproject.org/about-us/frequently-asked-questions/ See also: http://www.nytimes.com/2011/11/01/health/shrinking-the-nursing-home-until-it-feels-like-a-home.htmld roles

7 There are many models of campuses. One that PRRG members looked at closely was the Fairview Village in Australia: http://www.fairviewvillage.com.au

8 Recent developments by Vancouver Resource Society on Foster and Euclid Avenues in Vancouver are the best model for these apartments.

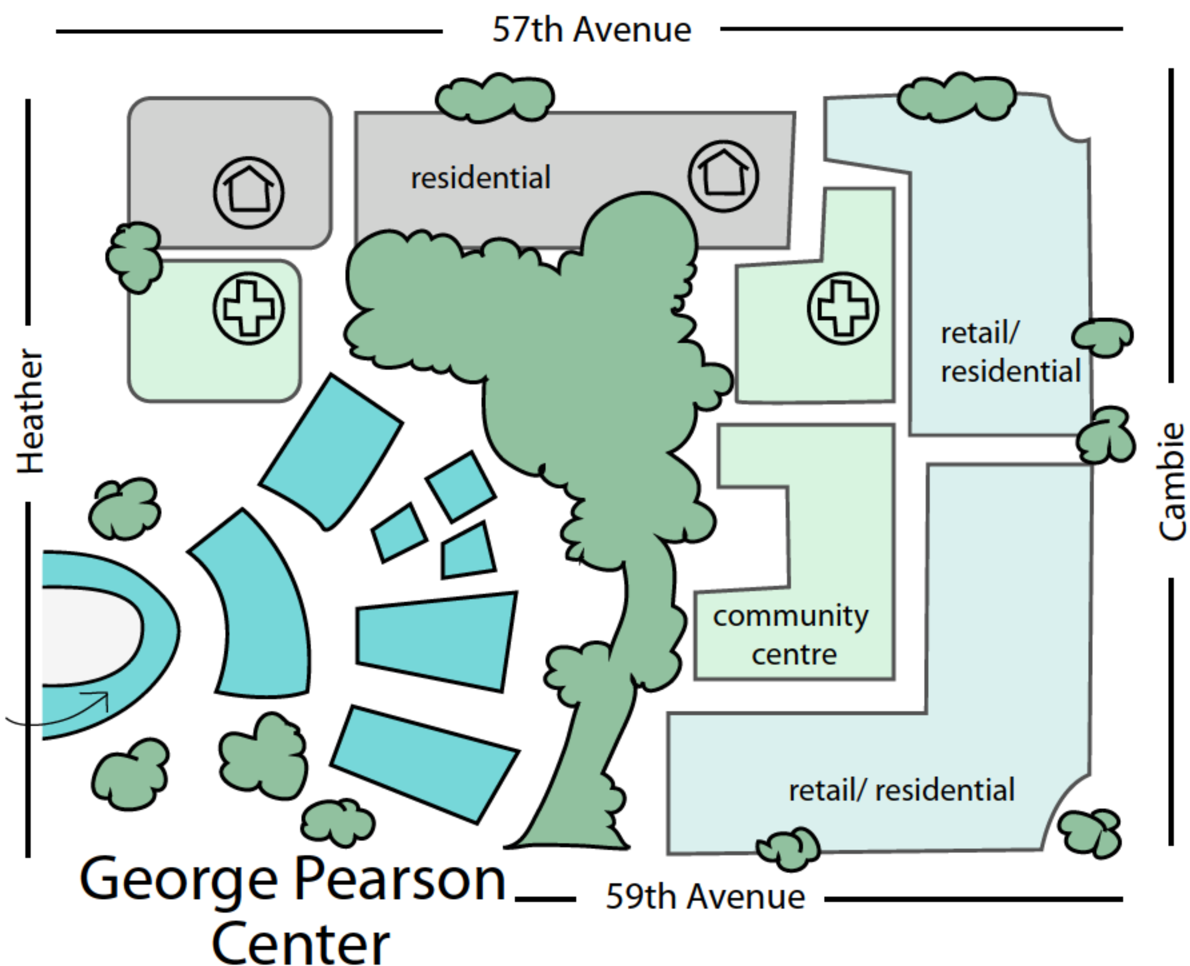
9 In his article on the best practice design guidelines for complex care facilities, WA Benbow recommends the adoption of small homelike units as a best practice. Best Practice Design Guidelines for Complex Care Facility (Nursing Home) 2011; downloaded from http://wabenbow.com/?page_id=16

For Pearson residents, the most important element of the design phase will be the degree to which the ultimate design meets their emotional, psychological and social needs.[10]

Residential facilities should be located at the extreme south west corner of the site.

