

THESIS

**INNOVATIVE ARCHITECTURE FOR THE RETIRING
GENERATION OF BABY BOOMERS**

September 19 1999

THESIS TOPIC:**"INNOVATIVE ARCHITECTURE FOR THE RETIRING
GENERATION OF BABY BOOMERS"****STATEMENT:****• Introduction:**

- At the present time in North America, the over-65-year-old age group is the fastest growing segment of the total population. By the year 2001, the "Baby Boomer" generation will also begin to achieve senior citizen status. They will be the largest generation in overall population to ever reach retirement and their effects on retirement accommodation may be felt as early as 2001. By 2021, it is predicted that this generation will constitute 75% of the retirement population.
- The characteristics of the Baby Boomer generation are well documented. It is a group with diverse interests, and varied social, physical and cultural attributes, unlike any previous generation. It has been predicted that Boomers will be the most affluent generation approaching retirement. However, many members of this generation have been affected by the faltering economy in the 90's and will also be affected by expected decreases in government social programmes.
- Recent changes to traditional, linear lifetime patterns, such as cyclical lifestyles, postponed retirement, satellite offices in homes, home consulting services and late life career changes will also influence the retirement architecture of the Baby Boomer generation.

• Hypothesis:

- Present forms of retirement accommodation include subsidized senior citizen housing, institutional nursing homes and private retirement communities. These facilities are designed to accommodate specialized segments of the retirement population and are not flexible enough to meet the overall long-term needs of an ageing generation. Nor will they

meet the needs of the diverse, independent lifestyles of Baby Boomers and their changing attitudes to retirement living.

- Existing retirement architecture is inconsistent in form and meaning. A large percentage of retirement housing is not recognizable as a residential architectural topology.
- A new model is required for the future retirement living of the Baby Boomer generation. This model should be innovative, reflecting the diverse physical and sociocultural needs of the Baby Boomer generation. This architecture should also address the psychological need for residential meaning.
- A new architectural environment should be flexible to accommodate a variety of lifestyles, encourage long-term self-care, and provide for community and family involvement.

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Part 1 - Introduction

Richard Neutra when interviewed by John Peter, author of The Oral History of Modern Architecture, regarding the topic of architecture and society stated *"The architect who really designs for a human being has to know a great deal more than just the five canons or Vitruvius"*. He continued to explain *"The common denominator, the factor which will help us to find principles of regulating all this into real order, is evidently: What can human beings take? What is biologically bearable? What is the biologically wholesome? We never will overcome that. This is absolutely what we don't want to overcome, we want to further."*¹

Wolfgang F.E. Preisner architect and author describes architecture as a collection of assemblies, sequences and sets of relationships of spaces which are perceived in different ways, depending on the geometries used and the sociocultural idiosyncrasies of the users or occupants.² Preisner quotes McGilvray's statement *"Architecture is both art and science, it must transcend Vitruvius' statement about the goals of firmness, commodity and delight."* Preisner indicates that habitability framework involves three levels of priorities and performance requirement:³

- Health, safety and security.
- Functional, efficiency, economy and comfort.
- Aesthetic quality and cultural satisfaction.

¹ - The Oral History of Modern Architecture, at p. 49.

² - Designing for Persons with Disabilities: Design Innovation and the Challenge of Change, at p. 335. [subsequently referred to as "Designing for Persons with Disabilities".]

³ - Ibid, at p. 335.

Part 1 - Introduction

Victor A. Regnier architect and author views architecture as fulfilling two important roles. The first role involves purpose and function, and the second relates to its influence by symbol and association. ⁴

Both Preiser and Regnier emphasize the function and purpose of architecture as it relates to the users' needs. Unlike most user groups, who tend to be monolithic in composition, retired and elderly users comprise a large heterogeneous group whose age, health, economic, cultural and social backgrounds are very diverse. This complex profile is also complicated by the fact that retirement is a time of change in lifestyle, and ageing retirees experience both ongoing and sudden changes in their mental and physical health. Because of these social changes, an understanding of the retirement and ageing process is equally as important in serving behavioural needs as a determination of architectural form. Another consideration is that the user group, in this case, the Baby Boomer generation, will be the largest generation to reach retirement age, and they will be doing it at a time of global lifestyle upheaval.

There has been a great deal of publicity and speculation on the Baby Boomer generation as they reach the age of retirement. Questions regarding the ability of the Canada Pension Plan to service such a large generation, and the effects of the global recession on the financial plans of the Baby Boomers, have appeared in local newspapers. Some articles have indicated that traditional

⁴ - Assisted Living Housing for the Elderly, at p. 24. [subsequently referred to as "Assisted Living"].

Part 1 - Introduction

retirement patterns are a thing of the past and the Baby Boomer generation will work well beyond normal retirement age, while others predict that the Baby Boomer generation will be more affluent and retire early.

These trends and characteristics of the Baby Boomer generation will be researched and analyzed in this paper as part of the process of developing an architectural retirement model. This study will also review demographic statistics and projections. A demographic model will be developed and existing environmental behavioural research on the process of retirement and ageing will be reviewed. After a final analysis of the research material, a proposal will be presented for a new architectural model for the retired Baby Boomer generation.

Part 2 - Demographic Profile

A - Introduction

It is customary to use the age of 65 as a threshold of ageing in North American demographic studies. Although it is an arbitrary selection, 65 is historically associated with the age of mandatory retirement; it is also the age when federal income security, the old age security and the basic Canada Pension Plan come into effect. However, it has no relation to physical and behavioural patterns of individuals.

Statistics Canada publications use 65 as the threshold of old age and group cohorts from 65 up to 85 in five-year periods.¹ Eighty-five and over cohorts are normally grouped together, because their numbers are smaller. Subgroups used in most other research publications by sociologists and gerontologists are:²

- Young-old 65 to 74
- Middle-old 75 to 84
- Old-old 85 and over

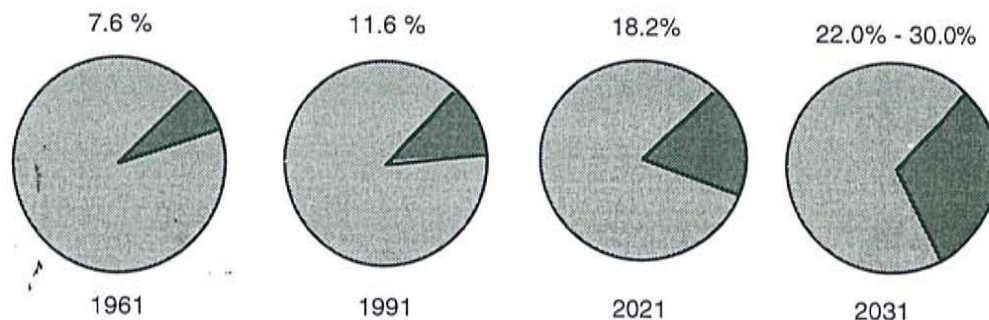
Canada is part of a universal phenomenon in which the world population is becoming an aging society. Statistically, this phenomenon occurs when the

¹ - Population Ageing and the Elderly, at p. 3. [subsequently referred to as "Population Ageing".]

² - Towards Community Planning for an Ageing Society, at p. 5. [subsequently referred to as "Towards Community Planning".]

senior population is proportionately 8% or more of the total population. The proportion of the aged in Canada, at this time, according to Statistics Canada, stands at 11.6%, which represents an increase of four percentage points since 1961. This proportion, as projected by Statistics Canada, will be 18.2% by 2021. Various projections for 2031 put the percentage of seniors between 22% and 30%.³ With declining birth rates and increases in longevity, the growth of the total population after year 2001 will be proportionately smaller than the growth of the elderly population.

CHART 1
Percentage of Seniors (65+) of Canada's Population



According to the 1991 census, 11.6% of Canada's population represented 3.2 million seniors. Twenty-two percent, as conservatively projected for 2031, represents more than 8 million seniors.⁴ Also according to Statistics Canada, one person in five will be 65 years or over in the near future. By year 2036

³ - Population Ageing, at p. 13.

⁴ - Profile of Canada's Seniors, at p. 1.

Part 2 - Demographic Profile

A - Introduction

almost one Canadian in four will be 65 years or over, and one in ten will be at least 75.⁵

Using figures published by Statistics Canada, Table 1 shows the total population growth, the seniors' population growth and percentage ratios of seniors.

⁵ - Population Ageing, at p. 14.

TABLE 1
Number of Elderly Persons by Age Group and Proportion of the Total
Population, Canada (in Thousands)⁶

Age Group		Observed			
		1961	1971	1981	1991
Total Population	Number	18,238.2	21,568.3	24,343.2	27,296.9
	%	100.0	100.0	100.0	100.0
65-69	Number	487.1	620.0	844.3	1,073.2
	%	2.7	2.9	3.5	3.9
70-74	Number	402.2	457.4	633.4	821.3
	%	2.2	2.1	2.6	3.0
75-79	Number	274.2	325.5	432.7	614.8
	%	1.5	1.5	1.8	2.3
80-84	Number	146.8	204.2	256.8	376.8
	%	0.8	0.9	1.1	1.4
85 years and over	Number	80.8	137.4	193.8	283.4
	%	0.4	0.6	0.8	1.0
65+ total	Number	1,391.1	1,744.5	2,361.0	3,170.0
	%	7.6	8.1	9.7	11.6

Age Group		Projected				
		2001	2011	2021	2031	2036
Total Population	Number	30,768.2	33,407.2	35,412.2	36,648.4	36,922.9
	%	100.0	100.0	100.0	100.0	100.0
65-69	Number	1,129.6	1,491.4	2,100.3	2,329.3	2,051.0
	%	3.7	4.5	5.9	6.4	5.6
70-74	Number	1,006.8	1,109.3	1,722.9	2,136.1	2,120.2
	%	3.3	3.3	4.9	5.8	5.7
75-79	Number	822.7	884.1	1,173.9	1,648.8	1,837.8
	%	2.7	2.6	3.3	4.5	5.0
80-84	Number	537.7	675.1	752.4	1,162.6	1,294.5
	%	1.7	2.0	2.1	3.2	3.5
85 years and over	Number	473.7	701.1	828.0	1,031.0	1,261.8
	%	1.5	2.1	2.3	2.8	3.4
65+ total	Number	3,970.5	4,861.0	6,577.4	8,307.8	8,565.3
	%	12.9	14.6	18.6	22.7	23.2

⁶ - Population Ageing, at p. 12.

Part 2 - Demographic Profile

B - Canadian Statistics

(i) - Introduction

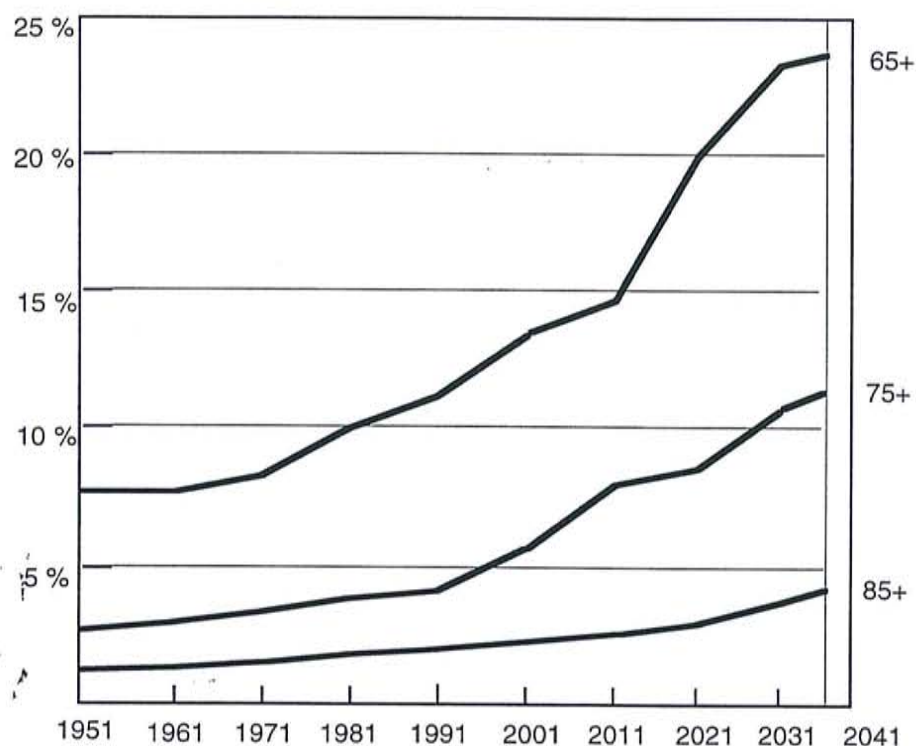
Projections by Statistics Canada are based on three key components: mortality, fertility and international migrations. Mortality projections assume that current life expectancy gains of 0.8 years per five years will continue, and fertility projections assume that the fertility rate of 1.8 children per woman will remain. The rate of migration as projected will reduce to 200,000 from 250,000 by year 2011 and then remain constant.⁷

As Table 1 indicates, the total population of Canada has increased by approximately three million per year since 1961. This yearly increase will diminish to two million in 2011, and to one million between years 2021 and 2031. The senior population has steadily increased since 1961, but projections show more substantial increases starting in 2001. By 2021 increases in the senior population will actually exceed increases in the total population. Using figures from Table 1, the total population growth from 1961 to 1991 was 9,058,700, a 50% increase. During the same time, the growth for those over the age of 65 was 1,778,900, a 128% increase. Total population growth projections from 1991 to 2036 are 9,626,000, a 38% increase, while projections for the over-65 population for the same time are 5,395,000, a 170% increase.

⁷ - Population Ageing, at p. 11.

The proportion of seniors 65 years and over, and those 85 and over, as calculated by Statistics Canada is shown on Chart 2.

CHART 2
Proportion of People Aged 65+, 75+ and 85+, Canada 1951-2036⁸



The dramatic increase in the percentage of seniors starting in 2011 is clearly shown on Chart 2. That year coincides with the Baby Boomer generation beginning to reach retirement age. The population rise of the old-old seniors (85+) from 80,800 in 1961 to 1,261,800 in 2036 is an increase of almost 160%.

⁸- Population Ageing, at p. 13. (modified to show 75-85 and 85+ cohorts).

Part 2 - Demographic Profile

B - Canadian Statistics (i) - Introduction

In 2011, the proportion of seniors is projected at just under 15% of the total population. According to Statistics Canada's publication Population Ageing and the Elderly, this projection is conservative. Selecting a level of mortality that is a little less favourable for women, would lead to an elderly population of roughly 21% of the total population in 2011 and 30% in 2036. Under stabilized conditions, Statistics Canada indicates that in the long term the over-65 population will fluctuate between 20% and 25% of the total population.⁹

⁹- Population Ageing, at p. 13.

(ii) - Older Generation

Table 1 shows not only that the number of elderly people is increasing, but that the senior generation is becoming older. From 1961 to 1991, the total population of Canada increased by one-and-a-half times while the elderly population doubled. By 2031, the total population will have increased by two times the 1961 level, while the 65 and over population will have increased by more than six times.

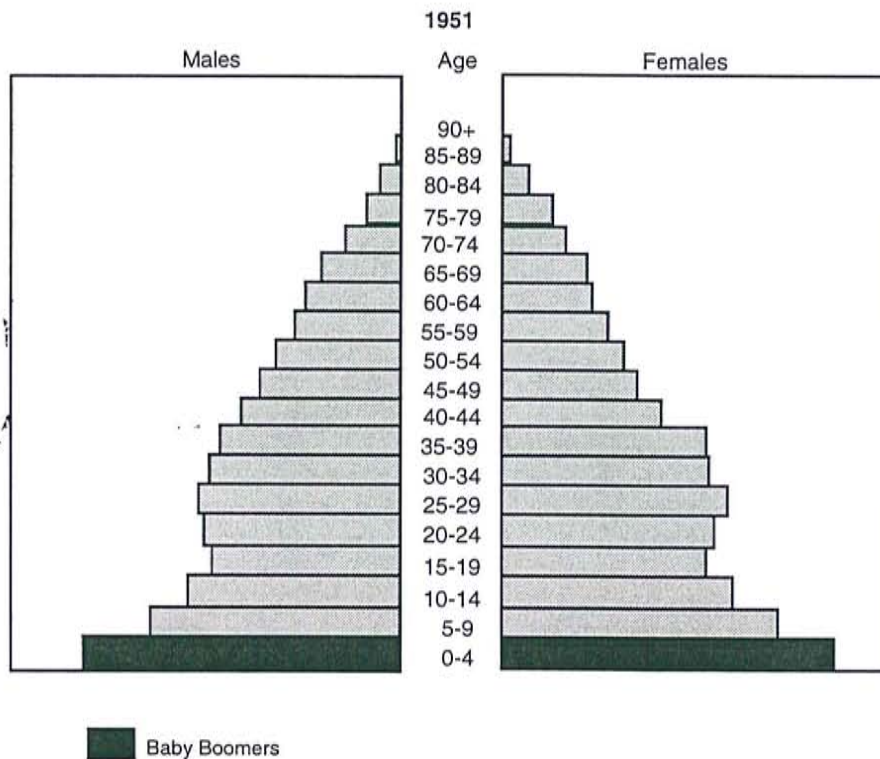
Within the seniors' group, because of longer life expectancies, the proportion of middle-old and old-old will expand dramatically. In 1961, the over-75 group numbered 36% of all seniors. Projections show that, by the year 2036, almost one in four Canadians will be 65 years of age or over, and one in ten will be 75 or over. The 75 or over population will account for approximately one-half of the elderly population. In actual population, the over-75 group has increased from 501,000 in 1961 to 1.275 million in 1991, and is projected to increase to 4.394 million in 2036. The 2036 figures represent an increase of almost nine times the population from 1961 and three times from 1991. According to a Statistics Canada publication, "this 'ageing of the ageing' can only exacerbate the socio-economic consequences of the phenomenon".¹⁰

¹⁰- Population Ageing, at p. 15.

(iii) - Shift in Demographics

The shift in demographics is not confined to the over-65 generation. According to Statistics Canada, as early as 1921 the effect of a new demographic regime was becoming evident. Age pyramids created by Statistics Canada at selected intervals show population structural changes.

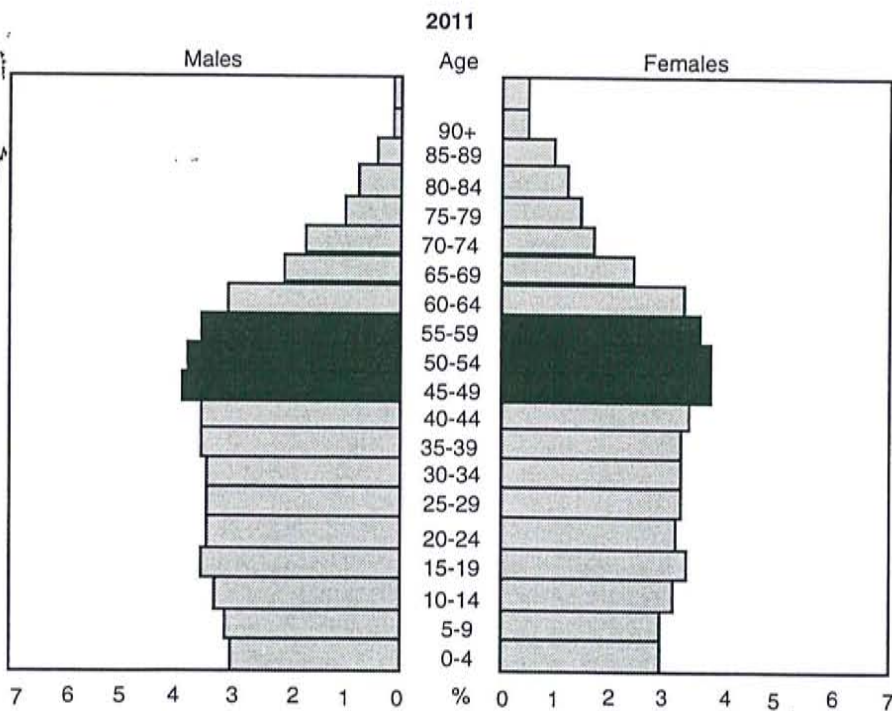
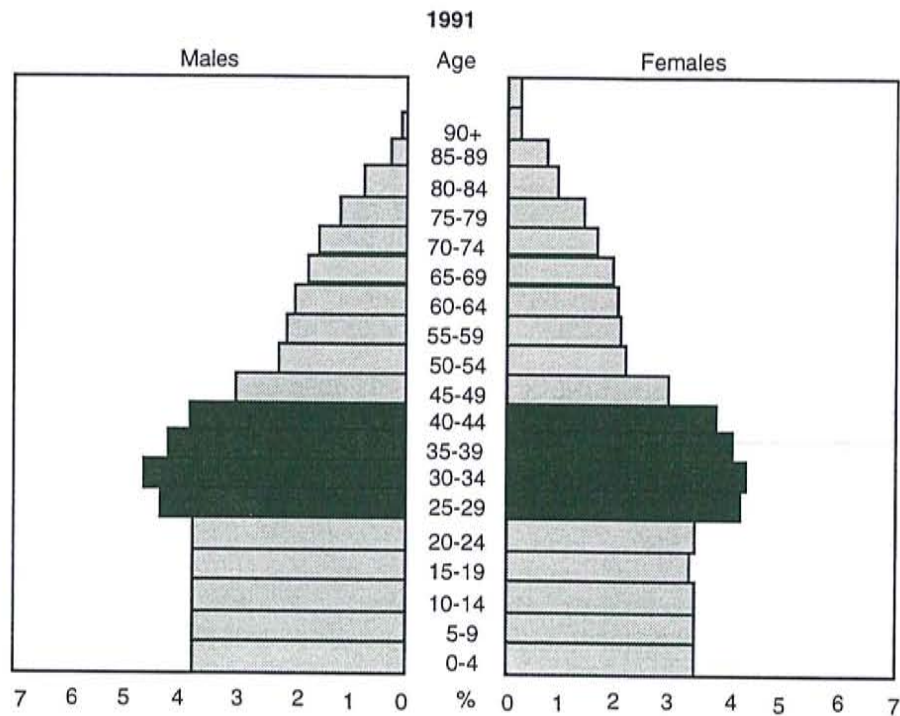
CHART 3
Age Pyramids ¹¹



¹¹- Population Ageing, at p. 18.

