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ALTERNATIVE METHODS OF PROVIDING SERVICES FOR THE ELDERLY  
IN INDEPENDENT AND SEMI-INDEPENDENT LIVING ARRANGEMENTS

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In North America, developments specially designed for the elderly of the non-nursing home variety are increasing in number, due to the insistent effort of experts in geriatrics and elderly housing to see the need for intermediate housing alternatives to the nursing home is provided. An accompanying need, that for services, has not been as clearly responded to; second, there is a debate here as to whether the community or the development should provide the services.

The extended longevity of the elderly dictates that many, due to physical frailty and psychological problems or financial position, can no longer maintain their own home and possibly do their own housework, cooking and shopping, although they are still ambulatory and active and alert enough to maintain an independent and semi-independent life. As the elderly's own resources become inadequate to cope with the daily demands of living, due to the aging process, provision of adequate alternative housing becomes important in maintaining the well-being and functioning of the elderly and in preventing breakdown and loss of functioning. Such a type of housing can be looked on as prevention of unnecessary institutionalization for a number of elderly. Individual apartments and congregate living arrangements, which have hotel-type rooms, dining rooms, recreation rooms and other facilities can provide an environment for independent living.

This report is concerned with such developments. It is based on data collected and analyzed from a nation-wide study of such housing in Canada, including interviews with 301 elderly residents, a survey of 294 managers of such developments and case studies of 19 developments of different types.

It has been hypothesized that for these developments to provide shelter alone is not meeting the need of these physically and mentally-declining elderly population. That, in order for these persons to utilize these resources over a long period of time--a period during which their physical condition is to varying degrees deteriorating--a variety of services are needed. In fact, an official of HUD has stated that "from the standpoint of the welfare and happiness of the elderly residents themselves, the success of housing for the elderly can be measured largely by the extent it provides the supportive services these elderly need and through this helps the residents to maintain their independence." For a population whose physical frailties include such handicaps as, inability to bend or to climb stairs, or physical weaknesses that hinder continuation of heavy housekeeping and maintenance, or dietary problems that require special food preparation, or health problems that require special medicines or shots, provision of shelter is not enough; supportive services are needed. If they are not provided,

either by the development or the community, the only alternative for the person may be residence in a higher level of institutional care, such as nursing homes, with the resultant problems of loss of independence and an active way of life and instead withdrawal, loss of interest, depression and possibly a shortened life.

These needed services range from homemaking--housekeeping assistance; food preparation aid, either through a resident dining room or meals on wheels service; legal counseling and social work counseling; recreational programs of various types; visitor-companion services, including friendly visiting, telephone calling and/or a buddy system; and some degree of nursing assistance, with regular medical checkups and possibly an infirmary on the premises. Related to these services, special facilities in the development may be provided; such as a library, recreational room, crafts room, beauty or barber shop, gardening plots, bowling alley and small shop for everyday purchases. Of course, in a number of cases, it may be decided that the community instead should take care of such needs; providing a mobile library or branch nearby, providing bowling alleys and movies nearby, or coming to the development to show movies, providing recreational programs through a Senior Citizen Center or other public body, such as the local recreation department, or through church and service organizations. Second, it may be felt that the public nursing services should be used or a local hospital or clinic; and a community homemaker service, meals on wheels program and/or social work-legal counseling service should be utilized instead of providing these services from development staff.

The purpose of this report is to relate some advantages and disadvantages of using the community based services versus the development based services; a number of examples from our case studies will be given and data from our surveys of the elderly residents and of managers will be examined.

In discussing this, one must first keep in mind that we are discussing two types of independent and semi-independent living arrangements; first, there is the apartment development where each resident has his own cooking facilities; then there is the congregate living arrangement where a dining room is provided, as well as a number of other services and facilities, such as a maid service. In the case of the latter type developments, there is less need for community-based programs to meet some basic needs, such as food preparation and homemaking.

Advantages and Disadvantages of Community-based Services. An obvious advantage to the development of using community-based services is the cost saving. However, in some cases the cost is coming out of some part of the public purse, whether paid for in the community or by the development budget. Whether it is a disadvantage or advantage to use the community-based service may, in a number of cases, depend on how many residents need the service. In some of our apartment developments only a small proportion of the population said there was need for a visiting nurse or for homemaker help. In such cases, unless the development has access to staff from another part of its development complex or other institutions affiliated with it, it might be better to use community-based resources for these few residents. However, the serious problem we found here is that a number of

residents in need did not come to the attention of the community-based service staff. For example, visiting nurses often missed many cases that required assistance. This could be due to the fact the elderly did not come forward to give their needs, and second, the resident staff did not put these elderly in touch with the necessary assistance. In some cases, such as Metro Toronto elderly apartment developments, there was no staff other than maintenance staff and they were expressly told not to concern themselves with the residents' non-housing needs; the Metro authority felt its sole job was housing elderly. If community-based services are to be utilized by those in need of them, there must be a responsible staff member in the development who takes as part of his job connecting these persons up with the needed services; this often starts with identifying the elderly in need of help.

Other problems with community-based services may be that they are not available on weekends, or evenings, or on emergency basis. For example, in Canada our elderly complained the VON or public nurse came only one day a week, or in some cases, one day a month and never in evenings or on weekends. Many of these elderly feared that they would be left unattended if they had an accident on a weekend; this was especially true in the apartment complexes where no staff other than maintenance was available.

In a Toronto development, another problem existed for the community-based nursing service. They had so many cases to serve in the development, it made it hard for them to serve others in the community.

Another problem may be that the development is too much on the fringe of the metropolitan area to be accessible to the community-based services, which often radiate out from the downtown areas. This, of course, can be handled by a development mini-bus taking residents to the services, as exists in the Sussex development and in a different way in one Montreal development.

Another problem is the development residents may not feel entirely welcome in the community-based facility, feeling they are outsiders; this was brought up in relation to one senior citizen center. However, in Owen Sound, where the Kiwanis club had developed a recreation center with library and lounge and kitchen for the community in the apartment development there, mainly the elderly apartment dwellers used it. The reason may have been location, the existence of an alternative senior citizen center, and lack of recreational staff.

The idea of having a facility open to both residents and the community is a good one and can help to keep the residents more in the community, as of course does use of community-based services. In Winnipeg, Lion's Manor has a day care facility in the development; half the members come from the community and half from the development. There is a good recreational program that relieves the development staff of having to provide such. While this day care center has worked, it has been found in other developments the day care users do not want to associate with the development residents, and vice versa.

One way to insure greater use of a community-based facility is to be located on a downtown site; this is true for several of our studied developments including two in Toronto. Another way is to set up a close connection with a particular hospital, for medical checkup and nursing assistance; or relate to particular churches for a recreational program; or to particular ethnic organizations. Some of our developments had hospitals or nursing homes in very close proximity or set up special arrangements, such as Powell River.

Problems with Development Services. A major problem may be that the development is too small or has too few people in need to provide the service. Second, it may be too costly. However, some of our more satisfying developments, according to the residents, did provide services. Recreational staff, when provided, gave the development a friendly air; in a few cases students or para-professionals were cheaply provided. In some cases a particular agency in the community, such as the Family Service Agency in one case, came in and provided the service. In another case, the Vancouver Finnish-Canadian Home, the community members held their festivities and religious services in the development. In others, the manager took on many duties.

Problems may be that the services duplicate those in the community or as with beauty shops are too expensive for many residents to use.