PRRG's focus groups with residents confirmed that their preference is to have residential housing options at the quietest and lowest density zone of the 25 acre site. The area that extends from the corner of Heather Street and West 59th Avenue is judged to be the ideal because of the Greenway on West 59th, the slope of the land in that corner, which may allow design that maximizes at grade level access and the probable lower density in this area which abuts a school and single family residential area.

Residents' deep affinity for the green space that exists on the current site was strongly apparent in the focus groups with frequent expressions of their desire to maintain as much of the green space and the heritage trees as possible, especially in residential sections of the site.[11]



10 Robert Carr argues in the Whole Building Design Guide: 12/30/2010 that meeting these needs is an essential component of good design. Downloaded from: http://www.wbdg.org/design/health_care.php

11 CARMA hosted a tour of the Pearson site for master gardeners and arborists during the summer 2012. They identified several rare and heritage tree and plant specimens on the Pearson site.

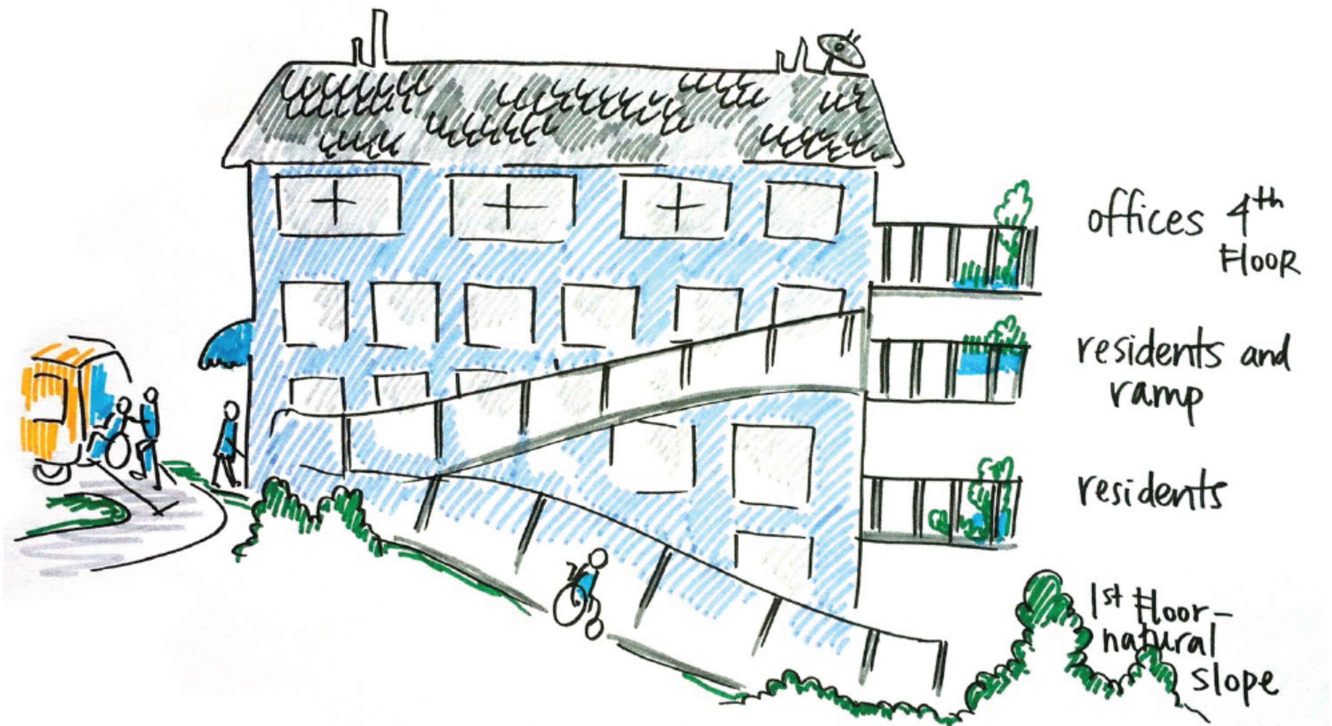
The complex care residence should maximize opportunities for at grade level access and outdoor exposure.