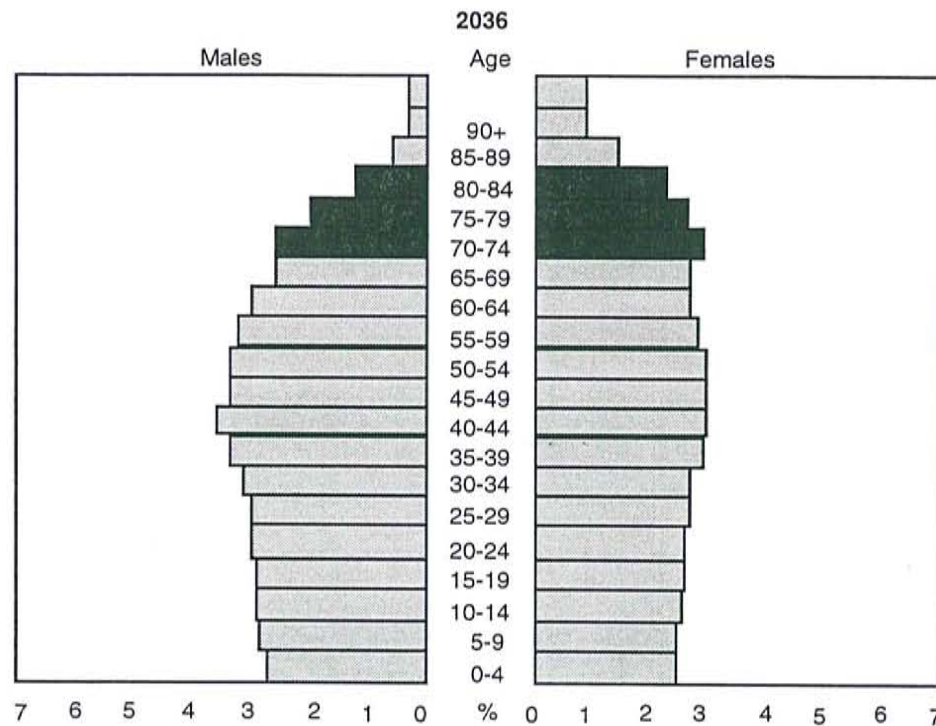
Part 2 - Demographic Profile

B - Canadian Statistics (iii) - Shift in Demographics



Part 2 - Demographic Profile

B - Canadian Statistics (iii) - Shift in Demographics



The Baby Boom generation, born between 1946 and 1966 is indicated in the 0 to 4 age group in the 1951 chart. They are the largest cohort group and their impact through to 2036 can be followed in the pyramid charts. The smaller generation born between 1966 and 1971 can also be followed through to 2036, where the pyramid is completely distorted. With fewer younger cohorts and a large number of middle-old and old-old cohorts in 2036, the median age will rise to age 42, from the upper 20's in 1981. In 2036, one of every two people will be over 42.

Part 2 - Demographic Profile

B - Canadian Statistics (iii) - Shift in Demographics

The pyramids demonstrate graphically the growth of the over-65 generation and the decline of the younger generation. Actual population percentages on which the pyramids are based are set out in Table 2.

While the percentages for the older generation have increased and are projected to continue to increase, the percentages for the younger generation aged 0 to 19 have decreased and are also projected to continue to decrease. In 1881, the younger generation was almost 50% of the population. In 1951 this generation was 38% of the population, by 1991 it had dropped to 27% and by 2036 it is projected to be 21%.

TABLE 2
Percentage Distribution of the Canadian Population 1881-2036¹²

Age Group	1881	1921	1951	1991	2011	2036
0-19	49.9	43.7	38	27.7	24.2	21.9
20-64	43.6	48.5	50.6	56.4	55.2	49.2
65-69	4	5	6.7	8.2	10.5	11.2
70+	2.5	2.8	4.7	7.7	10.1	17.7

In contrast, the over-65 generation in 1881 was 6.5% of the population. In 1951 this percentage had increased to 11.4% and in 1991 to 15.9%. In 2036, it is projected to increase to 28.9%, which for the first time will constitute a larger portion of the population than the 0-19 age group.

The projected combination of the dramatic increase in the number of seniors, the ageing of both the seniors' group and the general population, and the decrease of the younger dependent generation will affect the profile of the

¹² - Population Ageing, at p. 111. (modified to show larger groups).

Part 2 - Demographic Profile

B - Canadian Statistics (iii) - Shift in Demographics

social fabric and possibly change the basic structure of support systems. Historically, the younger generation has been the largest dependent group in the community. Educational, recreational and social programs and facilities have centred around their needs. The emergence of this large and influential over-65 generation, and the weakening of the younger generation's influence, should begin to redirect social and recreational community policies.

(iv) - Gender Distribution

The age pyramids developed by Statistics Canada illustrate not only the major population shift, but also the proportion of men and women within this change. The charts show that the population of men has been slightly higher than women in younger generations, and historically the proportion has remained similar as the generations aged. The imbalance in older generations is evident in the pyramid for 1991 and projected pyramids for 2011 and 2036.

The actual and projected ratios between the population of men and women at various age cohorts for the years 1951 to 2036 are shown in Table 3.

TABLE 3
Sex Ratio by Broad Age Group and by Five-Year Age Group¹³

Age Group	Observed				
	1951	1961	1971	1981	1991
Total	102.4	102.2	100.2	98.3	97.2
0-19	103.5	104.4	104.3	105.0	105.1
20-64	101.6	101.7	100.4	99.2	99.2
65 +	103.1	94.0	81.2	74.9	72.3
65-69	111.1	96.9	91.4	86.1	84.8
70-74	103.7	95.1	81.7	79.8	77.6
75-79	99.8	95.8	75.5	71.6	69.7
80-84	90.6	88.7	72.3	58.6	59.2
85 +	76.2	76.8	65.9	48.8	43.8

¹³ - Population Ageing, at p. 20.

Part 2 - Demographic Profile

B - Canadian Statistics (iv) - Gender Distribution

Age Group	Projected				
	2001	2011	2021	2031	2036
Total	96.9	96.7	96.3	95.6	92.3
0-19	105.3	105.6	105.6	105.6	105.6
20-64	99.6	100.1	101.3	102.7	103.2
65 +	71.5	71.9	73.4	72.6	71.3
65-69	90.0	89.4	87.9	88.7	90.0
70-74	82.1	82.5	82.1	81.7	82.1
75-79	68.4	73.4	73.5	72.3	72.6
80-84	56.4	61.0	61.7	61.4	61.0
85 +	40.9	39.5	41.0	42.0	42.3

+ the ratio is the number of males to the number of females, expressed per 100 females

The first indication of a significant variation in the proportion of men to women is for the over-85 age group in 1951, where the ratio of men to women was 75 to 100. The statistics for 1991 indicate that the substantial increase in ratio of women over men started at approximately age 70. By age 85 and over the ratio was 43 men to every 100 women – in other words, women were two-and-one-half times as numerous as men. The table shows that the ratio of the total seniors' population in 1991 was approximately 72 men to 100 women. This ratio is expected to remain relatively constant for the projected years to 2036. The ratio for the 85 and over age population is projected to drop to 39.5% for the year 2011, but return to approximately 42% for the years 2021, 2031 and 2036.

The variance in sex ratios, according to Statistics Canada, is primarily the result of the different mortality rates; although life expectancy for both sexes has increased, the life expectancy for women remains higher. Statistics Canada presents life expectancy in two ways; first there is a general projection,

Part 2 - Demographic Profile

B - Canadian Statistics (iv) - Gender Distribution

calculated at birth, and second a projection calculated for those reaching the age of fifty-five. Presently life expectancy for men at birth is 73 years and at age 55 it is another 22.3 years, or total of 77 years. For women life expectancy at birth it is 79.8 years, and at age 55 it is 27.5 years, or a total of 82.5 years.¹⁴

While statistics indicate that women live longer, and therefore outnumber men in later years, they also reveal that women are more likely to suffer from health problems and chronic conditions. The projections on gender population are important in order to plan for future social programmes and environmental standards required segment of the population.

¹⁴- Profile of Canada's Seniors, at p. 15.

(v) - Marital Status

Based on the 1991 census, Statistics Canada shows that the senior widows substantially outnumber senior widowers. Three elderly men out of four had a spouse, while less than one out of two elderly women had a spouse.¹⁵

TABLE 4
Seniors by Age, Sex and Marital Status, Canada, 1991¹⁶

Sex/Age Group		Percent Distribution				
		Married	Single	Widowed	Divorced	Total
Males	65+	77.3%	6.9%	12.9%	2.8%	100.0%
	65-74	82.2%	6.7%	7.7%	3.4%	100.0%
	75-84	72.7%	7.0%	18.3%	2.0%	100.0%
	85+	50.9%	8.7%	39.2%	1.2%	100.0%
Females	65+	42.6%	7.7%	46.7%	3.0%	100.0%
	65-74	56.0%	6.5%	33.5%	4.0%	100.0%
	75-84	30.1%	8.8%	59.2%	1.9%	100.0%
	85+	10.0%	10.4%	78.8%	0.8%	100.0%
All Seniors		57.2%	7.4%	32.5%	2.9%	100.0%

Table 4 shows that 77% of male seniors are married and 13% are widowers, while 43% of female seniors are married and 47% are widows. Among male seniors, the married outnumber the widowed by a ratio of six to one, and among female seniors, the widowed actually outnumber the married. In fact, statistics show one elderly man out of ten is a widower, but one elderly woman out of two is a widow.

¹⁵ Profile of Canada's Seniors, at p. 22.

¹⁶ - Ibid., at p. 22.

The difference in marital status between male and female seniors is even more pronounced when they are examined by age groupings. The proportion of married males to married females increases for each older age group. For example, the percentage of married men drops from 82% at age 65 to 74 to 50% at age 85 and up. For females, the percentage drops from 56% at ages 65 to 74 to 10% at age 85 and up. The figures indicate that senior widows outnumber senior widowers by approximately five to one in each age grouping.¹⁷

According to Statistics Canada, the variance in marital status of elderly men and women is due to a number of contributing factors. Primarily, there is an age difference in most couples; the male is generally older – in fact many elderly married men have non-elderly spouses. The remarriage rate for male seniors is seven times higher than for widows; most widows who are seniors do not remarry. Finally, males have a higher age specific mortality rate than females.¹⁸

Projections by Statistics Canada indicate that this marital status variance will increase in the future. According to the publication Profile of Canada's Seniors, the trend has been for the number of widowers to decrease and the number of married males to increase. The trend has been monitored from 1931 to 1991 and is expected to continue.¹⁹ On the other hand, the proportion of widowed

¹⁷- Profile of Canada's Seniors, at p. 24.

¹⁸- Profile of Canada's Seniors, at pp. 24 to 25.

¹⁹ - Population Ageing, at p. 20.

Part 2 - Demographic Profile

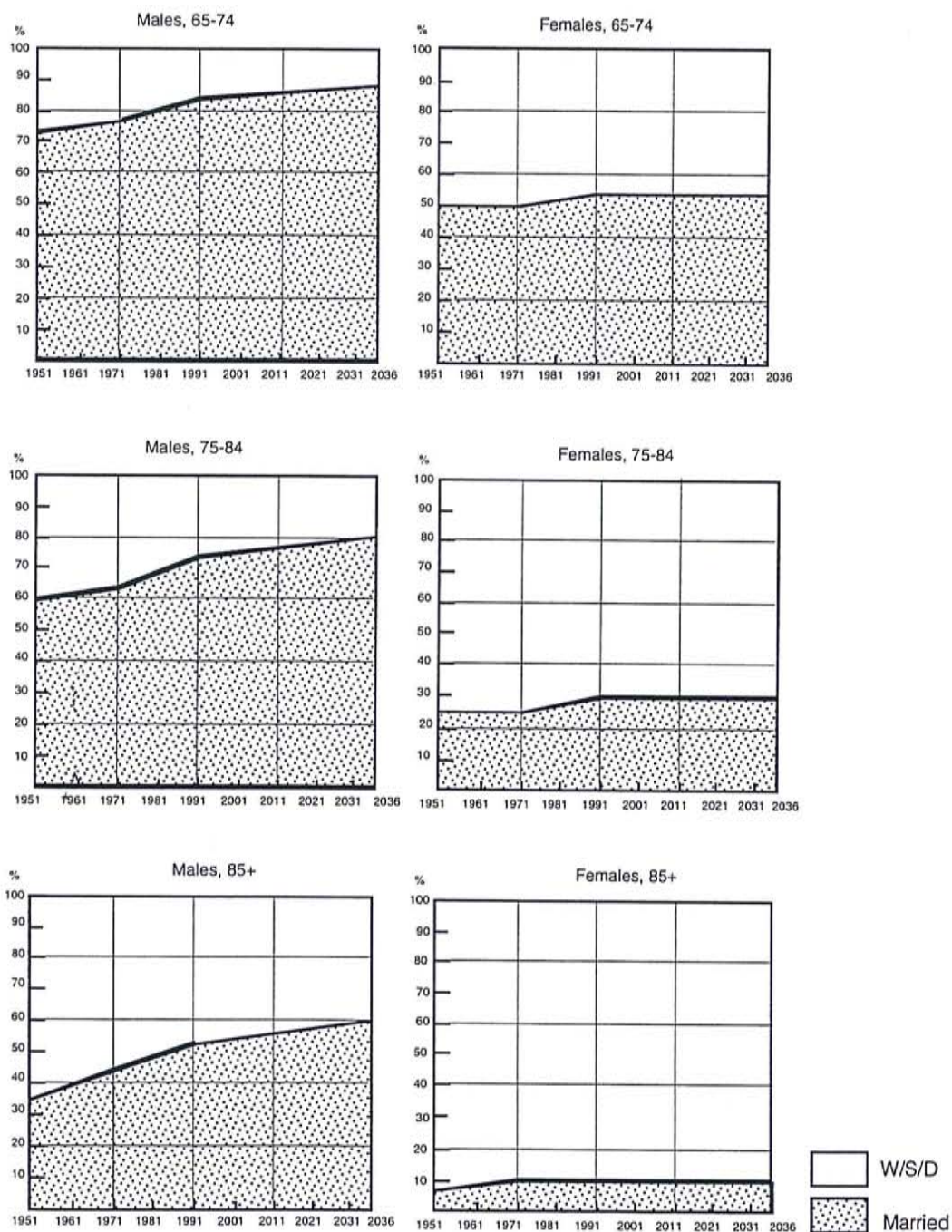
B - Canadian Statistics (v) - Marital Status

and married women has fluctuated slightly, but detection of a trend is less clear and changes are not projected.²⁰

Chart 7 shows the existing marital trends as published by Statistics Canada and the projected trends to 2036, and clearly illustrates the difference in marital status between male and female seniors. The W/S/D classification represents widowed single and divorced seniors although it basically consists of mostly a widowed population. The single, never-married group make up approximately 10% of the total, and the divorced group numbers less than 3%.

²⁰- Profile of Canadian Seniors, at p. 27.

CHART 7
Percentage Distribution by Age, Sex, Marital Status ²¹



²¹ Profile of Canadian Seniors, at p. 28 (Table 4.3 modified to show trends)

Part 2 - Demographic Profile

B - Canadian Statistics (v) - Marital Status

The marital status of seniors is an important consideration in assessing social and housing needs for the senior population. Senior couples provide care for each other and traditionally remain in the family home well into old age. Normally it is not until after the death of a spouse that a senior decides to move into an institution, collective housing or other form of accommodation.²² More women than men are found in institutions and collective households, basically because, as the tables show, women are widowed more frequently than men.

The housing needs of widowed women, however, require careful evaluation. Not only do widowed women represent a large portion of the senior population at present, but Statistics Canada projections show there will be a substantial increase in their numbers as the Baby Boomers retire. According to Statistics Canada, many widows remain in oversized family homes, which are difficult to maintain physically and financially, until they are forced into institutionalized accommodation.²³

²² - Population Ageing, at p. 64.

²³- Ibid., at p. 64.

Part 2 - Demographic Profile

C - 1991 to 2036 Projections

(i) - Demographic Comparisons

The full impact of the retiring Baby Boomer generation will be felt in the year 2036, when all Boomers will be 70 years of age or older. Consequently the demographic projections for that year are the most significant for the purposes of this paper. As it is critical to compare these projections with existing conditions, and as the last statistical material was generated from the 1991 census, the existing demographic information for 1991 and projections to 2036 will, when possible, form the basic data for this study.

While the age pyramids illustrated in Chart 7 indicate graphically the change in population shifts, the population profile, Table 5 highlights the magnitude and details of the shift.

TABLE 5 - POPULATION PROFILE
Increase in Population 1991 to 2036²⁴

Age Group	1991		2036		Increase	
Total Pop.	27,296,400		36,922,900		9,626,000	26%
0-19	27.7%	7,561,240	21.9%	8,086,120	524,880	7%
20-64	60.7%	16,565,660	54.9%	20,271,380	3,705,720	22%
65+	11.6%	3,170,000	23.2%	8,565,300	5,395,300	170%

²⁴. Population Ageing, at p. 111. (compiled from table A4)

Part 2 - Demographic Profile

C - 1991 to 2036 Projections (i) - Demographic Comparisons

Table 5 indicates that the projected increase in total population between 1991 and 2036 will be 26%. This is a modest increase, considering that the percentage increase between 1951 and 1991 was 94%. A contributing factor in the conservative total population statistics is the relatively small projected increase (7%) for the 0 to 19 age group. From the years 1951 to 1991, the increase for this younger segment of the population was 41%. The 20 to 64 age segment of the population shows an increase of 22%. In contrast, the projected percentage increase for the over-65 group is 170%. This ageing trend can be traced back to 1951, but the increase in the senior population between 1951 and 1991 is paralleled by a substantial increase in the total population. The projected 170% increase in seniors by 2036 is not part of a large overall population increase, but a shift in the ages of a conservatively expanding population base.

TABLE 6 - POPULATION PROFILE
Percentage of Age Groups (1991 and 2036)²⁵

	1991		2036	
Total Population	27,296,900	(100%)	36,922,900	(100%)
0-19	7,561,240	27.7%	8,086,120	21.9%
20-64	16,565,660	60.7%	20,271,380	54.9%
65-74	1,895,000	7.0%	4,171,200	11.3%
75-84	991,600	3.6%	3,132,300	8.5%
85+	283,400	1.0%	1,261,800	3.4%
65+	3,170,000	11.6%	8,565,300	23.2%

Table 6 provides the existing 1991 population profile and the changing profile for 2036, in both population numbers and percentages. The 1991 census

²⁵ - Population Ageing, at p. 111.

Part 2 - Demographic Profile

C - 1991 to 2036 Projections (i) - Demographic Comparisons

shows the 65 years and up senior population at 11.6% of the total population. This was less than half of the population share of the 0 to 19 age group, which was 27.7%. The projections for 2036 show the 65 and over seniors group at 23.2% of the total population. This exceeds the population of the 0 to 19 age group, which is projected to drop to 21.9% in 2036. These projected figures are significant in that they forecast a major shift from a youth-centred society to one in which seniors will be very prominent.

TABLE 7 - POPULATION PROFILE
Detailed Increase in Seniors' Population 1991 to 2036²⁶

Group	1991	2036	INCREASE	
65+	3,170,000	8,565,300	5,395,300	170%
65-74	1,895,000	4,171,200	2,276,200	120%
75-84	991,600	3,132,300	2,140,700	215%
85+	283,400	1,261,800	978,400	345%
Women				
65+	1,839,800	5,000,175	3,160,375	172%
65-74	1,039,740	2,235,588	1,195,848	115%
75-84	602,980	1,877,875	1,274,895	212%
85+	197,080	886,712	689,632	350%
Men				
65+	1,330,200	3,565,125	2,234,925	168%
65-74	855,260	1,935,612	1,080,352	126%
75-84	388,620	1,254,425	865,805	223%
85+	86,320	375,088	288,768	334%

The "detailed" information in Table 7 indicates that within the senior group the largest increase will be in the over-85 age segment (345%), followed by the 75 to 84 age group (215%). Within the over-85 age group, the female segment is projected to increase by 350%. The men's group, although substantially lower in actual numbers, is also projected to increase by 334%. The 75 to 84

²⁶- Population Ageing, at pp. 12, 57, 111.