One of the strong themes that emerged from the 2008 Envisioning Home research was the solace that residents have taken from the fact that the current building opens directly onto the outdoors.[12] Being able to exit the building easily has mitigated some the distressing features of the current Pearson Centre, like the lack of privacy.

PRRG envisions that the complex care residence would be the largest building on the campus with a maximum height potential of four storeys. In a four storey building, for example, the two lower levels should be dedicated to residents with the upper levels reserved for clinical offices, community health services and/or administrative offices.

The second level should have ramp access in order to provide a substitute for elevator use.[13] Alternatively, a two storey building could be constructed using the slope of the land at the southeast corner to ensure that both levels would have at grade access.

Residents also proposed that the three or four storey building have accessible balconies and roof top gardens and at grade level buildings have patios.



12 Benbow cites this as a best practice and quotes the Nova Scotia Long Term Care Facility Requirements 2007 "The site should be large enough and of such profile to support the entire facility as a one or two storey structure with at grade access to each level"

13 Nobel House in Vancouver provides an example of outdoor ramping that extends from the third storey of the building

The complex care residence should provide the entry point to the campus with a visible, accessible and welcoming entrance way.

Envisioning Home identified the importance that residents ascribed to a warm and welcoming atmosphere. The current building offers no place of welcome, information or way finding and contributes to residents' perception that they are "out of sight and out of mind".[14] The vision of an entrance that could be shared with the local community through a community coffee shop was widely endorsed by residents in the focus group testing.

They envisioned an entrance that had an atrium with lots of light exposure and plants, a reception/information area that could be potentially be staffed by residents or family members and gathering places for people to meet and talk. The entrance would be accessible through a circular driveway with space for pick up and drop off. Another driveway should connect to the rear of the building for all medical or service deliveries so that the front entrance has a social rather than institutional feel.

14 Envisioning Home, page 8

The shared residential housing options should have self contained, active kitchens and lounge areas and each home unit should have dedicated staff.

PRRG envisions a campus of residences ranging from independent apartments to shared small homes and a complex care residence. The small homes would house no more than six to eight residents/ home while the complex care residence might house up to 60 residents in 6 home units of 10 residents/unit. Each of the home units should be distinguished by their own active kitchens and lounges which would serve as the focal point and entrance and would also serve as a privacy screen for the private rooms that could be located behind these home unit lounges.

The kitchen should be fully functional to enable all meal service as well as provide encouragement to families and friends who want to cook and share meals and allow home units to have the facilities for spontaneity, sharing and celebration[15]. An open plan for the home unit's lounge/kitchen areas promotes accessibility.

Noise could be minimized by having partial noise reduction walls between the lounge and kitchen.

These walls could be transparent in the home units where people are using ventilators and need monitoring.

Consistency of staffing is an essential part of person centered care.[16]

Small home units should enable this consistency.

15 Jane Devji, the founder and CEO of Deltaview Habilitation Centre, in a conversation with PRRG members, advised that the kitchen needs to be the focal point for the small home units with daily baking and cooking, which stimulates residents' cognitive and sensory abilities and maximizes well being.

16 There is a large body of literature supporting the shift to person centered care and the importance of consistency of staffing in building strong relationships. See, for example, Mary Jane Koren, Person-Centered Care for Nursing Home Residents: The Culture-Change Movement. Health Affairs 29, No.2 (2010). Downloaded from: http://www.cfsjc.org/assets/4e586cccdabe9d5924014908/person_centered_care_article_by_koren.pdf

Residential housing options should maximize privacy.

Most Pearson residents currently live in shared rooms and use common washrooms and bathing areas. The wait list for private accommodation is several years long and most residents will never see their desire to have a private room fulfilled. PRRG recommends that private rooms with ensuite bathrooms be the standard for all residential housing that is developed on the site.[17]

There should be some double rooms available for couples or room mates who want to live together and who are not able to use an independent apartment.

Private rooms should have abundant natural light, a balcony or patio whenever possible, accessible switches, wheelchair accessible roll-in closets with abundant storage space, room for kitchenette amenities as well as an easy chair or computer station and ceiling track lifts that extend from bedroom to bathroom.[18]

17 Based upon a review of the literature, William Benbow recommends that private rooms with ensuite bathrooms be the standard for all residential care.

18 During the focus group sessions, one resident advised the installation of state of the art ceiling track lifts like the Maxi Sky produced by the Swedish ArjoHuntleigh Getinge Group. http://www.arjohuntleigh.com/ca/Product.asp?PageNumber=1044&ProductCategory_Id=15&Product_Id=32

Connecting bathrooms should feature European showers for wheel-in accessibility and easy drainage, roll under sinks with hand shower attachments for hair washing and bidet, ceiling track and pocket doors to maximize turning radius allowances.

All residential housing should maximize the use of environmental controls and assistive technology in order to enable residents to independently manage their environment.

One of the primary stressors for residents at Pearson Centre has been the need to request help with even the most minor tasks, like opening a door or closing a window blind. Often these requests are met with the response that the resident must wait until the staff member has time, leading to a sense of frustration and helplessness for the resident. Environmental controls and assistive technology have been shown to maintain independent function and decrease costs for home based seniors[19] and to maximize self-esteem and self-determination in people with severe disabilities.[20]

PRRG recommends that planners, architects and builders work closely with Technology for Independent Living, which has been a trusted source of support and expertise for Pearson residents for 30 years, to ensure that all residential housing is smart wired for assistive technology and environmental controls.

19 William C. Mann; Kenneth J. Ottenbacher; Linda Fraas; Machiko Tomita,; Carl V. Granger, Effectiveness of Assistive Technology and Environmental Interventions in Maintaining Independence and Reducing Home Care Costs for the Frail Elderly A Randomized Controlled Tria.l Arch Fam Med/VOL 8, May/June 1999. Downloaded from: http://cs.brynmawr.edu/Courses/cs380/fall2010/readings/99_Mann_effectiveness_of_envrionmental_interventions.pdf

20 The disability movement has been heralding environmental controls and assistive technology as the key to greater self-determination for people with severe disabilities. See, for example: Enable Ireland http://www.enableireland.ie/products-technology/electronic-at/smart-homes and Abilitynet http://www.abilitynet.org.uk/

Residential housing should be fully accessible for all people with disabilities.

Pearson residents come in all shapes and sizes and maneuver wheelchairs that range from small manuals to 300 lb+ electric wheelchairs with ventilators that extend more than 24 inches beyond their chair backs. Some residents drive their chairs like precision race car drivers while others bump and sway and occasionally connect with walls and doors. Building and design codes usually are derived with the skilled manual wheelchair driver in mind so they will not suffice for the Pearson population.[21]

In order to ensure accessibility for this wide range of functional need and skill, PRRG recommends that turning circle allowances be no less than 6 ft.; corridor width no less than 6 ft.; private room dimensions be no less than 14 ft by 24 ft; ensuite bathrooms with wheel-in showers be no less than 75 square ft.; usable door openings be no less than 48 inches; and the square footage/resident for shared amenities be no less than 7 square meters/resident in each home unit.[22]

People with disabilities should be able to access the whole site through a network of accessible pathways.

Many Pearson residents have lived on the site for more than 40 years and have yet to see many of the 25 acres close up because the land is inaccessible. During the focus groups, residents expressed nervous anticipation about becoming part of a diverse, mixed use community but some of their anxiety was allayed with the prospect that the development could allow them to traverse the whole site from side to side and top to bottom along a series of accessible pathways.

The sketch below illustrates their vision of walkways that are covered in some areas to provide sanctuary from rain that can damage power wheelchairs; have alcoves for resting, talking and people watching and excellent way finding for people whose short term memory and spatial awareness may be compromised. Building accessible pathways using universal design principles will mean ensuring not just adequate width and level ground for wheelchairs but also considering all of the potential barriers that can impede safe passage for those with a range of sensory and cognitive disabilities.[23]

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21 See William Benbow: "The US Department of Veterans Affairs points out that the standard Federal accessibility code used a younger, more fit population to determine their parameters. Frail, disabled patients are less able to manoeuver wheelchairs, often need someone to assist them, and have a more limited reach than independent, more physically sound wheelchair users… Similar problems are faced in applying the Canadian National Building Code accessibility guidelines to seniors"

22 These recommendations are in line with the best practices described by William Benbow in his review of the literature.