Part 2 - Demographic Profile

C - 1991 to 2036 Projections (i) - Demographic Comparisons

women's cohort group, in 2036, will outnumber the former total over-65 age group, in 1991. The substantial increases projected for the over-75 age groups in 2036 are more significant than the overall 65 and up age increases, as it is the older groups that traditionally have required special environmental features.²⁷

Because of the projected large increase of elderly seniors in 2036, an analysis of the projected marital status of this group is essential in determining their environmental requirements.

TABLE 8 - POPULATION PROFILE
Detailed Increase in Seniors Population Showing Projected Increase of
Widowed/Single/Divorced Seniors 1991 to 2036²⁸

Single Women (Widowed/Single/Divorced)						
GROUP	1991		2036		INCREASE	
65+	(57.4%)	1,056,045	(61.9%)	3,094,333	2,038,288	193%
65-74	(44%)	457,485	(44%)	983,658	526,176	115%
75-84	(69.9%)	421,483	(69.9%)	1,312,635	891,152	212%
85+	(90%)	177,372	(90%)	798,040	620,668	350%
Single Men (Widowed/Single/Divorced)						
GROUP	1991		2036		INCREASE	
65+	(22.6%)	300,712	(19.4%)	691,262	390,550	129%
65-74	(17.8%)	152,236	(15%)	290,342	138,106	90%
75-84	(27.3%)	106,093	(20%)	250,885	144,792	136%
85+	(49.1%)	42,383	(40%)	150,035	107,652	254%

By incorporating the percentages and projected percentages as applied to the senior population groups, the numbers and projected numbers of W/S/D (widowed, single or divorced) women and men can be calculated. These calculations are shown above in Table 8.

²⁷ - Population Ageing, at p. 62.

²⁸ - Compiled from Table 7 and Chart 7

Part 2 - Demographic Profile

C - 1991 to 2036 Projections (i) - Demographic Comparisons

Table 9 below, shows the population increase of seniors by age, sex and marital status.

TABLE 9
Detailed Seniors' Population Profile Percentage of Age/Sex/Marital Status
within Seniors' Population 1991 and 2036 ^{29*}

	1991		2036	
TOTAL SENIORS	3,170,000	Percentage	8,565,300	Percentage
65-74				
Married women	582,255	18.5%	1,251,930	14.5%
W/S/D women	457,485	14%	983,658	11.5%
TOTAL WOMEN	1,039,740	32.5%	2,235,588	26%
Married men	703,024	22%	1,644,727	19%
W/S/D men	152,236	5%	290,885	3.5%
TOTAL MEN	855,260	27%	1,935,612	22.5%
75-84				
Married women	181,497	6%	565,240	6.5%
W/S/D women	421,483	13%	1,312,635	15.5%
TOTAL WOMEN	602,980	19%	1,877,875	22%
Married men	236,384	7.5%	964,083	11%
W/S/D men	152,236	5%	290,342	3.5%
TOTAL MEN	388,620	12.5%	1,254,425	14.5%
85+				
Married women	19,708	.5%	88,672	1%
W/S/D women	177,372	5.5%	798,040	9.5%
TOTAL WOMEN	197,080	6%	886,712	10.5%
Married men	43,937	1.5%	225,053	2.5%
W/S/D men	42,383	1.5%	150,035	2.0%
TOTAL MEN	86,320	3%	375,088	4.5%

Generally the percentage rise in the W/S/D group for women is similar to the overall age increase, but the increase for the same group in men is substantially less. For the 85 years and over population in 2036, the 975,400 population increase over 1991 will be made up of 689,600 women and 288,700 men. Approximately 620,600 or 90% of these women will be widowed or single, while

²⁹- Compiled from Table 7 and Table 8

Part 2 - Demographic Profile

C - 1991 to 2036 Projections (i) - Demographic Comparisons

only 107,600 or 37% of the men will be widowed or single. The greatest need in 2036 will be specialized housing for W/S/D women in the 75 to 84 and 85 and over age groups. Traditionally it is these groups who have difficulty maintaining their independence, and eventually end up in the care of institutions.

(ii) - Institutional Population

There is general agreement amongst researchers that most seniors who are institutionalized are very old and usually widowed. However, conclusions differ regarding the significance of their numbers.

Most publications estimate that 6% to 9% of present-day seniors are institutionalized. J.A. Norland, author of Profile of Canada's Seniors, while discussing institutionalized seniors, comments that the numbers represent a small portion of the senior population.³⁰

Statistics Canada figures, as quoted in Profile of Canada's Seniors, indicate that in 1991, 5% (approximately 66,000) of male seniors and 9% (approximately 165,000) of female seniors were residents of special care homes, hospitals or related institutions.³¹ McPherson author of Ageing as a Social Process states that 30% of men and 40% of women over 85 years of age are institutionalized.³² He also notes that most institutionalized seniors are women over 75 years of age.³³ Bertrand Desjardins, researcher for Population Ageing and the Elderly, confirms that the proportion of those living in institutions are past the age of 75, and that more than three-fifths are women. Normally most senior couples find it

³⁰ - Profile of Canada's Seniors, at p. 32.

³¹ - Ibid., at p. 32.

³² - Ageing as a Social Process, at p. 279.

³³ - Ibid., at p. 301.

is less expensive to live at home independently, providing assistance to each other.³⁴ The majority of the 9% of women and 5% of men who are institutionalized, according to the evidence, are widowed and have difficulty caring for themselves. Institutions are generally seen as a last resort normally turned to when seniors or their families can no longer provide the care required.³⁵

TABLE 10
1991 Seniors' Population Living in Institutional Accommodation³⁶

WOMEN			
Age Group	Total Population	Percentage	Institutional Population
65-69	580,736	2.5%	14,518
70-74	462,450	4.3%	19,885
75-79	362,286	8.6%	31,157
80-84	236,683	18.2%	43,076
85+	197,080	41.0%	80,803
Total 65+	1,839,235	10.3%	189,439
MEN			
Age Group	Total Population	Percentage	Institutional Population
65-69	492,464	2.6%	12,804
70-74	358,850	3.6%	12,918
75-79	252,514	6.2%	15,656
80-84	140,117	12.0%	16,814
85+	86,320	27.0%	23,306
Total 65+	1,330,265	6.1%	81,489

The most detailed breakdown of seniors who live in institutional-type accommodation has been tabulated in the "Census on households and housing" and documented by Statistics Canada in Population Ageing and the

34- Population Ageing, at pp. 66 to 67.

35- Ibid., at p. 64.

36 - Ibid., at pp. 12, 20, 65, Appendix, Table 1.

Elderly.³⁷ This percentage breakdown has been incorporated in Tables 10 and 11. By applying these statistics to both the 1991 and 2036 detailed population figures, the projected increase in the institutional population can be calculated.

The detailed percentage figures indicate that a total of 10.3% of senior women and 6.1% of senior men live in institutional-type accommodation. These figures are slightly higher than those quoted elsewhere, but within the same general range. The table confirms the general estimates regarding the high percentage of elderly women living in institutions. Seventy percent of the senior population are women and 82% of these women are over the age of 75. In fact, women comprise 75% of the total population over 80 years of age.

Although most research shows that the percentage of institutionalized seniors is not significant, when isolated by the older population and gender groupings, the numbers are substantial.

The projections for 2036 are shown in Table 11. For this table, the population and gender distribution projections were taken from Statistics Canada but the 1991 percentage figures for institutional populations were incorporated. The resulting figures show that if these 1991 percentages remain accurate, the institutional population will increase even more dramatically than the overall seniors' population.

³⁷ - Population Ageing, at p. 65.

TABLE 11 ³⁸2036 Projected Number of Seniors Population Requiring Institutional Care³⁹

WOMEN			
Age Group	Total Population	Percentage	Institutional Population
65-69	1,079,474	2.5%	26,986
70-74	1,164,945	4.3%	50,092
75-79	1,064,774	8.6%	91,570
80-84	804,037	18.2%	146,334
85+	886,718	41.0%	363,554
Total 65+	4,999,948	13.6%	678,536

MEN			
Age Group	Total Population	Percentage	Institutional Population
65-69	971,526	2.6%	25,260
70-74	955,255	3.6%	34,389
75-79	773,026	6.2%	47,928
80-84	490,463	12.0%	58,856
85+	375,082	27.0%	101,272
Total 65+	3,565,352	7.5%	267,705

The total population for institutions is projected to rise from 270,928 to 946,241, which is an increase of 350%. The institutional population of women is projected to rise 358% compared to the projected total senior women's population rise of 272%. The population of institutionalized women over 80 years old is projected to rise a full 450% from 1991.

The resulting percentage of the institutionalized population, compared to the total seniors' population, is projected to rise to 13.6% for females and to 7.5% for males.

³⁸ - Population Ageing, at pp. 12, 20, 65, Appendix, Table 2.

³⁹ - Based on 1991 percentages

Using the statistics as presented in Table 11, a comparison of the institutional population of 1991 and the projected population of 2036 can be calculated. Results are shown in Table 12.

TABLE 12
Institutional Population 1991 to 2036

	1991	2036	Increase	% Increase
Total Women 65+	189,439	678,536	489,091	258%
Women 85+	80,803	363,554	282,151	350%
Total Men 65+	81,489	267,705	186,216	228%
Men 85+	23,306	101,272	77,960	334%
Total Population	270,928	946,241	675,313	250%

The research publications which view the institutional population as part of the overall population numbers and conclude that they represent a small portion of the seniors' profile have not considered future projections or the underlying shift of the senior population and the growing importance of the older cohorts. When studied within the context of the projections of the older seniors' generation, and as an integral part of the widowed elderly population, the institutional population and the projected future of this population will be a major consideration in planning for ageing Boomers' retirement years.

Part 2 - Demographic Profile

D - Ontario Demographics

Most of the research and statistics used in this paper to formulate the seniors' profile originated from publications of the Demography Division of Statistics Canada. These population statistics are generally based on census findings which are calculated nation-wide, but Statistics Canada has also compiled basic population and projected population data for each of the provinces. Since this paper is primarily concerned with the urban and suburban seniors of Ontario, any regional differences can be evaluated, using this data.

According to Statistics Canada, the population of the elderly is concentrated in Quebec, Ontario and British Columbia. More relevant is that in Ontario, Quebec, New Brunswick and Nova Scotia, the proportions of seniors are similar to the national average. As shown in Table 12, the percentage of the senior population in Ontario for 1991 is within 0.1% of the national average.⁴⁰

TABLE 12

Percent of Seniors and Index Numbers By Age Group And Province, 1991⁴¹

Age Group	Can.	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	N.W.T.
65+	11.6	9.7	13.2	12.6	12.2	11.2	11.7	13.4	14.1	9.1	12.9	3.2
65-74	6.9	5.9	7.1	7.3	7.1	6.9	7.1	7.6	7.8	5.4	7.6	2.1
75-84	3.6	3.1	4.6	4.1	3.9	3.4	3.6	4.5	4.8	2.8	4.1	0.9
85+	1.0	0.7	1.4	1.2	1.1	0.9	1.1	1.4	1.5	0.8	1.1	0.2

The percentage of the age grouping for Ontario is also almost identical to the national average. The variation amongst the other provinces is primarily due to

⁴⁰- Profile of Canada's Seniors, at pp. 67 to 69.

⁴¹ - Ibid., at p. 68.

various immigration trends. As explained by J. A. Norland, Saskatchewan's proportion of seniors is high because of a loss of young migrants, while British Columbia's large senior population has been tempered by an equally large young migration from the East.⁴²

Table 13 shows the proportion of elderly people in the total population for Ontario and Canada. As indicated, the percentage of seniors in Ontario for 1951 to 1981 was slightly higher than the national average, but the provincial averages for 1991 and projections for 2001 and 2011 are similar to the national averages.

TABLE 13
Numbers (in Thousands) and Proportion of Elderly People in the Total
Population of Canada and the Province of Ontario⁴³

	1951	1961	1971	1981	1991	2001	2011
CANADA							
Number	1,086.3	1,391.1	1,744.5	2,361.0	3,170.0	3,970.5	4,861.0
%	7.8	7.6	8.1	9.7	11.6	12.9	14.6
ONTARIO							
Number	400.4	508.1	644.3	868.2	1,183.5	1,507.2	1,848.8
%	8.7	8.1	8.4	10.1	11.7	12.9	14.3

Since the tables indicate that the proportion of seniors and total projections for Ontario and the national average are almost identical, the projected seniors' profiles and related conclusions developed from national statistics are also applicable to Ontario.

⁴²- Profile of Canada's Seniors, at p. 67.

⁴³- Population Ageing, at p. 48.

Population percentages for the different cohorts in Canada and Ontario are shown in Table 14.

TABLE 14
1991 Census

Age	65-74	75-84	85+	TOTAL
Ontario Population	708,070	364,150	111,280	1,183,500
Percentage of Total Pop.	7%	3.6%	1.1%	11.7%
Canadian Population	1,885,310	983,640	300,550	3,169,500
Percentage of Total Can. Pop.	6.9%	3.6%	1.1%	11.6%

Projection for Canadian and Ontario senior populations in 2000 are shown in Table 15.

TABLE 15
Canadian Projections 2000

Age	65-69	70-74	75-79	80-84	85+	Total 65+
Population	1,129,600	1,006,800	822,700	537,700	473,700	3,970,500
Percentage	3.7%	3.3%	2.7%	1.7%	1.5%	12.9%
Ontario Projections 2000						
Age	65-69	70-74	75-79	80-84	85+	Total 65+
Population	451,100	386,800	308,400	179,200	157,600	1,483,100
Percentage	3.9%	3.4%	2.7%	1.6%	1.3%	12.9%

Ontario percentages for the young-old aged 65 to 74 total 7.3%, slightly higher than the cross-country total of 7%. For the old-old, aged 85 and over, the Canadian total is, in turn, 0.2% higher than the Ontario percentage. This figure reflects the ageing population of British Columbia, New Brunswick and Prince Edward Island. However, the present and projected statistics for Canada and Ontario are sufficiently close that the Canadian statistical percentages and trends will also be applicable to Ontario.

Part 2 - Demographic Profile

E - Migrational Affect

The growth of the urban senior population will also be affected by the migration of seniors from rural areas to urban centres. Statistics Canada indicates that in 1951, 65% of the retired lived in urban areas. By 1986 this had increased to 76%, and by 2025 Statistics Canada projects that 85% will live in urban centres. Statistics Canada includes town and villages of at least 1,000 people in their calculations. The present percentages indicate a higher number of women in urban areas, and a higher percentage of men in rural areas. ⁴⁴

Towns located close to agricultural rural areas, such as Napanee and Ailsa Craig, have senior populations which are already approximately 24% of the town population.

TABLE 16
Number and Proportion of Persons 65 Years and Over, by Sex and Rural/Urban Residence, Canada 1986⁴⁵

	Urban		Rural		Total	
	Number	%	Number	%	Number	%
Males	848.3	74.9	285.0	25.1	1,133.3	100.0
Females	1,277.1	81.6	287.1	18.4	1,564.2	100.0
Total	2,125.4	78.8	572.1	21.2	2,697.5	100.0

McPherson indicates that an even larger proportion of seniors, up to 30% of the total population, live in village towns which he calls "geriatric" communities. He

⁴⁴- Population Ageing, at p. 43.

⁴⁵- Ibid., at p. 44.

also confirms that a large portion of this population are women who have been widowed. ⁴⁶

Although migration is another factor which influences population statistics, Statistics Canada indicates that very few old people emigrate permanently. ⁴⁷ The major migration of Canadian seniors to southern regions of the United States, such as Florida or Arizona, cannot be traced through demographic analysis. One result of the yearly Snow Bird migration is the vacated local senior accommodation, usually condominium in form, which is normally kept under surveillance during their absence. The present status however, would change if retaining Canadian citizenship were no longer was advantageous and the annual Snow Bird migration were to become permanent.

According to Statistics Canada, the elderly are not very mobile. In the five years between 1986 and 1991, statistics indicate that an average of one person out of five over the age of 65 had moved. ⁴⁸

Senior migration within the same urban locations accounts for three-fifths of these moves. Statistics indicate that only 9% of moves involve crossing town limits, provincial or international borders. Census figures show that there is some senior movement to areas with more temperate climates such as Southwestern Ontario or coastal areas in British Columbia, but the destinations

⁴⁶- Ageing as a Social Process, at p. 279.

⁴⁷- Population Ageing, at p. 47.

⁴⁸- Ibid., at p. 50.

Part 2 - Demographic Profile

E - Migrational Affect

of elderly do not differ significantly from the population as a whole. ⁴⁹ The elderly tend to concentrate in urban or semi-urban areas, similar to the general population. ⁵⁰

⁴⁹- Population Ageing, at. p. 54.

⁵⁰- Ibid., at p. 56.

Part 3 - Demographic Model

A - Introduction

Part 2 of this paper illustrated the changing demographic profile, the growing numbers of seniors and the projected ageing of the senior population. This section will expand on those demographics and by incorporating Statistics Canada surveys on housing, living arrangements and home ownerships, will examine demographic changes of a model community. According to McPherson, as communities "grey", the shift from a youth-oriented environment to a more senior-oriented community will result in changes in housing and environmental needs. McPherson contends that most seniors are over-housed in dwellings that are too large and expensive to maintain.¹ The frequency of these under-utilized housing units in the year 2036, and their possible role in the development of an alternative style of retirement housing, will be key elements examined in this section.

In order to analyze this "greying" process, a typical urban demographic model of a population of 10,000 will be examined. A community of 10,000 was chosen because statistically it is of a sufficient size to compare various types of accommodation, and it complies with Kevin Lynch's definition of a neighbourhood unit.² As McPherson's description of the greying of the community refers to communities that are established and urban in context, the demographic model will be based on urban statistics and reflect only statistical

¹ - Ageing as a Social Process, at pp. 297 to 299.

² - Site Planning and Design for the Elderly: Issues, Guidelines and Alternatives, at p. 291.

changes within the community's existing base. The number and type of housing units will adjust to reflect the population shifts and the corresponding changes in accommodation requirements. Changes to the model will be monitored from 1971 through to 2036, using both population projections and micro-environmental statistics. The effects of population shifts and urban migration on the residential environment will be followed from 1971 and projected into 2036. Comparisons will centre on the years 1991 and 2036, although statistics will include earlier years in order to determine patterns and trends.

The intent of this study is to develop the community demographics and resulting changes to the residential environmental characteristics at the height of the Baby Boomers' retirement in 2036. By assessing these findings with respect to the housing needs of the Baby Boomer generation, it is anticipated that alternative solutions to the future housing crises for Baby Boomers will emerge.

This section will include an analysis of the demographics of the community by applying findings from the previous section and other statistics from Statistics Canada. The demand and tenure of various housing typologies will be established and projected to the year 2036. The major housing classifications which will be studied include family households, institutional accommodation, and both integrated and age-segregated apartment-type accommodation.

Part 3 - Demographic Model

B - Demographics

The first step in this study is to determine the population age distribution for the model and the changes from 1971 to 1991, including projections through to 2036. Table 17 shows the nation-wide percentage population distribution by age group as calculated from Statistics Canada census figures and projections.

TABLE 17
Percentage Population Distribution by Age Group³

Year	0-19	20-64	65-74	75+
1971	33%	59%	5%	3%
1991	27.7%	60.7%	6.9%	4.7%
2011	24.2%	61.3%	7.8%	6.7%
2036	21.9%	54.9%	11.3%	11.9%

By applying the population distribution statistics to the model, which has an overall population of 10,000, the shift in the community's make-up and projected make-up can be illustrated numerically, as shown in Table 18.

TABLE 18
Base Population Calculated from Percentage Distribution by Age Group

Year	Total Community	0-19	20-64	65-74	75+
1971	10,000	3,300	5,900	500	300
1991	10,000	2,770	6,070	690	470
2011	10,000	2,420	6,130	780	670
2036	10,000	2,190	5,490	1,130	1,190

Because the model is an urban community, the statistics for the population distribution is tempered by the migrational trends of the senior population.

³ - Population Ageing, at p. 111.

According to Statistics Canada, since 1961 the proportion of elderly people living in urban areas has steadily increased. This trend is contrary to the "retirement in the country" model, which is popular in some countries. The Canadian elderly tend to migrate to urban centres closer to health and social services.⁴

For an urban community, the base population figures should be altered to reflect these migratory trends. Percentage increases in migration starting from 1951 have been calculated by Statistics Canada and are shown in Table 19. The resulting rise in the senior population for the model community is also shown in this table. The seniors' population increase was based on a 1951 total community population of 10,000, and a breakdown of 530 (5.3%) seniors from 65 to 75 years of age and 240 (2.4%) seniors aged 75 and over.⁵

TABLE 19
Urban Migratory Patterns⁶

Year	% of Seniors in Urban Locations	% Rise from 1951	Rise in Base Population of Model	
			Age 65-74	Age 75+
1951	62%	-	-	-
1971	75%	13%	70	30
1991	79%	17%	90	40
2011	85%	23%	120	60
2036	85%	23%	120	60

⁴ - Population Ageing, at p. 12.