23 Brock University has a comprehensive set of Facility Accessibility Design Standards that describes the many impediments: http://www.brocku.ca/webfm_send/236

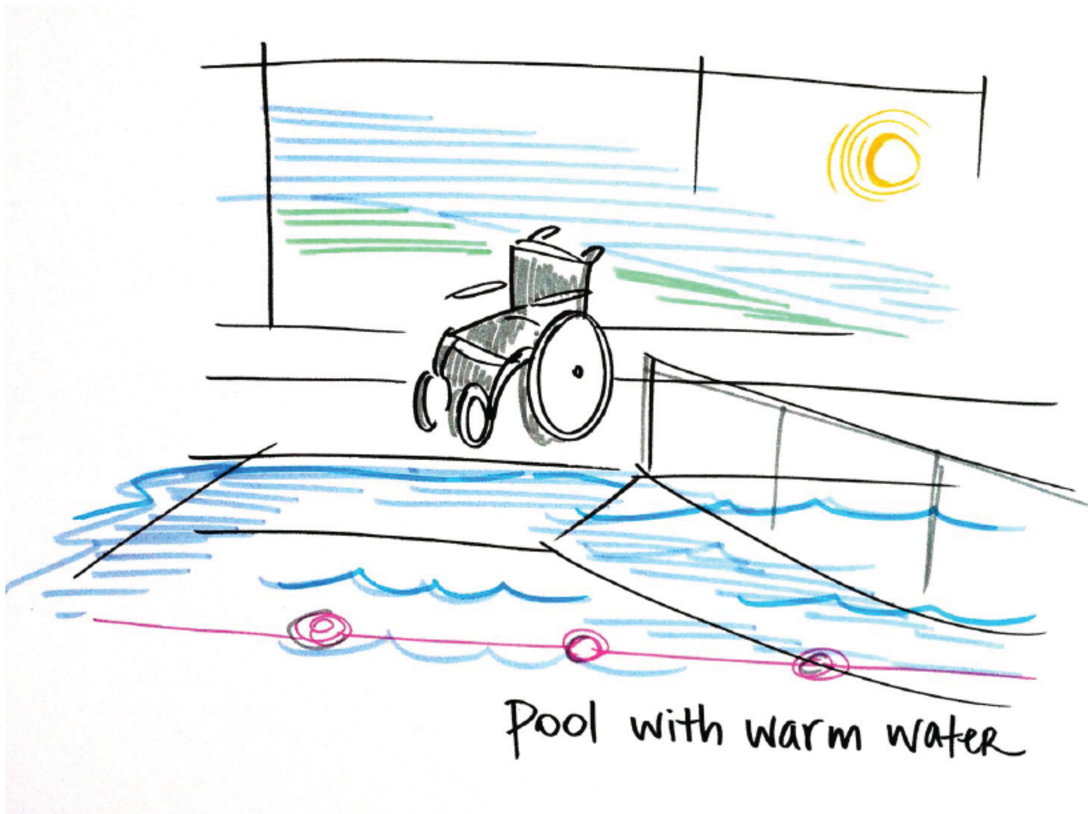
A therapeutic swimming pool needs to remain as an integral part of the residential campus.

Many Pearson centre residents consider their weekly swimming session to be the best part of their lives. Even those residents who are not able to swim because of the restrictions of their disability can spend many happy hours watching others swim.

The Stan Stronge pool is the only warm water, fully accessible therapeutic pool in the province and it is essential to the well being not only of Pearson residents but also to thousands of people with disabilities from across Greater Vancouver who travel to the site to use it.

PRRG believes that a therapeutic pool cannot be operated and managed by a generic recreation service provider or integrated into a new all purpose community centre because of the high risk that it will disappear.

The populations of people who use the Stan Stronge pool are people who need the specialized supports that are integrated into the current pool operation as well as the benefit of the unique infrastructure.



Accessible community gardens and urban farming need to be integrated into the village life of the whole site.

Four years ago, CARMA and the Pearson Residents Council joined forces with Farmers on 57th to develop the Residents' Garden and the urban farm at George Pearson Centre. This project has become a showpiece of therapeutic accessible gardening, sustainable urban agriculture and community development that has enhanced the local Marpole neighbourhood.

During the focus group meetings, it was evident that Pearson residents treasure this achievement and are eager to share gardening and urban farming with the diverse new neighbourhood that will emerge on the 25 acre site.

PRRG recommends that the urban farm and the community gardens be expanded on the redeveloped site with the goal of making the new Pearson site village more food secure; providing a learning laboratory for the many neighbourhood schools and local residents; demonstrating the value of horticultural therapy and enabling all of the people with disabilities who live on the site to garden with their able bodied neighbours.

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Acknowledgements

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Pearson Residents Redevelopment Group

Visitability and Accessibility:
A Unifying Concept for the Pearson / Dogwood Redevelopment

Report 2 / February 2013

Pearson Residents
Redevelopment Group

Background

The Pearson Residents Redevelopment Group issued its first report in October 2012. Since that report, PRRG members participated at all four Vancouver Coastal Health sponsored Roundtables in November 2012. These Roundtables engaged over 120 organizations and individuals in envisioning the future of the Pearson Dogwood site in terms of health services, community development, sustainability and housing.

PRRG members also participated at the City of Vancouver sponsored Open Houses in January and February 2013 where they met many of their neighbours to discuss their needs and ideas.

Using this concept, PRRG believes it is possible to realize the opportunities identified at the Roundtables:

- The creation of **new housing options** where residents can live full lives integrated with their community
- An opportunity for VCH to contribute to **sustainable public funds for health care** in an innovative way
- A unique opportunity to envision a **forward thinking, diverse neighbourhood** where healthy living and health services are community priorities.[i]

History engenders a legacy

George Pearson Centre was created in order to meet an urgent health crisis in the early 1950's - the control and treatment of tuberculosis. It was drafted into even more urgent service later in the decade to treat people who had contracted polio. Some of these people have remained at Pearson Centre throughout their lives. It evolved into a facility for the care of people with disabilities as older facilities in the neighbourhood closed and their residents were moved to Pearson Centre. The Dogwood facility was added to the Pearson site in the 1970s to provide care for elders.

The history of the site proves the valuable role that this land has played in providing housing, supports and health care to people with disabilities and elders. The future of the site should recognize this important history by creating a modern legacy for future populations of seniors and people with disabilities. This modern legacy can be compatible with Vancouver Coastal Health's goal to increase the revenue that can be generated from the mixed use of the land in order to provide updated housing options for people with disabilities and meet the growing demands on the health system.[ii]

The Modern Legacy

The Pearson Dogwood site is nestled between two Cambie corridor hubs - the Oakridge shopping hub and the new Marine Gate housing and entertainment hub. Both of these hubs are being developed at high density for mixed use.

VCH has an opportunity to position the **Pearson/Dogwood lands as a complementary high density hub that develops and markets full inclusion through visitable and accessible housing linked to an array of health care and support services. This will benefit the whole Cambie corridor and the Marpole/ Langara/ Oakridge and South Vancouver neighbourhoods.**

Unique features

- All market housing has visitability[iii]
- A designated number of units of market housing is fully accessible[iv] and developed with a non profit provider based upon a successful formula[v]
- All village amenities, including common pathways are designed for universal access
- A full range of community health resources including walk-in urgent care is located on the Pearson/Dogwood hub[vi]
- An expanded warm water therapeutic pool is a major feature of the site
- All fully accessible residences and all village amenities are designed to maximize the use of universal communication and control accessibility[vii]
- Housing for people of any age with complex care needs is designed on the principle of small home–like units[viii]

The Market

Branding the Pearson/Dogwood site as the most inclusive community in Vancouver and the hub for community, recreational and health services that are age and ability friendly speaks particularly to the growing demographic of 55 to 74 year olds who are estimated to be holding $88 billion in clear title single family homes and who are predicted to be buying down in order to hedge their assets and preserve their lifestyle[ix].

In 2011, 26% of Vancouver's population was over 55 years of age and 45% of the total population lived in single detached or semi detached dwellings[x]. In a survey of Marine Gateway buyers, 41% of buyers came from the development's own postal code and the adjoining 5 postal codes and 75% of the buyers already owned a home.[xi] In the postal codes adjacent to the Pearson/ Dogwood site single family home occupancy averages 46%[xii].

If the prediction that consolidation of the $88 billion in freehold title assets will take place over the next 15 years is accurate, then the best market for an inclusive age friendly village may be the local population. Younger families will also be attracted to an age friendly, universally accessible community because the demands of raising children increases the need for accessibility to health, recreation and educational services, all of which would be on or adjacent to the site.

If the local population is attracted to the idea then there is more likely to be buy-in from the neighbourhood for the increased density that will achieve the goal of deriving maximum revenue from the redevelopment project.