⁵ - Ibid., at p. 12.

⁶ - Ibid., at pp. 43 to 46.

The results of the migratory trends as they affect the base population distribution table for the model community are shown in Table 20.

TABLE 20
Population Distribution by Age Group for the Model,
Corrected to Show Migrational Trends⁷

	Total Community	0-19	20-64	65-74	75+	Total 65+
1971	10,100	3,300	5,900	570	330	900
1991	10,130	2,770	6,070	780	510	1,290
2011	10,180	2,420	6,130	900	730	1,630
2036	10,180	2,190	5,490	1250	1250	2,500

In order to incorporate the Statistics Canada accommodation tables which are calculated by gender, the population statistics will also be expanded to include gender classifications.

The gender ratio for seniors by age group and year as published in Profile of Canada's Seniors is based on Statistics Canada surveys 1951 to 1992. Table 21 shows the ratio and projected ratio of males to every 1,000 females as published by Statistics Canada.

TABLE 21
Ratio of Men to 1,000 Women⁸

Year	65-74	75+
1971	871	700
1991	816	547
2011	856	532
2036	854	544

⁷ - Applications of Table 19 to the model community

⁸ - Profile of Canada's Seniors, at p 89 (Table A3.2)

Using these ratios, Table 20 showing the population distribution, can be expanded to show gender population, as illustrated by Table 22.

TABLE 22
Population Distribution by Age Group and Seniors' Gender for the Model⁹

Year	0-19	20-64	65-74		75+		Total
			Male	Female	Male	Female	
1971	3,300	5,900	270	300	140	190	10,100
1991	2,770	6,070	350	430	180	330	10,130
2011	2,420	6,130	410	490	250	480	10,180
2036	2,190	5,490	570	680	440	810	10,180

This table showing the population breakdown and projected figures forms the demographic base for the model. The changes to the population indicate the projected greying of the community. Comparisons between 2036 and 1991 indicate that the senior population at age 75 and over will increase by almost 150% and the senior population aged 65 to 74 will also increase between 48% and 63%. At the same time, the youth and 20 to 64 year-old population show a decrease of 20% and 10% respectively.

Changes in the community's residential environment and housing needs can be examined by applying existing occupancy statistics as compiled by Statistics Canada.

⁹ - Calculated from Tables 20 and 21

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C - Family Households

According to research, most seniors live in their own houses. McPherson estimates 70% of seniors own their houses,¹⁰ while according to the Housing Ministries Publication Towards Community Planning for an Ageing Society, 67% of seniors are home owners, and 33% are renters.¹¹ Statistics Canada suggests that home ownership has been a primary objective to Canadians, and traditionally most seniors prefer to remain independent in the family home.¹² In most cases the home is a major asset, which can assist the retired or widowed person in coping with a reduced income.¹³

Statistics from the 1991 census and published by Statistics Canada indicate that between ages 18 and 39, 61.5% live in a dwelling which is owned by one of the members of the household. This percentage increases to 78.5% in the 40 to 64 age group. The percentage for seniors aged 65 to 69 is 71.3%, and then drops to 41.9% for those aged 85 and over.¹⁴ According to Statistics Canada, the reduction for the over-85 age group is attributable to the difficulty for the very elderly of maintaining their own home.¹⁵

¹⁰ - Ageing as a Social Process, at p. 297.

¹¹ - Towards Community Planning, at p. 4.

¹² - Population Ageing, at p. 67.

¹³ - Ageing as a Social Process, at p. 297.

¹⁴ - Population Ageing, at p. 68.

¹⁵ - Ibid., at p. 68.

Using the Statistics Canada findings, Table 23 shows the proportion of persons living in private households, in age groups tabulated to correspond to the group population tables.

TABLE 23

Proportion of Persons Living in Private Households¹⁶

Age Groups	20-64	65-74	75+
Proportion Living in Private Households	70%	68.5%	50.5%

A profile of the model's family households, using the percentages in Table 23 and the total population grouping, are shown on Table 24. In order to apply statistics regarding living arrangements, the senior population has been calculated according to gender classifications.

TABLE 24

Population of "Model" Living in Family Households¹⁷

Year	0-19	20-64	65-74		75+		Total
			Male	Female	Male	Female	
1971	2,310	4,130	185	205	70	95	6,995
1991	1,940	4,250	230	290	90	170	6,980
2011	1,700	4,290	290	330	130	240	6,980
2036	1,530	3,840	400	460	220	410	6,860

The projections indicate that the family household composition generally replicates the national population trends. The number of housing units needed to sustain the model's population can be determined by incorporating statistics from Statistics Canada regarding living arrangements of elderly persons.

¹⁶ - Population Ageing, at p. 68.

¹⁷ - Table based on Table 25, Statistics Canada, Population Ageing, statistics originate from 1991 census.

These statistics, in Table 25, show the living status of seniors by age classification and gender.

Based on tabulations from the 1991 census, the "share category" in the majority of cases refers to a couple; unrelated sharing accounts for only 2% to 3% of cases.¹⁸ The "alone" statistics are the most significant, as they indicate the extent of the single seniors (normally widowed) living alone in an original family house.

TABLE 25
Percentage Distribution Of Elderly Persons In A Private Household By Sex And Age Groups

Males		
	65-74	75+
Share (with Spouse)	87%	82%
Alone	13%	18%
Females		
	65-74	75+
Share (with Spouse)	69%	60%
Alone	31%	40%

Using Table 25 and the population breakdown in Table 24, the number and occupancy of family houses for the model can be calculated.

For these calculations, the youth are considered part of the family occupancy of the 20 to 64 year old group. The occupancy rate for this combined group would vary between two to four or more people depending on the number of youths. Shared accommodation for seniors is considered to be accommodation shared

¹⁸ - Population Ageing, at p. 65.

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with a spouse, and for these calculations the spouse will also be considered a senior. Although there is the possibility that a percentage of seniors might be married to younger non-seniors, there are no statistics, therefore the calculations regarding senior accommodation may be on the conservative side. The housing profile including the gender breakdown is shown in Table 26.

TABLE 26

The Model- Number and Occupants of the Family House

Year	20-64	Occu- pancy	65-74				75+				
			Male		Female		Male		Female		
			2 Pers.	1 Pers.	2 Pers.	1 Pers.	2 Pers.	1 Pers.	2 Pers.	1 Pers.	Total
1971	2,065	3.2	80	25	70	65	29	13	29	38	2,417
1991	2,120	2.9	100	30	100	90	37	16	51	68	2,582
2011	2,140	2.8	130	40	120	100	53	24	72	96	2,775
2036	1,920	2.8	180	50	160	140	90	40	123	164	2,867

Table 27 is a simplification of Table 26 showing the total number of senior units and their occupancy. Reference to age and gender groupings has been eliminated.

TABLE 27

Model

Year	20-64		Seniors' Units		Total Seniors' Units	Total Units
	Units	Occupancy	2 Persons	1 Person		
1971	2,065	3.2	208	141	352	2,417
1991	2,120	2.9	288	174	462	2,582
2011	2,140	2.8	375	260	635	2,775
2036	1,920	2.8	553	394	947	2,867

The results verify McPherson's observations regarding the "greying" of the suburbs,¹⁹ and the over-housing of the elderly.²⁰ In 1971, seniors occupied 15% of family housing, or one in every seven residential houses. By 1991 this percentage had increased to 19%. Projections show that by 2036, 33%, or one in every three residential houses in the model will be occupied by seniors. In the model, almost 400 or 42%, of all seniors' homes will be occupied by only one person, and over 75% of these single occupancies will be widowed women. Also, the majority of these women will be over 75.

The total number of seniors' units is projected to increase from 462 units in 1991 to 947 units in 2036, an increase of over 100%. However, the total demand for additional housing in the community is 285 units, or just over a 10% increase.

Although the projected increase in seniors' housing is very dramatic, the increase in the total housing is tempered by the fact that seniors' housing is only a portion of the total housing stock. Housing demand for the 20 to 64 age group is projected to decrease by 200 units, or 10%. The 33% seniors' portion of units in 2036 is due not only to the large projected increase in the senior population, but also to the large projected increase of singly occupied houses.

¹⁹ - Ageing as a Social Process, at p. 311.

²⁰ - Ibid., at p. 279.

TABLE 28

The Ratio of Seniors' Housing to Total Households²¹

1971	15%
1991	18%
2011	23%
2036	33%

TABLE 29

The Number of Single Seniors' Households and Percentage Increase Over 1971

Year	Male		Female		Total	
	Number	% Increase	Number	% Increase	Number	% Increase
1971	38	-	103	-	141	-
1991	46	21%	158	53%	204	45%
2011	64	68%	196	90%	260	84%
2036	90	137%	304	195%	394	179%

The population statistics show that by 2036, 23%, or close to one in four people, will be over 65 years of age. Because of the increase in numbers of the middle-old and old-old in 2036, and the resulting increase in single-person households, the number of senior households is projected to be one in every three.

As the number of senior households is projected to increase dramatically, the population of the dependent young (0 to 19 years) community is projected to decrease from 2,310 in 1971 to 1,530 in 2036, or from 33% of the total population to 22% of the total population. These statistics appear to support

²¹ - Calculation from Table 27.

McPherson's statement that community resources will need to be redirected from the youth sector to the senior sector within the neighbourhood.²²

In order to verify McPherson's notion that the elderly will be over-housed, Statistics Canada's publication regarding the size of seniors' dwellings can be used to qualify the existing data. Table 30, taken from Population Ageing and the Elderly, indicates the size of dwelling, occupied by various age cohort groupings.

TABLE 30²³
Percentage Distribution of Home Ownership by Age Group and Size of Dwelling, Canada 1991

Number of Rooms	Age Group				
	65-69	70-74	75-79	80-84	85+
< 3	0.2%	0.2%	0.3%	0.4%	0.4%
3-4	9.5%	11.5%	14.3%	16.5%	17.6%
5-6	46.2%	48.8%	50.1%	51.1%	49.2%
7+	44.1%	39.5%	35.3%	32.0%	32.9%
Total	100%	100%	100%	100%	100%

Although the percentage of seniors who maintain ownership in private homes reduces slightly for the 75 and over age group, Table 30 indicates there is little movement within the home ownership seniors' group. While there is a drop of approximately 10% in ownership of houses with seven or more rooms, and a similar increase in three to four room houses at age 75, after age 75 there is little change. The percentage of smaller seniors' units is less than 1% at age 65 to 70 and remains less than 1% to age 80 and over. These statistics also

²² - Ageing as a Social Process, at p. 289.

²³ - Population Ageing, at p. 70.

appear to confirm McPherson's theory that seniors prefer to remain in the family dwelling in familiar environments.²⁴ Although it would be more practical for seniors to move to a small unit requiring less maintenance, statistics indicate this does not happen. According to Statistics Canada, seniors generally remain in their original family home until the high maintenance of home ownership becomes burdensome to the point where they seek other forms of living arrangements, usually institutional accommodation.²⁵

The availability of smaller dwelling units also is likely a contributing factor to this phenomenon. Most new housing is geared to larger family needs and most "seniors only" housing features large units addressing the needs of only affluent senior couples.

In order to study the extent of larger senior houses in the model and model projection to 2036, Tables 23 and 30 can be combined. The statistics regarding the percentage of seven-or-more room units are not classified in Table 30 as single or double occupancy; however, since Table 30 indicates little change in ownership for the very elderly, occupancy has been calculated equally for both conditions. The results of the projected number and occupancy of large houses with seven or more rooms for 2036 are shown in Table 31.

²⁴ - Ageing as a Social Process, at p. 295.

²⁵ - Population Ageing, at p. 68.

TABLE 31

Projected Number and Occupancy of 7+ Room Houses (2036) ²⁶

Age Cohort	Occupancy	Total Number	Percentage of 7+ Room Units	Number of 7+ Room Units in the Model
65-74	double	340	41.8%	142
65-74	single	190	41.8%	79
75+	double	213	33.4%	71
75+	single	204	33.4%	68
Total Units		947		360

The total number of large houses projected to be singly occupied by seniors in 2036 is 147. Of this number, 68 units or almost 50%, are projected to be occupied by the over-75 cohort group and 77% of these, or 52 units, by senior women. By applying the 1991 statistics to the projected unit count for 2036, it is apparent a substantial number of large houses, over 40%, will be singly occupied by seniors and almost 50% of these will be occupied by elderly seniors aged 75 and over.

As Statistics Canada suggests, the survivor of an aged couple lives alone in the family home as long as his or her health permits. ²⁷ Elderly couples residing in large residences seldom renovate their micro-environment to accommodate their decline in health and special space requirements. McPherson explains that the elderly normally adjust to environmental pressures rather than physically alter the situation because they feel it is too late in their life for change. ²⁸

²⁶ - Calculation from Tables 26 and 30.

²⁷ - Population Ageing, at p. 68.

²⁸ - Ageing as a Social Process, at p. 297.

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C - Family Households

By 2036 within the model community a large number of residential homes will be occupied by single ageing seniors, and these homes, being the original family dwellings, will be large and under-utilized. As unaltered large family residences, they will also be inappropriate for the physical, social and psychological needs of ageing seniors. The statistics indicate that by 2036 one in every three residences will be occupied by seniors, and close to 20% of these can be classified as large houses, under-utilized by single ageing seniors. These units are a resource which, if properly redeveloped, would not only allow the elderly owner to remain, but provide appropriate seniors' accommodation which could be shared with others.

The actual need for additional accommodation and how this space should be utilized will be discussed in the following section on institutional accommodation and multiple residential units.

Part 3 - Demographic Model

D - Institutional Accommodation

Continuing the analysis of seniors' accommodation in the model community, this section of the paper will focus on the need for institutional care. Statistics based on information from the 1991 census indicate on average that 8.5% of all seniors live in collective, institutional-type accommodation. More precisely, calculations presented Part 2 indicate that 10.3% of senior women and 6.1% of senior men live in institutions, and by 2036 it is projected that 13.6% of senior women and 7.5% of senior men will reside in institutional accommodation.²⁹ Institutional-type accommodation includes facilities such as Homes for the Aged, Nursing Homes, and Long-term care or Psychiatric Hospitals. Normally accommodation would include private or semi-private bedrooms, communal facilities, meals and nursing care as required.

The combination of the projected increase in the senior population and the ageing of this population is expected to put considerable pressure on the availability of institutional accommodation. This section will explore the effects of this pressure on the model community's institutional facilities, in context with the other forms of accommodation.

The institutional percentages as calculated in Part 2, which can be applied to the model, are shown in Tables 32 and 33.

²⁹ - Population Ageing, at p. 64.

TABLE 32

Percentage of Seniors Living in Institutions, 1991

	65-74	75+	Average 65+
Males	3.0%	11.6%	6.1%
Females	3.4%	19.5%	10.3%

TABLE 33

Percentage of Seniors Projected to Live in Institutions, 2036

	65-74	75+	Average 65+
Males	3.1%	12.7%	7.5%
Females	3.4%	21.8%	13.6%

The number and gender of seniors in the model who live in institutional accommodation in 1991, and projected for 2036, can be calculated using Table 32 and Table 22 (total seniors population). The results are shown in Table 34.

TABLE 34

Institutionalized Seniors and Projected Numbers of Institutionalized Seniors for the Model

	65-74			75+			TOTAL
	Male	Female	Total	Male	Female	Total	
1991	11	15	26	21	64	85	111
2036	18	23	41	56	177	233	274

Comparing just the numbers of institutionalized seniors, the increase from 1991 to 2036 is slightly over 146%. The percentage increase for institutionalized women over 75 for the same period is 176%.

Since the model is based on an existing stable population, the percentage increase in institutional population is slightly lower than the national average,

as projected in Part 2. The national average reflects the yearly population expansion.

Unlike the situation with respect to family homes, where the increased number of seniors requiring accommodation will be tempered by a decrease demand of other age groups, the increased need for institution accommodation is almost directly proportional to the projected increase in the institutional population.

In the case where institutions provide only singly occupied units, the increase in the need for units would be the same as the population increase. However, as institutions differ in their policies towards single and double occupancy, the number of units varies. However a 10% double ratio was found to be an average, in both Regnier's ³⁰ case studies and the Directory of Accommodation for Seniors in Ontario, ³¹ and will be adopted for this study.

Incorporating the total institutionalized population (Table 34) and the ratio of 90% single units and 10% double units, the following unit count is shown in Table 35.

TABLE 35
Number of Institutional Units

Year	Single	Double	Total
1991	91	10	101
2036	224	25	249

³⁰ - Assisted Living, at p. 129.

³¹ - Directory of Accommodation for Seniors in Ontario, at pp 42-1 to 42-49 [subsequently referred to as "Directory of Accommodation"].

The total projected increase in institutional units from 1991 to 2036 is 148, or approximately 146%. The additional 148 units are projected to accommodate 163 additional seniors at a ratio of almost 1:1. In comparison, the projected increase of 710 seniors in family homes would result in the need for 285 additional housing units, a ratio of 2.5:1. Due to the total number of family units, the additional units represent an increase of only 10%.

The impact on the demand for additional accommodation will be more severe for institutional units than for family units, in that the number of institutional units is not tempered by other existing housing stock and because government programmes which are responsible for most institutional accommodation either have been, or likely will be, abandoned.

(i) - Alternatives

The addition of 148 institutional units to the model represents an increase of almost 150% over the existing 101 units. Using the demographic model and accepting the predictions that full implementation of needed institutional accommodation will not be a reality, this section of the paper will examine the possibility of reducing this projected number and will explore the opportunities of alternative accommodation.

For seniors who are completely dependent and require full-time care there is probably no substitute for institutional accommodation. However, many who enter institutions are not fully dependent and could benefit from an in-house assisted programme or shared type of accommodation. McPherson believes only 5% of seniors need to be institutionalized.³² Katherine McMillan Heintz, from the Centre of Urban Policy Research, also estimates that only 4% of seniors reach the stage of complete dependence and concludes that with slight changes in the house environment many institutionalized seniors might remain independently accommodated.³³

If one accepts these findings, a significant reduction in the projected needs for institutional accommodation can be realized. Those with minor dependencies

³² - Ageing as a Social Process, at p. 303.

³³ - Retirement Communities for Adults Only, at p. 24.

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might remain in the community in suitably modified home environments with some community assistance.

In lieu of hard statistical data, if the figure of 4.5% was applied for those seniors requiring institutional care rather than the Statistics Canada figure of 8.5% which records only total institutional populations, a substantial reduction in the numbers of those needing institutional accommodation would result. For the model, the percentage of seniors living in institutions shown in Table 32 could be replaced with the revised percentage as shown in Table 36.

TABLE 36
Revised Percentage of Seniors Living in Institutions

	65-74	75+	Average
Males	1.75%	8.75%	3.5%
Females	1.85%	12.3%	5.6%

The actual population numbers for 1991 and revised projected numbers for 2036 in the model community are shown in Table 38.

TABLE 38
Original Institutional Population 1991 and Revised Projected Population 2036

	65-74			75+			TOTAL
	Male	Female	Total	Male	Female	Total	
1991	11	15	26	21	64	85	111
2036	10	13	23	39	100	139	162

The resulting figures indicate that if only those requiring full-time institutional care were to populate the institutions, the total model projections for 2036 would be 162 seniors or almost 45% less than the previously calculated number of

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274 in Table 34. The 2036 increase over 1991 would then be projected to be 51 seniors, 46% over 1991 figures, rather than the original calculations which produced a 146% increase. Using the same unit ratios, the revised number of suites required for 2036 would be 147 rather than 249 as in Table 35, again a reduction of over 40.

TABLE 38
Original Institutional Units 1991 and
Revised Projected Institutional Units 2036

Year	Single	Double	Total
1991	91	10	101
2036	132	15	147

The percentage of new institutional units needed for 2036 would be an increase of 46 units, or 45%, compared to the original increase of 148 units, or 146%. For the model this is a substantial reduction in the projected demand for institutional accommodation.

This reduction in the projected institutional population shows the difference between existing statistical data and real needs. It is Heintz's opinion that with an environment slightly more friendly to the needs of the elderly than the traditional family home, many people now institutionalized could function independently.³⁴ McPherson also expresses concern regarding the mental and physical stress experienced in relocating to an institution. He believes stress can be reduced by moving to a more suitable environment, in which contact can be maintained with the community and family. He also maintains

³⁴ - Retirement Communities for Adults Only, at p. 24.

that a large number of those institutionalized do not satisfactorily adjust to the institutional environment and alternatives should be explored that would help the elderly maintain some degree of independence.³⁵

A reduction in the projected need for institutional facilities and the resulting economic and social benefits can only be realized if new alternative accommodation are also found. Programmes could be initiated to improve existing houses to respond to the needs of the elderly who are borderline dependent, and a percentage of the large under-utilized houses singly occupied by the very elderly could be utilized as alternative accommodation. These programmes might not only permit present single senior owners to remain in their homes, but also provide accommodation for other seniors. The house environment could be altered to better suit the needs of the elderly, and community care programmes could be utilized. As Moshe Greengarten Vice-President of the Baycrest Centre for Geriatric Care, predicts, because institutional accommodation for future Baby Boomers will be unavailable, the development of alternative accommodation is essential. The incorporation of large under-utilized houses is based on the availability of facilities and seniors' acceptance of suitable programmes.