Benefits

The literature on the benefits of designed visitablity and accessibility is extensive and cites benefits that include:

Significant Reduction in Health Care Costs[xiii]

- Decreased costs in health care through the prevention of falls for both seniors and children[xiv]
- Significant costs savings in residential care when admission is delayed by even one year[xv]
- Reduced length of hospital stays for temporary disability[xvi]

Increased Livability[xvii]

- Builds cohesive neighbourhoods[xviii]
- Improves social connections and mental health[xix]
- Meets changing needs at every stage of life[xx]

Significant Savings in Housing Costs

- Decrease in government subsidized home modifications[xxi]
- Savings to the home owner in retrofitting[xxii]
- Decreased investment in residential care facilities[xxiii]

Value

The Pearson/Dogwood redevelopment presents a rare opportunity to build a modern legacy that is derived from an important history. There is value in this proposition to all of the stakeholders.

Vancouver Coastal Health

- Provides a unifying concept for development that is rooted in health promotion and prevention
- Levers high density marketable development to create a comprehensive set of urgent and primary health care resources that will serve a growing population
- Allows an exciting blend of housing and supports that will enable less facility care and more home and community care

City of Vancouver

- Recognizes that transit hub development needs to target the aging population as well as the younger working population
- Provides a testing ground for visitability and accessibility standards and practice and an incentive to extend these standards to other developments
- Creates a needed complement to the Oakridge and Marine Gate developments

Pearson residents

- Creates a range of primary health care services that are accessible to them
- Broadens the range of housing options available to them
- Removes all the barriers to their inclusion in village life

Marpole/Langara/Oakridge and South Vancouver neighbours

- Provides a health care hub that can serve a dense population along the developed corridor
- Recognizes their need to stay in the neighbourhood as they age
- Builds on their recognition of the previous use of the land as serving an important public purpose

Developers

- Gives them an opportunity to market the age friendly, accessible health care hub concept and identify target customer segments more precisely
- Opens opportunities to integrate market housing with other accessibility or aging in place services and products

Conclusion

Building for a sustainable future means respecting the past and making good predictions about what lies ahead.

As baby boomers age and consolidate their assets, the best predictions see them using their assets to finance a life style where they can age in place.

As the Cambie rapid transit corridor densifies, the need for primary and urgent health care will increase.

Vancouver has yet to recognize the benefits of visitable and accessible housing for want of a platform to demonstrate them.

The Pearson Dogwood redevelopment needs a concept that integrates the vision that was put forward at the round tables of a forward thinking neighbourhood where residents of Pearson can be fully integrated into a village where healthy living and healthy services are a priority.

The modern legacy for the Pearson Dogwood lands builds on the past history of service to people with disabilities and elders by creating a village where accessibility and health promotion and prevention are showcased.

End Notes

i. *Pearson Dogwood Roundtable Report,* Vancouver Coastal Health. January 14, 2012, page 3.

ii. This value proposition is derived from the *Pearson Dogwood Roundtable Report,* page 5.

iii. Visitablity is described as housing that enables everyone to visit each other and usually incorporates three minimum criteria: an accessible zero step entrance on an accessible path to any entrance, wider doors and hallway spaces suitable for wheelchair maneuver and at least a half bathroom on the main floor that is designed to enable wheelchair maneuverability with the door closed.

See: Jordana L. Maisel at al. *Increasing Home Access: Designing for Visitability,* AARP Public Policy Institute, 2008.
http://assets.aarp.org/rgcenter/il/2008_14_access.pdf

iv. Fully accessible units have all of the features needed by a person who uses a wheelchair.

v. Vancouver Resource Society has described the successful formula in the following way:

a.) Developer brings non profit organization (NPO) into the process early.
b.) Number of units and configuration negotiated between the NPO, City and Developer.
c.) NPO pays $200 per sq foot for freehold title to the unit and contributes 10% down payment.
d.) City secures the unit by covenant.
e.) Tenant pays 30% of income or $375 per month, whichever is greater.
f.) BCHMC provides financing and a rent supplement to top rent up to $800 per month.

vi. It was proposed at one of the VCH Round tables that the BC Ambulance services station that is currently on site could be expanded to see paramedics providing urgent care. This would be an innovative use of existing resources. Provision of urgent care would relieve the current burden on Vancouver Hospital emergency services.

vii. See PRRG's *Report 1: Issues and Recommendations*, October 2012, page 9.
http://www.pearsonresidents.org/wp-content/uploads/2012/10/PRRG-Report-Oct-2012b.pdf

viii. See PRRG's *Report 1: Issues and Recommendations,* October 2012, page 3.