Statistics for the model indicate, that 394 senior homes will be singly occupied, and that approximately 147 of these houses, according to Statistics Canada, will contain seven or more rooms. These houses would, in most cases, contain

³⁵ - Ageing as a Social Process, at p. 303.

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D - Institutional Accommodation (i) - Alternatives

at least four bedrooms in addition to the traditional living area. Because of their large size, a renovated home might accommodate shared facilities for at least two additional seniors. Statistically, if all of the available accommodation were utilized, an additional 294 seniors could be housed. This number is approximately three times the number of units required to provide accommodation for the 112 partially dependent seniors, who were removed from the revised institutional totals.

It is not realistic to assume that all under-utilized single-seniors' housing will be made available, or that only the fully dependent elderly will be institutionalized. However, if 35% of the available singly occupied large homes were incorporated in the model, 51 homes would accommodate an additional 102 seniors, or 90% of the model's partially dependent seniors. In order to accommodate all 112 seniors, approximately 38% of the houses would be needed.

While the numbers are theoretical, the model does illustrate that, physically, there will be enough under-utilized housing space for use as alternative senior accommodation. Tempering the future need for institutional accommodation will to some degree depend on the successful development of alternate seniors' programmes that will make use of existing under-utilized housing stock.

Part 3 - Demographic Model

E - Multiple Residential Units

Multiple housing is the remaining major form of senior accommodation to be examined for the model. Two different forms will be analyzed – age-integrated and age-segregated housing. Major classifications include all forms of apartment accommodation, condominium apartments, senior citizen housing and retirement apartment units. Other forms of housing, such as rooming-house accommodation, and specialized forms of multiple housing, will be considered as part of the apartment count because they form a very small percentage of the total multiple housing picture.

Age-integrated accommodation includes both condominium and traditional rental apartment developments. Age-segregated accommodation includes all forms of accommodation restricted to seniors. Most segregated housing has been developed and managed by municipal organizations, non-profit, religious or ethnic groups funded by government programmes.

Table 39 illustrates the total population of multiple residential, apartment-type units for the model.

TABLE 39
Population Distribution in Apartment-type Accommodation

	0-19	20-64	65-74			75+			Total
			M	F	Total	M	F	Total	
1971	990	1,770	76	85	161	54	58	112	3,033
1991	830	1,820	109	125	234	69	96	165	3,049
2011	720	1,840	108	143	251	91	146	237	3,048
2036	660	1,650	152	197	349	164	243	407	3,066

The total apartment population for the model is 3,066, or approximately one-half of the single family residential population. The percentage increase for the future seniors' apartment population is similar to the trends found in the single residential population except for the over-75 age group. Statistics show that by the year 2036 the number of seniors remaining in private households will decrease by almost 20% when they reach the age of 75. However, by 2036 the 75 and over age group of seniors living in apartments will actually exceed the 65 to 74 age group by almost 17%.

Provincial statistics gathered in 1981 by the Ministry of Municipal Affairs regarding rental housing indicated that 33% of seniors rent, and of those 9% live in subsidized housing. Statistics obtained from the Directory of Accommodation for Seniors in Ontario suggest that 20% of seniors residing in apartment-type accommodation live in age-segregated accommodation. This 20% can be further broken down to 14% who live in some form of subsidized accommodation and 6% who live in full market rent accommodation. These percentages represent statistics from Metropolitan Toronto and are slightly higher than the overall provincial findings by the Ministry.³⁶ However, since the model community is also urban in character, the Toronto numbers will be adopted for the study.

³⁶ - Towards Community Planning, at p. 4.

TABLE 40

Apartment Accommodation for Seniors ³⁷

Type of Apartment	Percentage Population
Age-integrated Apartments	80%
Age-segregated Subsidized Rent	14%
Age-segregated Market Rent	6%

The population breakdown for model community apartment accommodation is illustrated in Table 40.

³⁷ - Directory of Accommodation, Section 24, at p. 1-50.

(i) - Age-integrated Apartments

The population living in age-integrated apartment-type units in the model community can be calculated by incorporating Tables 39 and 40. All of the 0 to 19 year-old and 20 to 64 year-old population, as indicated in Table 39, are calculated to reside in age-integrated units, as per Table 40, as are 80% of all seniors. The total calculations and projections are shown in Table 41.

TABLE 41**Population of Age-integrated Apartment-type Accommodation³⁸**

	0-19	20-64	65-74			75+			Total Seniors	Total Pop.
			M	F	Total	M	F	Total		
1971	990	1,170	60	68	128	43	46	89	217	2,377
1991	830	1,820	87	100	187	55	77	132	319	2,969
2011	720	1,840	87	114	201	73	117	190	358	2,918
2036	660	1,650	122	158	280	131	195	326	606	2,916

Table 41 indicates that the percentage of seniors living in age-integrated apartments is projected to reach 20% of the total apartment population by the year 2036. In 1991 the percentage was just over 10%. The projected total increase from 1991 to 2036 is 357 seniors, or an increase of 89%. The increase in the 75 and over age group, however, is 242 seniors, or 146%.

³⁸ - Adopted from total apartment population, Table 39

Part 3 - Demographic Model**E - Multiple Residential Units
(i) - Age-integrated Apartments**

In order to establish the type and occupancy of the apartment environment, calculations similar to the single-family dwelling calculations can be undertaken. As indicated by Statistics Canada, 18% of the 20 to 64 age group would be single-person units.³⁹ The remaining would be double occupancy (which would include the youth 0 to 19 age group). Senior occupancy would include both single and double occupancy as indicated in Table 42.

TABLE 42**Percentage of Seniors Living Alone⁴⁰**

	65-74	75+
Male	13%	18%
Female	31%	40%

Table 43 shows the number of apartment-type units and their occupancy by gender for 1971 and 1991, and projections into 2011 and 2036. The calculations are based on population figures supplied by Statistics Canada.⁴¹

TABLE 43**Age-integrated Apartment-type Units**

	0-64		65-74				75+			
			Male		Female		Male		Female	
	1 P	2+ P	1P	2P	1P	2P	1P	2P	1P	2P
1971	174	798	8	26	21	24	8	18	18	16
1991	182	819	11	38	31	35	10	23	31	23
2011	182	828	11	38	35	40	13	30	46	36
2036	163	743	15	54	49	55	24	54	78	59

³⁹ - Profile of Canada's Seniors, at p. 95.

⁴⁰ - Population Ageing, at p. 67.

⁴¹ - Ibid., at p. 20.

Part 3 - Demographic Model

E - Multiple Residential Units (i) - Age-integrated Apartments

As in the household calculations, the calculations for double occupancy by seniors do not take into account the possibility of one of the partners not being a senior. Consequently the total number of seniors' apartments is conservative. Table 44 is based on Table 43, but without the gender breakdown.

TABLE 45
Existing and Projected Accommodation Calculations for Age-integrated Apartment-type Units

	20-64		65-74		75+		65+		Total
	1 P	2+ P	1P	2P	1P	2P	1P	2P	
1971	174	798	29	50	26	34	55	84	1,111
1991	182	819	42	73	41	46	83	119	1,203
2011	182	828	46	78	59	66	105	144	1,259
2036	163	743	64	109	102	113	166	222	1,294

Table 45 indicates that in 2011 the number of apartment units for the seniors aged 75 and over will be 120, similar to the number for the 65 to 74 age group of seniors. By 2036, the number of apartment units for the 75 and over seniors will exceed the younger seniors' group by over 20%. Forty-five percent of all seniors' units in 2036 will be singly occupied units and half of these will be occupied by women over 75.

The total number of seniors' apartments by 2036 will be 388, which is approximately 30% of all integrated apartments. Almost one in every three apartments will be occupied by seniors and most of them will be in the 75 and over age category. The percentage of seniors' apartment units is similar to the percentage of senior residential households. However, unlike the residential household scenario where the majority of seniors are in the 65 to 74 age group,

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E - Multiple Residential Units (i) - Age-integrated Apartments

the majority of apartment-dwelling seniors are projected to be from the 75 and over age group.

The large number of seniors aged 75 and over, as indicated for 2036, would suggest that the apartment environment is not as difficult to cope with as the single household, and the elderly are able to remain in place independently. The numbers also suggest that a substantial number of former home owners who wish to remain independent but are unable to maintain their houses, move to age-integrated apartments in the community.

Like the family home, the non-segregated apartment seniors' population is a greying population. The calculations indicate the number of apartments occupied by seniors between 1991 and 2036 is projected to increase from 194 to 388, or a 100% increase. Also the need for smaller one-person senior apartments will increase from 1991 to 2036 by 86 units, or 104%, while the number of larger units will increase by 28 units, or only 3%. The percentage of units required by families will fall from 819 to 743.

The large percentage of seniors projected for 2011 and 2036 represents a shift from a young family-oriented apartment environment to a seniors' environment with a large portion of elderly women. The senior population, which was approximately one-third of the young group aged 0 to 19 in 1971, is projected to eclipse this group in 2036. The apartment environment, including physical

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**E - Multiple Residential Units
(i) - Age-integrated Apartments**

planning and amenity programming which traditionally focused on the young, should be redirected to meet the needs of the large population of seniors.

(ii) - Age-segregated Apartments

The model's age-segregated apartment units accommodate a much smaller segment of the senior population. As determined from the Directory of Accommodation for Seniors in Ontario, age-segregated apartments account for approximately 20% of the total senior apartment stock.⁴²

The total senior population and projected population of seniors living in age-segregated housing in the model community is illustrated in Table 45.

TABLE 45
Population of Age-segregated Apartment-type Accommodation

	65-74			75+			TOTAL
	Male	Female	Total	Male	Female	Total	
1971	15	17	32	11	12	22	54
1991	22	25	47	14	19	33	80
2011	22	29	51	18	29	47	98
2036	30	39	69	33	49	82	151

The largest landlords for age-segregated units are municipal and non-profit organizations. Municipal agents, such as Metro Toronto Housing Company Limited in the Toronto region, traditionally have provided both bachelor and one-bedroom units, although the largest percentage have been small bachelor units for single occupancy. The church-sponsored and non-profit developments provide a variety of unit mix, although most complexes are made up of predominantly bachelor and one-bedroom units.

⁴² - Directory of Accommodation, at pp. 24-1 to 24-50.

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(ii) - Age-segregated Apartments**

Although complexes differ in unit mix, an assessment of the Directory of Accommodation for Seniors in Ontario indicates that an average mix would be approximately 75% single occupancy and 25% double occupancy.

The total number and projected number of units are shown in Table 46.

TABLE 46
Existing and Projected Accommodation Calculations Age-segregated
Apartment-type Units

	65-74		75+		TOTAL		TOTAL
	1P	2P	1P	2P	1P	2P	
1971	19	6	13	4	32	10	42
1991	28	9	20	7	48	16	64
2011	30	10	28	9	58	19	77
2036	42	14	49	16	91	30	121

The increase in the segregated apartment population between 1991 and 2036, according to Table 45, is 71 seniors, or almost 90%. The largest increase, similar to the overall senior population, occurs within the 75 and over age group. This translates into an increase of 57 units, or just under 90%.

Unlike the age-integrated housing, where the total increase in units is proportionately much smaller than the seniors' population increase, the proportion in age-segregated housing is similar to the population increase. Compared to the age-integrated apartment units, the projected increase in segregated seniors' units for 2036 is numerically smaller, 202 units versus 388 units. However, because of the decrease in the units for those aged 0 to 64, as per Table 43, the percentage increase in integrated units is projected to be only

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E - Multiple Residential Units (ii) - Age-segregated Apartments

7%, while the same increase for segregated units is projected to be almost 90%.

The age-segregated environment is the environmental choice of many elderly seniors. As McPherson states, there are those who need the social support and network of age peers, especially those without a family, and those who want an environment with a sense of a seniors' identity and community.⁴³ As well, those who have no choice.

In 1971 the percentage of seniors living in age-integrated apartment housing was only 12%, and amenities, if any, were activity oriented. However, it is projected that in 2036 an average of over 30% of all age-integrated apartments will be occupied by seniors. Because apartment occupancy varies, many apartments will have an occupation of close to or more than 50% seniors and, as previously discussed, amenities for seniors should be provided. The social support, network of peers and sense of a seniors' community which seniors derive from the age-segregated environment may in the future also be found in the age-integrated situation.

There is a similarity between age-segregated housing and institutional accommodation, and their relationship with the integrated market. The future demand for segregated accommodation, like institutional care, is unlikely to be met because of government cutbacks in social housing. However, like the

⁴³- Ageing as a Social Process, at p. 301.

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E - Multiple Residential Units (ii) - Age-segregated Apartments

family home, many of the larger family-sized apartment units that are no longer required could be altered to provide communal accommodation for the elderly as an alternative to institutional or segregated housing.

According to Table 44, the number of family units in the 20 to 64 age group will be reduced between 1991 and 2036 by 76 units. Statistically, if one-half of the 76 units were converted to communal seniors' units, capable of housing one or two seniors, an additional 48 seniors could be accommodated.

Although the numbers are theoretical, the statistics show that as the population for the 20 to 64 age group decreases and family apartment units become available, by using these facilities as alternative housing for seniors, the future need for specialized senior accommodation can be significantly reduced. As illustrated, by utilizing even a percentage of former family homes and apartments, statistically the projected critical need for institutional and segregated apartment facilities may be avoided.

Part 4 - The Retirement Process

A - Introduction

The demographic section of this paper examined existing and projected statistics on retirement populations and their effect on the demand and availability of retirement accommodation.

Part 4 reviews historical and present psychological theories regarding the retirement process and leisure time. It also examines the various aspects of ageing and their influence on future environmental and architectural requirements.

Part 4 - The Retirement Process

B - Retirement

Retirement is a process which, for many, is a major transitional passage resulting in a significant change of lifestyle. It originated in the industrial society, and was described by Atchley (1982) as follows: *"Retirement is a modern institution that primarily centres around the goal of providing an orderly means of shifting older workers, or allowing them to shift out of the labour force with a minimum of financial hardship in consideration of their past contributions."*¹

Traditionally, long-term employees expected to be rewarded for their services at retirement. Because life expectancy in the past was shorter than at present, pensions were geared to meet the financial needs of the pensioner for his final five to ten years of retirement. Pensions were based on a percentage of one's normal salary and, for most, retirement meant a reduced standard of living.²

Early studies on the retirement process portrayed retirement as a sometimes stressful crisis, giving rise to serious adjustment problems. Rather than realizing the dream of a place in the sun and freedom to do whatever they want, the majority of retirees were found to be unhappy, bored, with no future plans.

Research is not conclusive regarding the psychological effects of retirement. Henry S. Hunnisett's early surveys indicated that 22 of 25 retirees had difficulty

¹ - Ageing as a Social Process, at p. 1.

² - Ibid., at pp. 7 to 9.

in enjoying their new-found leisure in retirement.³ Barry D. McPherson, however, found that 70 to 90% of those retiring had few problems in adjusting to retirement adjustment.⁴ A recent study by University of Toronto researchers reporting on retirement within the steel industry concluded that workers taking early retirement were very upset because they felt rejected by the company. However, within a year after retiring, they were well adjusted and wondered why they hadn't retired earlier.⁵

Early studies on retirement, undertaken by Hunnisett, indicated that psychological difficulties in adjusting to retirement lifestyle included:

- Job Withdrawal
 - unwanted forced retirement
 - nostalgia for job
- Loss of Familiar Life Pattern
 - daily routine of job and job focus
 - loss of job-related personal relationships
- Loss of Job Satisfaction
 - pay cheque source of satisfaction
- Loss of Identity
 - job-related identity
 - mental image of self

³ - Retirement Guide for Canadians, at p. 12.

⁴ - Ageing as a Social Process, at p. 398.

⁵ - Elaine Carey, The Toronto Star, April 29, 1996.

- Loss of Goals
 - reduction of responsibility
 - raising family complete.⁶

According to researchers, beliefs in job loyalty and life-long careers are traditional concepts that can result in feelings of rejection and loss of identity on retirement. As indicated, Hunnisett's survey indicated that most retirees (92%) had some degree of difficulty in enjoying their newly discovered leisure time.⁷

McPherson contends that the retirement process is somewhat less traumatic, particularly for those who are healthy, retire with an adequate pension, maintain a positive attitude to retirement and have a retirement plan, a harmonious marriage and participate socially. Although retirement is one of many major transition periods, McPherson claims few have problems in the adjustment.⁸

Earlier research, based on the assumption that being retired was a traumatic event, hypothesized that retirement was fraught with uncertainty, fear, dissatisfaction, loss of identity and led to declining health and even early death.⁹ Recent evidence however suggests that those who have a positive interest in leisure and retirement, as well as an accurate perception of retirement, and who have done pre-retirement planning, are more satisfied. This satisfaction, according to McPherson, is enhanced for those who remain in

⁶ - Retirement Guide for Canadians, at pp. 12 to 15.

⁷ - Ibid., at p. 13.

⁸ - Ageing as a Social Process, at p. 388.

⁹ - Ibid., at p. 388.

their own home rather than moving to a seniors' apartment or institution. He indicates that for those who retire with an adequate pension in a time of economic stability, and for those who participate in social activity and interaction at about the same level as before retirement, the retirement process is not difficult.¹⁰ The earlier view that retirement leads to serious physical or psychological deterioration is not generally supported.

Gerontologists use three theoretical frameworks to describe the concept of retirement, the Disengagement Theory, the Activity Theory and the Continuity Theory.

The Disengagement Theory argues that at retirement, individuals are expected to abandon their work role, and to do so voluntarily. No compensation is made for the loss of the role, and as one's overall level of activity decreases, the individual disengages.

The Activity Theory suggests the work role is replaced with other roles, so the level of activity remains relatively the same as before retirement.

The Continuity Theory suggests that although work roles are lost, the individual compensates by increasing his or her involvement in existing interests. The level of activity in this case is decreased or increased depending on the level of involvement in non-work activities before retirement.¹¹

¹⁰ - Ageing as a Social Process, at pp. 388 to 389.

¹¹ - Ibid., at p. 379.

According to McPherson, no one theory has been definitively supported; however, each theory in some degree can be used to clarify and understand individual aspects of the retirement process.

The Activity Theory has been adopted by many sociologists and recreationists as a guide to help individuals through the initial transitional period of retirement. Lloyd A. Heywood, writing for the Ministry of Culture and Recreation, states: *"Older people who are no longer working have high morale and personal satisfaction when they voluntarily participate in activities which afford them status, recognition and achievement."*¹² Heywood qualifies the activities as those programmes that provide stimulation and challenge, rather than mindless activities that merely fill time. He continues the argument that participation in activities relieves tension, boredom, loneliness, and avoids the rut of staying at home. He suggests that the activities should get people out into the community to avoid being alienated from the rest of society.¹³

Dr. Joseph Levy, a professor from York University, lecturing at an adult lifestyle seminar, has been quoted as saying:

"Never retire, people who retire are not healthy. What we need to do is to adopt an attitude that keeps life healthy."

The idea he advocates is that everyone needs to keep active either with

¹² - Recreation for Older Adults, at p. 9.

¹³ - Ibid., at p. 7.

volunteer work or something else meaningful, and not to think of himself or herself as a retired person.¹⁴ Levy and Haywood support the concepts of the Activity Theory.

McPherson notes that the Activity Theory, and the idea of substituting lost roles with new activities, was historically generally accepted and provided the basis for much of the original social programming and organization of formal activities.¹⁵ Reservations regarding the theory in the 1970's centred around a number of different surveys which suggested that: *"Informal social activity with friends was positively associated with life satisfaction, whereas formal activity was negatively associated with life satisfaction."*¹⁶ When assessing the degree of activity satisfaction, McPherson believes the level of informal social activity should be considered. Mundane, repetitive, socially sanctioned tasks, he claims, may not result in a high sense of satisfaction if there is no intrinsic meaning.

The Continuity Theory suggests that successful retirement is more closely related to maintaining one's earlier habits, commitments, preferences and dispositions.¹⁷ At the time of retirement, according to this theory, one's interests do not dramatically change and one is unlikely to take up a foreign activity in which he or she was not previously interested. The pattern of adjustment is related to maintaining a consistency in established lifestyle. Leisure activities

¹⁴ - The Toronto Star, November 2, 1996.

¹⁵ - Ageing as a Social Process, at pp. 136 to 137.

¹⁶ - Ibid., at p 137.

¹⁷ - Ibid., at p 137.

established in mid-life will generally form the basis of retirement pursuits. According to McPherson, this theory has been supported by research evidence, although two critiques have been raised regarding the completeness of the theory.¹⁸ They argue that because mandatory retirement is a major discontinuity of the occupational role, one must have a high level of personal resources to balance the impact of this loss. The second critique is that continuity in later years may take the form of inappropriate behaviour if an individual adheres to outmoded values.¹⁹ The latter argument, however, is perhaps more relevant to the later stages of the ageing process than to the initial retirement process.

The Disengagement Theory is seen as the antithesis of the Activity Theory. The individual is expected to voluntarily disengage from society, and society from the individual, thus freeing the individual from social pressures and normal constraints in the ageing years while allowing youth to advance into the labour force during retirement. McPherson explains:

*"There is little empirical support that decreased role involvement and social interaction is universal and inevitable, or that this decreased interaction or disengagement is related to life satisfaction or morale. While some individuals disengage, others remain highly active."*²⁰

The principle of disengagement, and the degree of disengagement from society

¹⁸ - Ageing as a Social Process, at p. 140.

¹⁹ - Ibid.

²⁰ - Ibid., at p. 138

Part 4 - The Retirement Process

B - Retirement

other than the initial departure from the workforce, is more significant to the very elderly and later ageing.

Part 4 - The Retirement Process

C - Leisure Time

Traditionally, retirement at age 65 signified that one's work obligations were finished. With pensions in place, retirees could take their place in the sun and spend every day as they wished. Unfortunately a large majority of retirees were unable to successfully plan their use of time and had difficulty enjoying their new leisure.

McPherson describes retirement as one of many transition periods, and while there may be a crisis regarding job loss. He adds that studies have found older individuals who are more involved in leisure activities report higher levels of satisfaction or adjustment.²¹

Although difficult to define because of its multi-dimensional character, leisure is described by McPherson as a form of social participation for a given individual or social group influenced by cultural norms, values, experiences and opportunities. Included in McPherson's concept of leisure are:

- A social context for developing social relationships;
- A state of mind;
- Non-work;
- Freedom to select activities;
- Relaxation – diversion from work;

²¹ - Retirement Guide for Canadians, at p. 12.

Part 4 - The Retirement Process

D - Ageing (i) - Chronological Ageing

Chronological age, according to McPherson, influences an individual's location and status in society within the structures of specific social institutions. It establishes criteria for entering and abandoning social positions. Age-based norms provide a cultural definition of expected rights, behaviours and responsibilities for seniors at specific ages. These behavioural norms usually relate to behaviour to be avoided, and after a particular age can lead to stereotyping and negative attitudes to the aged. The adoption of negative behavioural attitudes, according to McPherson, may promote segregation and isolation of the aged. Within the senior population most older persons are integrated with other age cohorts and an age group consciousness does not exist.⁶³

Although the status of the aged is considered from cohort and generation analysis, chronological ageing fails to account for individual differences and has minimal impact on environmental concerns.

⁶³ -Ageing as a Social Process, at p. 7.

Part 4 - The Retirement Process

E - Biological Ageing

Biological ageing includes external changes in appearance, internal changes affecting the performance of physical tasks, and changes in physical and mental health. All individuals can expect a decline in health, and gradual loss of physical, motor and mental efficiency and ability as they age, but these changes occur at different rates in different individuals. Most individuals do not experience serious functional loss or behavioural change until very late in life.⁶⁴

Most research attempts to dispute commonly held beliefs and myths regarding biological ageing. Beliefs such as "elderly are believed to be physically infirm, inactive, poor, senile, asexual, irritable, lonely, isolated, obsolete, irrationally afraid of ageing and death, set in their ways, and in need of institutionalization" are generally rejected.⁶⁵ The prevalence of these myths has contributed to the stereotyping of the elderly in a negative way. According to McPherson, only a small minority of the elderly experience non-health, institutionalized living, poverty, loneliness, isolation or senility.⁶⁶ However, he concedes that as longevity increases, there is a greater risk that the elderly will experience one or more of these conditions. The very old (75 years and over) are the most susceptible to health disorders.

⁶⁴ - Ageing as a Social Process, at pp. 166 to 167.

⁶⁵ - Ibid., at p 12.

⁶⁶ - Ibid., at p. 12.

Most research indicates that the elderly consider themselves to be in good to excellent health. According to the Ministry of Municipal Affairs and Housing, future seniors will be healthier as a group. A Ministry study in 1980 indicated that 67% of seniors were independent and able to look after their own needs. Seniors who had some difficulty (for example, with food shopping) accounted for 27% of the senior population. Only 6% had serious difficulty caring for themselves and their own needs.⁶⁷

Statistics Canada, however, indicates that *"only two men of five and one woman out of four report they can perform all their daily activities without any problem"*.⁶⁸ The findings are shown in Table 49.

TABLE 49
Distribution of Elderly Persons According to Degree of Activity Limitation,
by Age Group and Sex, Canada, 1985⁶⁹

Degree of Activity Limitation - Males						
Age Group	Incapacity Free	Slight	Average	Serious	Extent Unknown	Total
65-69 years	41.5	42.6	10.4	4.1	1.5	100.0
70-74 years	40.8	43.9	10.7	3.5	1.2	100.0
75-79 years	28.8	48.4	13.8	8.0	1.0	100.0
80+ years	21.4	42.8	20.9	14.7	0.3	100.0
65+ years	36.1	44.2	12.5	6.1	1.2	100.0
Degree of Activity Limitation - Females						
65-69 years	38.5	43.4	12.2	4.7	1.1	100.0
70-74 years	29.2	46.3	11.9	10.9	1.8	100.0
75-79 years	18.5	41.0	25.6	14.2	0.6	100.0
80+ years	14.6	31.7	28.6	25.0	0.1	100.0
65+ years	27.3	41.4	18.0	12.2	1.0	100.0

⁶⁷ - Towards Community Planning

⁶⁸ - Population Ageing, at p 97.

⁶⁹ - Ibid., at p. 97.

Examination of the age cohorts and the degree of activity limitations in Table 49 reveals that close to 85% of males and 79% of females aged 65 to 74 are incapacity free or suffer slightly. There is a significant change for those aged 75 to 79. The percentage of males over 80 who are free from incapacity or suffer slightly drops to 64%, and for females the percentage drops to 46%. At the age of 80 and over, 25% of women and close to 15% of men have serious limitations. Although women are shown to live longer and outnumber men significantly, at age 75 and over, a large percentage of senior women will suffer from serious disabilities. As indicated by Statistics Canada, the General Social Survey excluded institutionalized residents, and because institutionalized residents are predominantly elderly women with severe disabilities, the results for women are conservative.⁷⁰

Although the results of the General Social Survey confirms other research regarding the disabilities of the over-75 cohort group, the percentage of seniors suffering a slight degree of activity limitation was greater than expected. The types of limitations and the degree of severity as reported in the General Social Survey are illustrated in Table 50.

⁷⁰ - Ageing as a Social Process, at p. 91.

TABLE 50
Percentage Distribution of Elderly Persons with a Major Activity Limitation,
by Sex and Age Group, Canada 1985⁷¹

Activity Limitation - Males				
Age Group	Mobility	Agility	Sight	Hearing
65-69 years	34.9	34.5	7.7	23.4
70-74 years	37.1	30.0	11.2	26.0
75-79 years	47.4	43.6	15.9	36.1
80+ years	55.3	56.3	20.6	42.8
65+ years	40.7	37.8	12.0	29.2
Activity Limitation - Females				
Age Group	Mobility	Agility	Sight	Hearing
65-69 years	45.5	40.4	6.8	14.8
70-74 years	52.2	50.4	11.0	22.5
75-79 years	67.1	60.9	16.5	25.1
80+ years	78.8	67.1	26.1	36.6
65+ years	58.2	52.4	13.7	23.2

As the table indicates, mobility limitations are the most frequently reported disability among both men and women. Elderly women are the most seriously afflicted, with four out of five reporting mobility limitations.

Also, one-quarter of seniors over the age of 80 suffer from hearing limitations. One out of ten have visual disabilities. According to Statistics Canada, all these disabilities worsen with age. Despite evidence indicating the frequency of health problems and decrease of mobility, seniors, according to the same 1985 survey by Statistics Canada, perceive themselves in relatively good health.

⁷¹- Population Ageing, at p. 98.

TABLE 51
Distribution of Elderly Persons, According to Self-perceived Health Status
and Degree of Satisfaction, by Age Group, Canada, 1985⁷²

	Age Group				
	65-69 years	70-74 years	75-79 years	80+ years	65+ years
State of Health:					
Excellent	23.2	20.1	14.5	15.6	19.4
Good	42.3	44.6	41.1	42.7	42.8
Average	27.3	27.8	30.9	32.3	29.0
Poor	7.3	7.6	13.5	9.4	8.9
Total	100.0	100.0	100.0	100.0	100.0
Degree of Satisfaction:					
Very Satisfied	43.3	40.9	33.3	39.1	40.0
Rather Satisfied	36.2	40.4	41.9	38.6	38.9
Rather Dissatisfied	14.5	14.1	17.1	15.4	15.1
Very Dissatisfied	6.0	4.5	7.8	6.9	6.1
Total	100.0	100.0	100.0	100.0	100.0

The results of this survey show seniors to be very optimistic regarding their health. They indicate that 63% of all seniors perceive their health to be either good or excellent, and 79% are either very satisfied or rather satisfied. The survey did not include institutionalized seniors which might explain the more optimistic results for the 75 to 79 and 80 and over cohorts. The expected poor health of the over-75 age group does not occur also because many people over 75 who are in poor health have relocated to institutions.

The General Social Survey of 1985 also included a self-reported prevalence rate for the top five health problems of the elderly. The results show that the extent of health problems is more prevalent than indicated on the survey dealing with the overall state of health. These results are shown in Table 52.

⁷²- Population Ageing, at p. 92.

TABLE 52
Prevalence of Major Health Problems Among Elderly Persons by Age Group
and Sex, Canada, 1985 ⁷³

Age Group	Diseases of the joints	Heart diseases	Respiratory diseases	Hypertension	Diabetes	At least one of the five problems
Males						
65-69 years	48.9	29.1	23.9	35.2	10.3	82.1
70-74 years	42.8	27.4	26.0	34.2	6.8	74.4
75-79 years	42.3	29.9	28.0	36.1	9.2	84.8
80+ years	50.1	27.2	27.4	26.6	8.2	77.1
65+ years	46.0	28.4	25.8	34.0	8.6	79.7
Females						
65-69 years	60.5	17.3	20.1	44.4	9.3	81.4
70-74 years	63.3	19.5	23.9	38.6	6.8	83.8
75-79 years	64.8	33.7	22.6	45.9	9.4	87.9
80+ years	65.9	30.2	26.1	42.2	9.3	86.9
65+ years	63.1	23.7	22.7	42.7	8.6	84.4

This table indicates that four seniors out of five reported having at least one health problem. The severity of the problem was not indicated. In reference to table 49, one might conclude that a number of the reported health problems were not severe. Nevertheless, the frequency of health problems is quite high.

Limb and joint problems were the most frequently reported condition, as 46% of men and 63% of women reported having a form of arthritic condition. Hypertension was reported by approximately 38% of seniors over 65, one-quarter of seniors reported heart conditions and another one-quarter reported respiratory conditions. ⁷⁴ The frequency of health problems in the survey did

⁷³ - Population Ageing, at p. 93.

⁷⁴ - Ibid., at pp. 91 to 92.

not increase as expected with age due to the survey limitations.⁷⁵

⁷⁵ - Population Ageing, at p. 92.

(i) - Diseases of the Joints

Limb and joint problems are the most frequently reported chronic condition by seniors. Approximately 46% of senior men and 63% of senior women reported they were afflicted with some form of arthritis, rheumatism, bursitis or osteoporosis. In comparison, hypertension was reported a problem for one third of seniors and one quarter of seniors suffered from some form of hear trouble. ⁷⁶

Chronic joint conditions are responsible, in varying degrees of severity, for the loss of mobility and agility. Activities such as walking, carrying objects, bending, dressing, cutting toenails may be affected. Other conditions include painful movement, lack of strength and stamina, reduced reach and grip and increased risk of bone fracture. ⁷⁷

Surveys report that severe disability was indicated by 19% of seniors aged 65 to 74, while 64% in the 85 and over group of seniors classified their condition as severe. ⁷⁸

The ability for the elderly to manoeuvre successfully is governed by the extent of their mobility problems and the accessibility of the environment. The environment should not only be supportive to those requiring assistance but also stimulate physical mental and emotional abilities. ⁷⁹

⁷⁶ - Population Ageing, at. p. 92.

⁷⁷ - Landscape Design for Elderly, at. p. 29.

⁷⁸ - Focus on Canada, at p. 61.

⁷⁹ - Assisted Living, at p. 30.

(ii) - Vision

Vision disabilities occur in approximately 7% of seniors at age 65, and increase to over 20% of men and 26% of women at age 80.⁸⁰ Structural changes in the eye lead to less light reaching the retina, resulting in a decreased sensitivity and difficulty in discriminating pastel colours, such as blue, blue green and violet.⁸¹ The reduced power of the lens also affects the accuracy of distant vision, depth perception, sensitivity to glare and decreased adaptability to changes of light intensity.⁸² Circulatory and metabolic changes lead to a reduction in size of the visual field and decreased sensitivity to low quality of light.

Also loss or impairment of vision may be experienced by glaucoma or by some degree of cataract development which affects as many as 60% of the elderly population.⁸³

The age-related reduction in visual abilities has a limiting effect on the elderly's ability to move efficiently through buildings, use buildings' facilities, understand spatial environments and to interact socially.⁸⁴ Generally, the elderly require greater light intensity for reading and working. Adapting to changes in illumination when moving from well-lit areas to darkened areas may

⁸⁰ - Population Ageing, at p. 98.

⁸¹ - Ageing as a Social Process, at p. 180.

⁸² - Design for the Elderly, Landscape Arch. Review, Bike, Lovering, at p. 10.

⁸³ - Ageing as a Social Process, at p. 180.

⁸⁴ - Design for the Elderly - Landscape Arch. Review, Bike, Lovering, at p. 10.

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E - Biological Ageing (ii) - Vision

also be difficult.⁸⁵ Co-ordination of colours, reading road signs and appreciating colours in the visual arts are tasks which become more difficult with age.

⁸⁵ - Ageing as a Social Process, at p.180.

(iii) - Audition

Hearing loss is a common problem for seniors which becomes worse with each decade after the age of 65. Statistics Canada indicates that close to one-quarter of men at age 65 already suffer hearing limitations and at age 80, over 40% will be affected. Fifteen percent of women aged 65 and 37% of women aged 80 will also suffer from this chronic problem.⁸⁶ Auditory impairment as a progressive condition can be for the individual difficult to detect. The results often are characterized by a hidden handicap leading to a communication breakdown.⁸⁷

Hearing loss of higher frequency sounds and discerning a sound or voice from background or competing sounds can become increasingly difficult and serious with age.⁸⁸ Hearing impairment ranges in severity from mild to profound, but the resulting communication breakdown can lead to social isolation, embarrassment and possible depression.⁸⁹

McPherson indicates that hearing impairment affects the elderly's quality of interaction and ability to interact safely and efficiently with the environment. At worst, hearing-impaired individuals run the risk of being labelled as antisocial, and their behaviour can be misconstrued as being senile.⁹⁰

⁸⁶ - Ageing as a Social Process, at p. 98.

⁸⁷ - Design for the Elderly - Landscape Arch. Review, Bike, Lovering, at p. 10.

⁸⁸ - Ibid., at p. 10.

⁸⁹ - Ibid., at p. 10.

⁹⁰ - Ageing as a Social Process, at p. 181.

(iv) - Other Sensory Processes

According to McPherson, there is a gradual decline in the sensory processes of smell and taste among the elderly, commencing at age 60. This decline is highly variable, but those who experience a high loss are at risk of losing interest in food, which in turn may lead to dietary problems. In severe cases of the very elderly living alone with weak cognitive abilities, the loss of taste can result in serious medical problems.⁹¹

Although complaints regarding pain appear to increase with age, there appears to be no conclusive evidence that the pain threshold changes. Social and psychological factors are difficult to separate out from any sensory change. Sensitivity to the extremes of temperature appear to increase, and tolerance to cold, cold drafts, hot sun and damp weather decreases with age. The sensitivity may be exaggerated by chronic arthritic or poor circulatory conditions.

⁹¹ - Ageing as a Social Process, at p. 181.

(v) - Mental Health

While the majority of seniors do not suffer from mental health problems or senility, approximately 15% of the population over 65 do experience or are diagnosed with symptoms of mental illness. Although statistics show that approximately 9% of the seniors' population are institutionalized, less than 5% actually need institutionalized care.⁹²

According to McPherson, the ageing process represents one of the most difficult periods of mental and emotional adjustments in a person's life cycle. Personal crises such as retirement, widowhood, and physical, social, psychological and emotional losses are difficult when the elderly no longer have the full support and assistance of friends and loved ones.⁹³

McPherson classifies mental disorders in the elderly as transitory emotional reactions, functional disorders or organic disorders. The transitory or periodic emotional reactions such as depression, anxiety, fear and frustration may occur as a reaction to specific events. Forced retirement, loss of income, death of a spouse or close friend, marital unhappiness, sickness of a spouse, forced change of residence, living alone, loss of physical health, loss of mobility and loss of self-esteem are all factors that may precipitate emotional problems. The reactions may be transitory, but may also be exaggerated by poverty, declining

⁹² - Ageing as a Social Process, at p. 186.

⁹³ - Ibid., at p. 181.

- Play;
- Voluntary activity;
- Expressive activity – emphasis on the process;
- Instrumental activity;
- Spontaneity;
- Active and passive activity;
- Expensive and inexpensive pursuits;
- Intellectual, social and physical pursuits;
- Intrinsic and extrinsic rewards;
- Creativity;
- High culture and mass culture. ²²

McPherson's concept regarding leisure as recorded includes a broad range of formal and informal activities. Most evidence establishes that leisure interests throughout life's stages are established in the early years of adulthood. The influence of the Protestant work ethic on one's attitude to leisure time reflects earlier attitudes of leisure and pleasure as related to the workplace. ²³

Because of the large amount of new leisure time available to retirees, it is very important to provide facilities which are meaningful. In order to ensure programmes are successful, the understanding of leisure interests is also

²² - Ageing as a Social Process, at p. 409.

²³ - Ibid., at p. 409.

necessary. Both the Activity Theory and the Continuity Theory, as described earlier, can be applied to the study of leisure time.²⁴

The Activity Theory recognizes the retiree's loss of job focus and the gain of approximately 1,900 hours of leisure time a year, and emphasizes that the work role should be replaced with the same level of leisure activity. In the past, it was assumed by recreational programmers that seniors wanted to fill their leisure time participating in meaningless, passive games. Government publications such as Time on Their Hands advocated activity programs for health and self-image.²⁵ Designed primarily for physical and mental health, the programs included so-called "fun" activities which were designed to disguise exercise programmes. These activity programmes were well meant, but somewhat conciliatory to some and completely degrading and offensive to others.

McPherson explains that many social programmers assume seniors enjoy playing meaningless passive games, and once played the outcome is self-fulfilling. His conclusion is that being busy at mundane, repetitive socially sanctioned tasks will not result in a sense of satisfaction, and that older adults are now more vocal and are best able to articulate their own needs, preferences and desires regarding leisure time.²⁶

Sociologists, gerontologists and recreationalists generally agree it is important for older people to have a range of interesting appropriate and satisfying

²⁴ - Ageing as a Social Process, at pp. 135 to 137.

²⁵ - Time on Their Hands, at pp. 8 to 9.

²⁶ - Ageing as a Social Process, at p. 410

recreation opportunities to meet sociological, psychological and physiological needs and to fill in the number of new-found hours.²⁷ The maintenance of high-level activity inhibits the deteriorative age trends and increases life satisfaction. The Ministry of Culture and Recreation lists the following activities as purposeful pursuits:

- Involvement in an interest, a hobby, research project or operation of one's own business;
- Cooking;
- Gardening;
- Doing repairs around the house;
- Painting;
- Fishing;
- Golfing;
- Volunteer work;
- Visiting family and loved ones.

The list is limitless and varies from person to person.²⁸

Programmes that promote physical exercise are generally recommended to increase the quantity and quality of life. Shephard (1986) concluded that

²⁷ - Recreation for Older Adults, at p.

²⁸ - Ibid., at p. 2.

vigorous physical activity can improve the functional age of the average senior citizen by the equivalent of at least eight years. He suggested that, with physical exercise, the number of elderly individuals unable to care for themselves might reduce from 30% to 10%.²⁹

The Ministry cites the National Institute of Senior Centres in Washington, D.C., as to why programs for older people are needed. The objectives are as follows:

- To promote individual and group needs.
- To advance social adjustments of individuals.
- To maximize the abilities of individuals.
- To provide opportunities for community involvement through participation in meaningful activities.
- To encourage growth and development.
- To develop responsibility for social interaction with all ages and sectors of the community.³⁰

These objectives provide a broad categorization of benefits and values related to recreation programming. In response to these goals, the Ministry recommends five categories of recreational activities. These include:

- Recreational activities of a physical activity nature;

²⁹ - Ageing as a Social Process, at p. 166.