ix. See Bob Rennie's speech to the Urban Design Institute, May 17, 2012, page 21
paste into browser: http://forms.rennie.com/RMS/2012 UDI Speech.pdf

x. S.K. Smith et al. *Aging and Disability: Implications for the Housing Industry and Housing Policy in the United States*, Journal of the American Planning Association, Vol.74, No3. Summer 2008: pages 289 - 306: estimate that "there is a 60% probability that a newly built single-family detached unit will house at least one disabled resident during its expected lifetime."
https://www.aucd.org/docs/sdh/japa_smith_et_al_2008.pdf

xi. Bob Rennie, op cit. page 18.

xii. This average was derived from the demographic data presented on Block talk for the Marpole, South Vancouver and Oakridge regions. http://www.blocktalk.ca/vancouver/south-vancouver/

xiii. "The Australian Housing and Urban Research Institute (AHURI) has estimated that if 20 per cent of new homes included universal housing design, the cost savings to the Australian health system would range from $37 million to $54.5 million per annum. Assuming 100 per cent adoption in new homes, the cost savings ranged from $187 to $273 million per annum". *National Dialogue on Universal Housing Design – Strategic plan*, FaHCSIA, 2012 page 11.
http://www.fahcsia.gov.au/sites/default/files/documents/05_2012/national_dialogue_strategic_plan.pdf

xiv. In Alberta, 1 in 3 seniors fall each year and Alberta spends $96 million/year on seniors' falls: cited in City of Edmonton: *Making our Homes Lifelong Homes: Accessible Housing for Seniors*, 2009.
http://www.edmonton.ca/for_residents/AccessibleHousingSeniors.pdf

For a description of the magnitude of the problem in Canada, see Vicky Scott et al. *Falls and Related Injuries among Older Canadians: Fall related Hospitalizations and Intervention Initiatives.* Public Health Agency of Canada, Division of Aging and Seniors, 2012.
http://www.hiphealth.ca/media/research_cemfia_phac_epi_and_inventor_20100610.pdf

In Australia, children less than 9 years of age have the highest falls rate after seniors. See: *National Dialogue on Universal Housing Design – Strategic plan,* FaHCSIA, 2012.

xv. F. Heywood and L Turner. *Better Outcomes, Lower Cost : Office for Disability Issues*, Department for Work and Pensions, UK, 2007.
http://odi.dwp.gov.uk/docs/res/il/better-outcomes-report.pdf

xvi. In Australia, "The most commonly reported cause of physical limitations and impairment for people of all ages is an accident or injury (22 per cent). Over 14,000 hospitalisations a year result from sporting injuries".

xvii. A number of livability benefits for all ages are cited in Department of Planning and Community Development (Victoria, Australia*): Visitable and Adaptable Features in Housing: Regulatory Impact*
Paste into a web browser:
http://www.vcec.vic.gov.au/CA256EAF001C7B21/WebObj/VCECLiveabilityReport-FINALFULLREPORT/$File/VCEC%20Liveability%20Report%20-%20FINAL%20FULL%20REPORT.pdf

xviii. Jordana L. Maisel at al. *Increasing Home Access: Designing for Visitability,* AARP Public Policy Institute, 2008
http://assets.aarp.org/rgcenter/il/2008_14_access.pdf

xix. City of Edmonton: *Making our Homes Lifelong Homes: Accessible Housing for Seniors*, 2009. http://www.edmonton.ca/for_residents/AccessibleHousingSeniors.pdf

xx. S. Truesdale and E. Steinfeld. *Visitability: An Approach to Universal Design in Housing, Rehabilitation Engineering Research Center on Universal Design*, University of Buffalo, 2002 page 8: argue that universal design provides maximum flexibility for all stages of life but that "visitability is a universal design goal that can be achieved today on a widespread basis."

http://www.ap.buffalo.edu/idea/visitability/booklet/visbk%20ver3-7-03.pdf

xxi. C. Cobbold. *A Cost Benefit Analysis of Lifetime Homes,* Joseph Rowntree Foundation, 1997. Cobbold estimates this to be $700 million in the UK.

xxii. Martin Hill. *Breaking into Adaptable Housing: A Cost Benefit Analysis of Adaptable Housing,* ACT Adaptable and accessible Housing Conference, 1999. Hill estimates that adaptations are 8 to 24 times more expensive if the original construction was not adaptable.
http://www.anuhd.org/wp-content/uploads/2011/08/1999-Hill-BreakingIntoAdaptableHousingCostBenefit.doc

xxiii. Martin Hill estimates that delayed entry into residential care saves $59 million annually in Australia with present value over 30 years extending to $229 million.

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