³⁰ - Recreation for Older Adults, at p. 21.

- Recreational activities of a social nature;
- Recreational activities of a hobby or arts and crafts nature;
- Recreational activities of an educational or cultural nature;
- Travel for pleasure.³¹

The Ministry explains that in addition to providing the needed physical exercise to keep bodies strong and healthy, the competitive nature of team sports is a rewarding social experience.³² The competitive spirit, even in simple games, can be taken well beyond normal social interaction. This "Shuffleboard Syndrome", as explained by McPherson, occurs when competitive individuals focus entirely on an individual sport, playing it daily and competing on both local and national levels. In these cases, their involvement becomes a response to physical and mental challenges, and their achievements provide a new identity and status.

The Ministry explains that their social programme category includes activities which promote sociability and good fellowship. The arts programme is seen to provide purposeful activity to leisure time and to develop hobbies which can be a source of satisfaction and possibly a means of earning additional income. Working with the hands is described as therapeutic for mental, emotional and physical aberrations.³³

³¹ - Recreation for Older Adults, at p. 29.

³² - Ibid., at p. 8.

³³ - Ibid., at p. 7.

The cultural, educational and travel categories are informal activities of a personal interest. McPherson's research shows that many older adults are returning to educational settings to pursue formal and informal learning. ³⁴

The formal activities suggested by the Ministry are programmes which have been adapted in some way by many retirement communities with central communal facilities. The resort communities targeting recent retirees also incorporate the more vigorous sports such as racquet ball, squash, aerobics, weight training and tennis.

The Ministry does not offer projections of attendance to the various programmes, but according to M. Powell Lawton, Director of Behavioural Research at the Philadelphia Geriatric Centre, craft activities will not be attended unless classes are promoted and professionally staffed. Lawton indicates that the most common leisure pursuits are unprogrammed informal activities such as sitting and socializing. Scheduled special events which are infrequent, he reports, are normally well attended, while craft activities are a lower priority. ³⁵

The Ministry of Tourism and Recreation, in assessing recreation programmes and attendance, concedes that no matter what programmes are offered, people who have been independent most of their lives cannot be expected to suddenly become involved in unfamiliar group activities because they are now older.

³⁴ - Ageing as a Social Process, at pp. 425 to 426.

³⁵ - Planning & Managing Housing for the Elderly, at pp. 100 to 115.

Joiners, on the other hand, will likely be involved in a number of activities inside and outside the community. The lonely and isolated are of most concern, and informal contact and social interaction is required before they can be expected to participate in group activities.³⁶

McPherson concludes, that the majority of older people do not become involved in senior citizen organizations. Those who are most likely to join are women in good health, who have had a history of club membership and community participation.³⁷ Katherine McMillan Heintz, from the Centre of Urban Policy Research, found that in one retirement study 47% of the members of the community were active in the sports programme, and 51% were active in the social club programme.³⁸

Zonaneck (1988), in expressing how to use leisure time, states: *"Having more free time does not automatically translate into happiness. Being able to fill this time with activities and to structure it in a meaningful and diversified way does. Acquiring a satisfying lifestyle in retirement pre-supposes an ability to structure one's time."*³⁹

The quality of leisure time would appear to be more important than the quantity of leisure time. Formal social activities are most successful when they stimulate social interaction, which continues on an informal basis.

³⁶ - Assessing Recreation Services for Adults, at pp. 4 to 5.

³⁷ - Ageing as a Social Process, at p. 447.

³⁸ - Retirement Communities for Adults Only, at p. 26.

³⁹ - Ageing as a Social Process, at p. 447.

Theodore L. Klompp, M.D., in the handbook for Planning Recreation Programme, writing on boredom as the psychological disease of ageing, explains: *"Fatigue of older persons is seen more commonly among patients who do not have enough to do. Too often they feel that their life work is done and their fatigue has its origin in boredom and loss of incentive and interest. Over and over again, when a crisis arises or something of deep interest comes along, these individuals miraculously lose their fatigue."* ⁴⁰

On the other hand, Atchely suggests that as one ages one strives to maintain a continuity of lifestyles and leisure interests. He claims that adaptation into retirement is most successful if one maintains a lifestyle which is similar in early and middle years. According to his Continuity Theory it would be unreasonable to expect a person who has lived and travelled alone to enlist in an association for group travel, or for a person who is not a joiner and has had no interest in social dancing to join a dance club, just because he or she is retired and has a lot of leisure time. ⁴¹ To prepare for retirement, Atchley maintains, it is important for the individual to establish a variety of leisure activities in early and middle years. ⁴²

The development of resort communities provides the opportunity for older adults to continue their life-long recreational interests and activities on a full-time basis. Targeting the young active retiree, resort communities are strategically

⁴⁰ - Time on Their Hands, at p. 11.

⁴¹ - Ageing as a Social Process, at p. 140.

⁴² - Ibid., at p. 141.

located near ski or boating centres, and normally offer professional quality golf, tennis and other sports activities. Although such communities are generally limited to the affluent, the theory of continuity is well demonstrated by their approach to retirement lifestyle.

While both the Activity and Continuity Theories analyze the origin and type of leisure activities, the Disengagement Theory focuses on those elderly who have not attempted to replace work-related activities and appear to have withdrawn from society. Lawton describes the process as "cutting ties" with much of society. The old-old generation (85 years of age and over) become psychologically less concerned with the outside world and more concerned with their own feelings.⁴³ Behaviour of the very old, Lawton explains, is more passive, with more time spent as an observer. The very old may become more eccentric, preoccupied with the past rather than the present or the future.⁴⁴

Disengagement is a state, he explains, where the elderly are content to reminisce. Lawton, however indicates that seniors who are more active are normally the happiest. On the other hand, he does not consider the watching syndrome an inactivity. Sitting, observing and socializing, particularly common at front entrances where there is activity, by broad definition a social activity.⁴⁵

The concept of disengagement or "sit back and let life pass", according to

⁴³ - Planning and Managing Housing for the Elderly, at pp. 38 to 42.

⁴⁴ - Ibid., at p. 42.

⁴⁵ - Ibid., at p. 45.

Heywood, is alien to most seniors. He believes that many seniors seek out a variety of experiences in their later years to help round out their lives.⁴⁶ However, the process of older seniors disengaging voluntarily from some activities while continuing others with varying degrees of frequency and intensity is generally accepted as normal behaviour.⁴⁷

Disengagement, linked to an attitude where the elderly reluctantly accept society's negative stereotypical image of themselves and behave as they are expected, according to McPherson, results in loss of esteem and breakdown of social norms. Disengagement resulting from involuntary isolation and deprivation of social contacts affects self-image and can adversely affect mental and physical health.⁴⁸

Florence Vickery's defines disengagement as severe isolation, which can lead to "anthropological death". This state, she claims, can result in the eventual loss of all roles, the complete withdrawal of all social contacts and serious health problems.⁴⁹ Both McPherson and Heywood indicate that confidential and frequent social interaction is required to prevent this type of social deterioration.⁵⁰

The process of decreased interaction is also explained by the hypothesis that

⁴⁶ - Recreation for Older Adults, at p. 2.

⁴⁷ - Ageing as a Social Process, at p. 418.

⁴⁸ - Ibid., at p. 137.

⁴⁹ - Recreation for Older Adults, at p. 8.

⁵⁰ - Ageing as a Social Process, at p. 418.

individuals search for only those social situations in which social, emotional and psychological needs can be met. Known as the Social Exchange Theory, it is based on the idea that, because social power diminishes with age, social interaction outside one's age peer group presents greater personal costs and fewer personal rewards. Elderly people restore the balance of power by reducing social interaction with younger cohorts or by disengaging. In order to maintain social contact, seniors extend their network of same-age cohorts.⁵¹ Entering retirement as a diverse, heterogeneous generation, the more elderly often prefer homogeneous groupings as their generation ages.

Most hypotheses regarding social and active leisure pursuits assume a substantial increase in one's leisure time upon retirement. In reality, however, much of this extra time is spent on everyday household duties and necessary chores.⁵²

McPherson indicates that activities pursued by seniors to occupy their unstructured free time not only include leisure activities, but also the continuance of some form of work and personal tasks. Leisure is seen as a major role by most research, but relatively few seniors adopt new leisure patterns or pursuits as part of their routine. There is normally a continuity between work and leisure lifestyles influencing the way leisure time is spent. Type and frequency of leisure-time activities change with age, health, energy

⁵¹ - Ageing as a Social Process, at pp. 126 to 133.

⁵² - Planning Your Retirement, at p. 12.

and interest.⁵³

There is general agreement by researchers that watching television is the most common leisure-time activity and is often regarded as normal behaviour. However, television can become a substitute for human companionship and a contributor to increased isolation. Heywood and McPherson estimate that two-thirds of seniors over 65 years of age spend at least three hours a day watching television.⁵⁴ The elderly who are less educated with lower incomes, are regular, avid viewers of quiz shows, news programmes, soap operas and variety shows. Although television is not generally an intellectual stimulant, special channels on cable, and those that provide two-way interactive video text systems, have the potential to provide intellectual stimulation and social and commercial services for the seniors.⁵⁵

The leisure patterns of the elderly are heterogeneous by nature, as is the composition of the senior generation. Although recreational planners suggest that seniors pursue a large variety of activities, McPherson suggests that relatively few people adopt new patterns or pursuits after retirement, or increase their frequency of activities. Although immediately following retirement some experimentation with new activities may take place, most seniors will restrict their range of activities as retirement continues.⁵⁶

⁵³ - Ageing as a Social Process, at p. 407.

⁵⁴ - Recreation for Older Adults, at p. 4.

⁵⁵ - Ageing as a Social Process, at p.425.

⁵⁶ - Ibid., at pp. 417 to 418.

Statistics Canada 1981 indicates the leisure activities most frequently reported include: socializing with friends and relatives, watching television, gardening, reading newspapers, and sitting and thinking.⁵⁷

McPherson indicates that the very old are involved in solitary rather than group activities. Seventy-five percent of their day is spent inside the home, 64% alone, and 34% involving obligatory personal or household chores.⁵⁸

A study by Mars and Larson in 1982, also investigating how lower middle-class adults living in their own homes spent their time, confirmed that seniors spent most of their time alone. Findings are as follows:⁵⁹

- Spent alone - 48%
- Spent with spouse - 28%
- Spent with family - 7%
- Spent with friends - 9%
- Casual - 8%

Being alone, according to the survey, is not perceived negatively during the day; however, evening solitude is considered difficult. Mealtimes are also considered a difficult time for seniors who have lost a companion and are alone. The variety of leisure activities as compiled by Leisure Sciences in 1987 and re-published by McPherson is shown in the following chart.

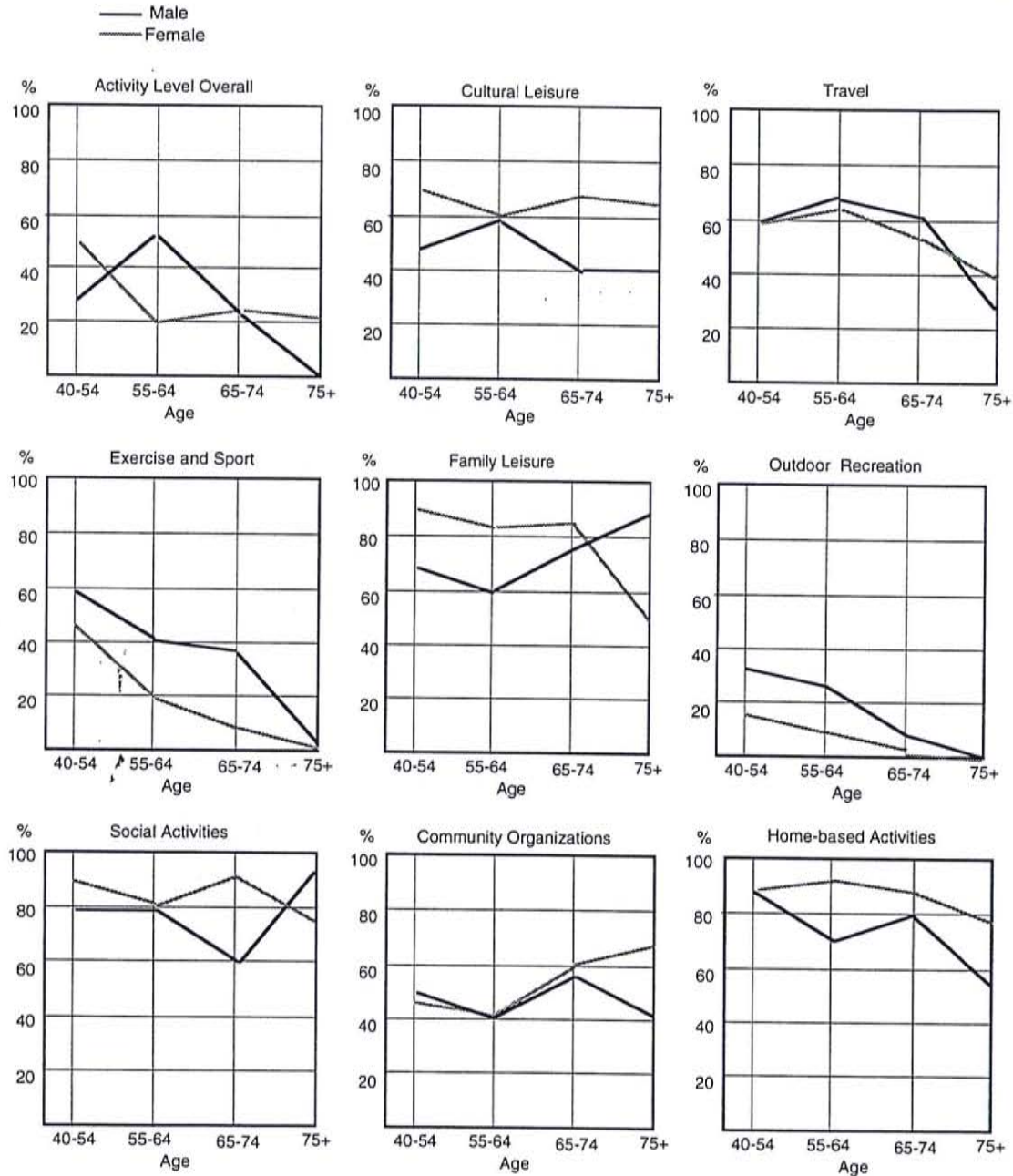
⁵⁷ - Ageing as a Social Process, at p. 418.

⁵⁸ - Ibid., at p. 418.

⁵⁹ - Ibid., at p. 420.

CHART 8

Participation Levels by Age and Sex for a Variety of Leisure Activities ⁶⁰



⁶⁰ - Ageing as a Social Process, at p. 418.

Results from this survey indicate that participation in physical activities such as exercise, sport and outdoor recreation drops off significantly in the 64 to 74 age group, to virtually no participation at 75 years of age and over. The participation level for women is lower than for men and the decline occurs at an earlier age. Participation in travel and home-based activities declines at age 75 and over, while participation in social, cultural, family and community leisure activities remains stable through to age 75 and over.

The reduction of physical activities for men over 75 and women over 65 can be, in part, contributed to deteriorating health. McPherson indicates that if leisure activities are abandoned and leisure time abused, boredom and loss of self-esteem will occur.⁶¹

⁶¹ - Ageing as a Social Process, at p. 445.

Part 4 - The Retirement Process

D - Ageing

Section B, Part 4 of this paper reviewed the transitional period of retirement and a number of theories regarding the psychology of retirement. This section continues to review the research on the retirement process as it relates to the effects of ageing.

Three aspects of ageing, chronological ageing, biological ageing and social ageing will be examined, and later analyzed in respect to future environmental retirement concepts.

(i) - Chronological Ageing

Chronological ageing refers to the legal definition of old age and the rights that are appropriate to that age. The universally accepted age for retirement is 65, although mandatory retirement is no longer recognized. Research papers, however, recognize those aged 65 years and over as seniors.⁶² Within the seniors' definition, three age classifications are normally incorporated:

- the young-old 65 to 74
- the middle-old 75 to 84
- the old-old 85 and over.

Statistics Canada uses 65 as the threshold age for seniors and basis this choice on existing legalities and conventions centring on retirement. The choice of chronological age is open to criticism, as individual ageing is a biological process involving personal changes to the body. Statistics Canada, however, focuses their research on age groups within the senior threshold, usually in five-year cohort groupings up to age 85. Those 85 years and over are grouped together. The status of the aged and review of the effect of a number of social processes on ageing are considered from these age cohort groupings.

⁶² - Ageing as a Social Process, at pp. 7 to 9.

physical health, serious illness and social isolation. A combination of events can be traumatic and lead to serious functional disorders.

Functional disorders are estimated to affect 13% to 15% of those over the age of 65. Disorders such as schizophrenia, affective psychoses, psychotic depressive reactions or paranoid states are a result of irrational or excessive reactions to social or personal crises. The disorders do not involve impairment to the brain function, but require medical care and treatment.

Organic mental disorders involve brain damage for which there is no known cure. They are progressive, fatal diseases, which may be slowed with drug treatment, but ultimately those affected are no longer able to care for themselves or to interact socially and must be institutionalized.⁹⁴ Alzheimer's disease constitutes over 50% of all dementia cases in the elderly.⁹⁵

The first symptoms of Alzheimer's disease, according to Calkins⁹⁶, may be minor and almost imperceptible; however, as the disease progresses, symptoms include memory loss, changes in personality and mood, confusion and agitation. The inability to find one's way home, recognize a family member or recognize a dangerous situation are also typical symptoms. Over sensitivity to stimulation characterizes the disease, causing confusion about the environment and inability to do simple tasks. Eventually the environment can

⁹⁴ - Ageing as a Social Process, at pp. 186 to 187.

⁹⁵ - Designing for Persons with Disabilities, at p. 240.

⁹⁶ - Designing for Dementia, at p. 240.

be perceived to be complex, wandering and disorientation will occur, and a controlled environment will be necessary.⁹⁷

Statistics quoted by Calkins indicate that most people who experience dementia are very elderly. Within the age group 65 to 75, only 1% will experience serious dementia. At age 75 to 84, this increases to 7%, and at age 85 and over 25% will suffer from serious dementia. ⁹⁸

⁹⁷- Designing for Dementia, at pp. 241 to 242.

⁹⁸ - Designing for Persons with Disabilities, at p. 242.

(vi) - Psychological and Cognitive Processes

As ageing seniors adapt to physical changes, they must also adapt to various changes in cognitive, learning and personality processes. The changes occur at different rates and at various stages according to individual personalities. Both cross-sectional and longitudinal studies conclude that fluid intelligence – the ability to adapt one's thinking, organize and solve problems – declines with age. However, crystallized intelligence, the product of education and experience, increases with age.⁹⁹

Conclusive research regarding intelligence in seniors is difficult because of the wide range and individual differences. Differences in intelligence may be related more closely to education than to chronological ageing. McPherson concludes while some seniors experience no decline, others suffer severe intellectual loss. Most seniors perform at a slower rate, particularly novel tasks and in new situations, but they may be able to offset the loss of speed with their accumulated knowledge and experience.¹⁰⁰

With respect to memory, elderly people recall distant events better than recent experiences. A longer time may be required to retrieve information. McPherson explains that the slower and less efficient memory is not biological, and through practice it is possible to improve efficiency. The learning process does not

⁹⁹ - Ageing as a Social Process, at p. 198.

¹⁰⁰ - Ibid., at p. 200.

deteriorate, but physical and mental health conditions influence the cognitive process.

The characteristic slowing of behaviour in the elderly is evident in a progressive decline in cognitive speed and verbal process. This is limited to changes in the central nervous system and changes in general health. Complex thinking and problem-solving ability may decline because of general slowing and because of an unwillingness or inability to incorporate new ideas or strategies.

Creativity, like intelligence, is a concept which is difficult to define and measure. Although research indicates creative potential peaks at age 40, and a decline may appear at age 50, there are individual differences. There have been many significant accomplishments by seniors in their 60's, 70's or 80's. Highly creative work by some elderly can be achieved well into the later years of life.¹⁰¹

¹⁰¹ - Ageing as a Social Process, at pp. 200 to 205.

(vii) - Biological Ageing Conclusions

Although many of the myths regarding the senior generation's health may be unfounded, the statistical information 1985, as published by Statistics Canada, indicates seniors are afflicted with a wide variety of health disorders and disabilities. Although the tables show many disabling conditions present in the 65 to 69 and 70 to 74 age groups, self-perceived serious decline in health occurs in the 75 to 79 age group. The decline, according to Statistics Canada, continues for the 80 and over age group.

The most frequent disability was that of mobility and agility. Associated with arthritis and diseases of the musculo-skeletal system, these disabilities were reported to afflict almost 35% of senior men and over 45% of senior women at the 65 to 69 age group. The percentage of women with disabilities increases to over 50% in the 70 to 74 age group and to almost 80% for the over-80 age group. Disabilities are less severe for men; however, by age 80 just over 55% report some form of disability.

The occurrence of mobility disabilities is extremely high, considering the same survey indicated that most seniors perceived their health to be good to excellent, and most rated their degree of satisfaction with their health status between rather and very satisfied. Either many of the joint disabilities were

minor, or seniors accepted the disabilities as part of the normal ageing process and disregarded the condition when rating their quality of health. In any case, the percentage figures would suggest a large percentage of seniors would experience some difficulty in the family house environment.

Developed for expanding young families, the family home is basically not suited for ageing occupants who, because of disabilities, require more supportive environments. Stairs, kitchens and bathrooms are elements which present the most difficulty for those with limited joint mobility. Despite these hardships, most ageing couples provide physical and mental support for each other and normally remain in the family home without making modifications.

The tables indicate that in addition to diseases of the joints, heart diseases, respiratory diseases, hypertension and diabetes are the most prevalent health problems for elderly persons. On average, almost 80% of men aged 65 and over and 85% of women aged 65 and over suffer from at least one of these five diseases. Also sensory limitations such as those related to sight and hearing, although not as prevalent as joint disabilities, become more of a problem in later years. Almost 25% of seniors over 80 years of age will suffer from sight problems and approximately 40% will have hearing deficiencies. Hearing deficiencies are more common for men.

Although most seniors rated their health somewhere between satisfactory and excellent, the evidence shows that beginning with the 70 to 74 age cohorts,

their quality of life is affected by an increasing number of disabilities. Arthritis and diseases of the musculo-skeletal system restricting movement and agility are the most common disability, particularly affecting senior women.

Most of the statistics presented in this section have been based on surveys by Statistics Canada conducted between 1985 and 1989. According to Statistics Canada, the advancement of medical treatment has resulted in the deferment of mortality, which in turn has resulted in more seniors experiencing disabilities for a longer length of time. ¹⁰²

For future generations, if the medical profession continues to advocate sustaining life at all costs, and the weapons to fight death become more sophisticated, the life expectancy may be further extended. However longevity may result in additional disabilities and a decrease in the quality of life. At the same time, geriatric care for now takes precedence over paediatrics and will continue to do so. Specific needs of the elderly will be addressed, including preventative approaches rather than curative ones. These steps should contribute both to survival and quality of life among the elderly. ¹⁰³

It is also thought that the quality of life for seniors depends to a certain degree not only on current lifestyles, but also on former early lifestyles. ¹⁰⁴ If this is the case, a review of the Baby Boomers' lifestyle and attitudes to health and

¹⁰² - Population Ageing, at p. 103.

¹⁰³ - Ibid., at p. 104.

¹⁰⁴ - Ibid., at p. 101.

exercise should indicate whether they might expect a healthier lifestyle than today's elderly.

A review of the Baby Boomer generation, their lifestyles and the possible effect of these lifestyles on that generation's health is contained in the following sections of this paper. An analysis regarding the impact of biological ageing on both the environment and micro-environment will follow that review.

Part 4 - The Retirement Process

F - Social Ageing

Social programmes and environmental planning are vitally important to the elderly's well-being. If isolated involuntarily and deprived of social contacts, the elderly's self-image will be affected and his or her independence reduced.¹⁰⁵ The quality of social interaction is influenced by the type of housing, the environment and the community. As most seniors prefer to be independent and remain in the family home, social contacts and social networks remain a necessary ingredient to quality of life.

The family is, and has been in varying degrees, the major source of social support when assistance for the elderly is needed. The extent of family social support has varied both historically and culturally. According to McPherson, in early nomad civilizations, because of the constant search for needed food, when the elderly ceased to be useful, their families had little time for them and they were abandoned.¹⁰⁶ In agrarian times, it was the elderly who owned and controlled the land. When the land was handed over, their knowledge and advice was still needed, so the elderly were respected and well looked after by their families.¹⁰⁷

The emergence of the industrial period meant the breakup of the extended family structure. The nuclear family or conjugal family structure replaced the

¹⁰⁵ - Ageing as a Social Process, at p. 39.

¹⁰⁶ - Ibid., at p. 39.

¹⁰⁷ - Ibid., at p. 39.

extended family, and the status of the elderly declined. The nuclear family remains the most common form of family structure, although because of high divorce rates, the matriarchal family must also be considered.¹⁰⁸

The family support process for the elderly is also influenced by cultural beliefs and values unique to social class and ethnic groups. The Japanese, Irish and Russian, according to McPherson, continue to hold the elderly in respect and provide social support required. Russian grandparents are expected to play an active role in the raising of the grandchildren and are rewarded with social support and pensions. The Japanese tradition was to follow the Confucian teachings that one should honour one's elders.¹⁰⁹

As Canada is a multicultural country, the degree of family social support for the elderly here varies. Social assistance and the assumption of responsibility for care of the elderly is normally undertaken by the kinship network before non-kin or formal networks are resorted to. The use of formal social services by seniors in Canada is relatively low. The majority of users are very elderly, frail women, widowed and living alone with no family support.¹¹⁰ Most seniors wish to maintain their independence and continue living in their own home as long as possible. Social assistance for the elderly at home is normally a combination of family and non-formal assistance such as home care or personal care assistance. The goal of most community formal support services is to enable

¹⁰⁸ - Master Trend, at p. 118.

¹⁰⁹ - Ageing as a Social Process, at p. 297.

¹¹⁰ - Ibid., at p. 299.

the elderly to remain in their homes and out of institutions.

On average, over 70% of seniors over the age of 65 live in family homes and approximately 63% of these own their own homes. Home ownership has been an objective of Canadian society, and represents a degree of affluence and independence which most seniors are reluctant to surrender.¹¹¹ Seniors in the community have cohorts with common interests or memories, with whom they can frequently react. Elderly couples living in the family home have each other for companionship and company.¹¹² According to Statistics Canada, the elderly remaining in a familiar community environment perceive themselves as being healthier than those outside the community. In contrast, Statistics Canada surveys indicated that less than 50% of seniors over 65 years living in institutions, rated their health as good to excellent.¹¹³ These statistics, along with recent surveys, have led researchers to conclude that those living at home are either healthier or psychologically perceive themselves to be much healthier than those residing in institutional facilities.

While 75% of seniors prefer to "age in place", many find the family dwelling increasingly difficult to cope with physically and socially.¹¹⁴ The elderly, as they become frail or burdened with chronic disorders, find the average house many with multi-levels, difficult to manoeuvre and maintain. The inability to cope with the physical characteristics of the house, and the reluctance of most

¹¹¹ - Statistics Canada

¹¹² - Ageing as a Social Process, at p. 295.

¹¹³ - Population Ageing

¹¹⁴ - Ageing as a Social Process, at p. 296.

seniors to modify their home in order to remove these barriers, can result in severe hardship and isolation. The problems of home ownership and occupation become more acute with the loss of one's spouse, although according to Desjardins, the survivor of an aged couple will live alone and independently as long as possible.¹¹⁵ Widowhood presents personal problems including coping, grief adjustment, social participation, self concepts, and identity.¹¹⁶

The stress of the responsibility, maintenance and expense of a large family house may, according to McPherson, magnify personal and social difficulties. Despite the difficulties of maintaining the family home, Statistics Canada indicates over 38% of seniors reside alone in single occupied houses. Most are classified as over-housed – in other words, the houses are too large and too expensive to maintain.¹¹⁷

M. Powell Lawton also indicates that 70% of seniors living in the family home do not want to move. He concludes that most wish to remain in the community where they have existing social ties and the neighbourhood area is familiar. On the other hand, Lawton estimates that 8% of seniors are home bound physically and socially. He maintains that successful ageing depends, in part, on maintaining friendships with people the same age. However, social isolation in the family home often occurs as long-time friends move out of the community

¹¹⁵ - Population Ageing, at p. 64.

¹¹⁶ - Ibid., at pp. 60 to 61.

¹¹⁷ - Ageing as a Social Process, at p. 296.

and others die. Social deprivation is over-represented by widows living alone, often in large family homes. ¹¹⁸

Lawton estimates that the elderly population, when living in an integrated environment, needs to be approximately 50% or more of the total population to be socially secure. He claims that a large youth population will tend to dominate, and a small senior population will run the risk of isolating themselves.¹¹⁹ As the elderly age, they prefer to socialize with their own peers. Youth is sometimes seen as a negative influence and threatening to the very elderly. ¹²⁰

Statistics Canada surveys show that 60% of seniors living at home have the social support of a spouse, while only 16% of seniors living in long-term care facilities have partners. ¹²¹ Having a partner is an important consideration which enables couples to remain in their private home in the community. A large percentage of single households are occupied by widows. According to McPherson, the large houses can be psychologically a form of social isolation, resulting in real physical sickness. ¹²²

McPherson points out that by maintaining the family home, the elderly who are alone desire to demonstrate that they are coping as independent adults, while

¹¹⁸ - Planning and Managing Housing for the Elderly, at pp. 12 to 25.

¹¹⁹ - Ibid., at pp 112 to 120.

¹²⁰ - Ibid., at p. 108.

¹²¹ - Population Ageing, at p. 66.

¹²² - Ageing as a Social Process, at p. 311.

in reality many need the emotional and social support of a companion. He explains the elderly living alone need access to a confidant with whom trivial and serious matters may be discussed on a regular basis. While most seek to remain independent, the majority of the over-80 group eventually move from independence to some degree of dependency.¹²³

The elderly's immediate family is normally the provider of physical, emotional and economic support. The elderly's extended family, however, is normally the major source of social interaction within the community. For an independent senior, isolated in a large dwelling, a breakdown of informal or formal social support would further add to their isolation and insecurity.¹²⁴ For the isolated elderly who are unable to take care of their physical or social needs, there is little choice but to move to a senior facility where physical services and some degree of social interaction are available.

Although social opportunities and health care are available to the elderly in institutionalized nursing homes or homes for the aged, Statistics Canada concludes that the health of the institutional residents is poor and the conditions are depressing.¹²⁵ Regnier describes most institutions as cold and uninviting, having a similar character to hospitals and prisons whose design priorities appear to be based primarily on maintenance concerns.¹²⁶ Lawton talks of

¹²³ - Ageing as a Social Process, at p. 295.

¹²⁴ - Ibid., at p. 350.

¹²⁵ - Profile of Canada's Seniors

¹²⁶ - Assisted Living, at p. 108.

minimizing the "sick" atmosphere that is associated with institutions.¹²⁷ Elaine Carey describes health-care institutes as filled with very old women who are sick and lonely.¹²⁸ Jenny Penny, of the Senior Link agency, states that because of the general low health of the residents, institutions represent a negative experience and, as such, should be avoided by those still independent.¹²⁹

McPherson, when describing nursing homes, indicates that their quality can vary from excellent to atrocious. In the worse cases, psychological abuse, infection and unsanitary conditions may be present. Moving to an institution is a time of great stress, loss of privacy and personal possessions to the elderly. It may also be seen by the elderly as a symbol of rejection. There appears to be general agreement that if home and social care can be provided, remaining in the community will ensure a better quality of life for the elderly.¹³⁰

The number of seniors over the age of 85, which according to projections will more than double in the next ten years, and the present and expected cuts in government social expenditures will put tremendous pressure on the present institutional facilities. Moshe Greengarten, Vice President of the Baycrest Centre for Geriatric Care, observes: *"There's no question that governments have underestimated the need for institutional care in Canada and they're not planning enough for what's ahead."*¹³¹ The policy of the Ontario government is

¹²⁷ - Planning and Managing Housing for the Elderly, at p. 112.

¹²⁸ - The Toronto Star, October 28, 1995.

¹²⁹ - Interview with Jenny Penny.

¹³⁰ - Ageing as a Social Process, at p. 302.

¹³¹ - The Toronto Star, October 28, 1995.

to get out of the housing market and cut back on government spending. Unless there is a complete change of policy, it appears there will be a critical shortage of social housing in the future. Lawton also recognizes this phenomenon and suggests that creative ideas be initiated to remodel older housing stock in scattered housing locations.¹³²

¹³² - Planning and Managing Housing for the Elderly, at p. 221.

(i) - Conclusions

Research shows that although formal social support normally comes from family, day to day socializing comes from the extended family of cohorts and friends. This network of friends is very important to the social well being of the retired.

Most retired couples who live in existing family homes are considered healthier and socially more successful than those living outside the community. However, as the elderly age, events occur such as a loss of spouse or loss of existing friends which often leaves the elderly survivor isolated in a large home which is difficult to manage financially.

Evidence shows that relocating to an institution, although providing new social opportunities, also has disadvantages. Loss of privacy, therapeutic environments, isolation from the community, unreliable care, or poor health conditions are listed as negative qualities. As reviewed in section 2, the traditional institutions may not be available to the future Boomer senior generation.

While research indicates the elderly who are alone need informal social interaction and as they age, social preference is for seniors of a similar age, most researchers also recommend that seniors remain in the existing

Part 4 - The Retirement Process

F - Social Ageing (i) - Conclusions

communities which are familiar to them. In order to satisfy these social needs, new forms of seniors housing will have to be developed for the Baby Boomers. Environments which will promote the daily social interaction and yet allow the elderly to remain in the community are necessary to meet the requirements as suggested by research findings.

Part 5 - Baby Boomer Generation

A - Introduction

Part 5 examines the Baby Boomer generation, their unique characteristics, retirement projections and future architectural needs.

Part 4 reviewed the various theories regarding traditional retirement as well as a detailed description of the retirement and ageing process. This section will examine the Baby Boomer generation, their history, character, present physical, social and economic statistics, recreational trends and future retirement.

Projections by various gerontology and demographic experts regarding future retirement and architectural needs will also be reviewed.

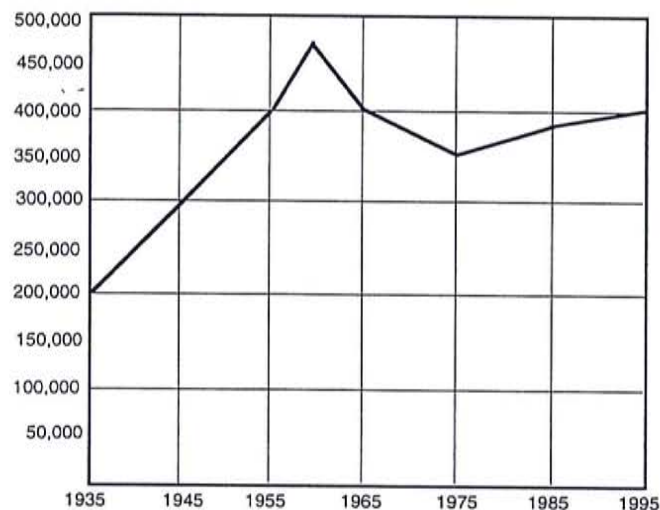
Part 5 - Baby Boomer Generation

B - Profile

The Baby Boomer generation generally refers to those born in the 20 years between 1946 and 1966. The baby boom started in four countries – Canada, United States, New Zealand and Australia immediately following World War II.

During those 20 years the birth rate soared in all four countries. Twenty million more children were born than would have been if the birth rate of the 1930's had continued.¹ In Canada roughly 9 million children were born during the baby boom. Starting in 1947, one year later than in the United States, the Canadian annual birth rate peaked between 1955 and 1960 at 460,000 annual births.

CHART 9
Canadian Birth Rates 1935-1995 ²



¹ - The Master Trend, at p. 12.

² - Elaine Carey, The Toronto Star, January 1, 1996.

According to David Foot, a University of Toronto economist, the delay occurred because the Canadian troops stayed in Europe long after World War II ended. David Foot also attributes the Baby Boomer phenomenon to three reasons:

- The 30's were hard economic times, and people delayed having children till the upturn of the economy after the war.
- Returning troops from World War II quickly married and started families.
- There was an increase of immigrants who contributed to the rising birth rate.

The birth rate peaked in 1959 at four children per woman. The Baby Boomer generation is 70% larger than the one before it and 21% larger than the present generation of youth.³

The end of the Baby Boom era in 1966 coincided with the introduction of the birth control pill and the beginning of more women entering the work force.⁴ Most demographers refer to Baby Boomers born between 1946 and 1955 as the leading edge or Vietnam Boomers and those born between 1956 and 1966 as the trailing edge.

³ - The Master Trend, at p. 12.

⁴ - Ibid., at p. 17.

According to Michael Miller, Chair of the Department of Architectural Science at Ryerson Polytechnic University, as the Baby Boomers move through the decades, commercial markets are created and destroyed. When the Baby Boomers attended elementary, secondary schools and later to universities, the demand for new facilities resulted in economic growth for architects, engineers and builders. In the 70's and 80's total communities like Erin Mills, Meadowville and Bramalea were developed to house the Boomers as they settled down, and large-scale commercial skyscrapers were erected to accommodate the Boomers' workplaces. ⁵

The most distinctive characteristic of the Baby Boomers, according to Michael Adams, President of Environics Research, has been their individualism. He explains that as they grew up, Baby Boomers rejected all the major values of their parents. The values most important to Boomers as tracked by Environics include:

- Rejection of authority;
- Rejection of order;
- Control of destiny;
- Pursuit of happiness to the detriment of duty;
- Sexual permissiveness;
- Equality of the sexes;
- Equality of youth. ⁶

⁵- Elaine Carey, The Toronto Star, January 1, 1996.

⁶ - Ibid.

Gail Sheehy, author of New Passages, distinguishes the Boomers into two groups, the Vietnam Generation and the Me Generation. She describes the collective personality of the Vietnam Generation as being:

- Individualistic;
- Idealistic;
- Narcissistic;
- Anti-establishment;
- "Hairy, horny and high". ⁷

The Vietnam Generation was the first adolescent generation to dominate the music industry. They claimed the right to have abortions and postponed marriage. The protest against the Vietnam War was symbolic of the generation's resistance to any and all rules and structures set up by earlier generations. The postponement of marriage and the desire to avoid the war resulted in a large percentage of the generation remaining in college. Forty-three percent of males had some college degree by the age 24, compared to 25% of the previous "Silent Generation". Twice as many women of the Vietnam Generation completed college as in the previous generation. Many stayed in school, developing a life-long career of education. ⁸

The younger Me Generation also achieved high levels of education, many remaining at school because of the slowing job market. Future expectations for

⁷ - New Passages, at pp. 33 to 43.

⁸ - Ibid., at pp. 23 to 43.

the Baby Boomers because of their education was very optimistic. Early publications by the Ministry of Housing predicted future Baby Boomer retirees to be more affluent and healthier than any previous generations.⁹ Present opinion suggests that although a percentage of Baby Boomers will be affluent, the majority of Boomers will not be better off in retirement than previous generations. For the first time since the Great Depression, a succeeding generation will not be as economically successful as the preceding one.

Katherine Newman suggests that although the Baby Boomers are a divergent culture, there is some coherence of the Vietnam Generation because of their shared experience of a number of cataclysmic events. Those events include the Vietnam War, economic recessions, and cultural excesses such as drugs, music and the sexual revolution.¹⁰

Gail Sheehy describes the younger or trailing edge of Boomers as having a starkly different attitude than the Vietnam Generation: *"If the dream of Vietnam Generation was to make a difference in society, the new dream was 'polishing one's very self ... and observing, studying and doting on it' ... making a difference in Me!". The period was dubbed as the "Me Generation".¹¹*

Characteristics of the trailing edge generation include self-indulgence, consideration of materialism a virtue, and love of glamour.¹² Although this

⁹ - Towards Community Planning, at p. 6.

¹⁰ - Declining Futures, at pp. 36 to 39.

¹¹ - New Passages, at p. 38.

¹² - Ibid., at pp. 38 to 40.

group was associated with "Yuppies" (young urban professionals), who were considered rich, spoiled and selfish, only a small minority of the Baby Boomers possessed the right jobs, incomes and attitudes to qualify.¹³

The Baby Boomers were profoundly different from older generations. Being the largest generation since World War II, they have affected the country's culture and economy throughout their history. As the first generation to question parental authority, the Boomers referred to by Cheryl Russell as the first generation of "Free Agents". Not burdened by the previous generation's attitude to work ethics, the Baby Boomers have felt free to equally pursue leisure or other interests.¹⁴

The early retirement projections for the Baby Boomers, as predicted in the mid-80's and earlier, were very optimistic. The architectural programmes related to the Baby Boomers were based on an affluent generation, in excellent health, able to afford resort-style accommodation in a recreational environment. Because of the widening diversity of lifestyles within the Baby Boomer group, there is only a percentage who will be affluent. Due to the characteristics in lifestyle of the generation, the emergence of the global economy, and the effects of the recessions on local economies, the projections for many are not as optimistic as they once were.

¹³ - The Master Trend, at p. 15.

¹⁴ - Ibid., at p. 33.

One factor affecting the retirement projections of Baby Boomers is the altering of all major stages in the Boomers' life cycle. Compared to the traditional life cycle, the Baby Boomers' life expectancy is extended and, according to Gail Sheehy, all stages of life after childhood are delayed.¹⁵ This phenomenon, as described in her book New Passages is called the "Ten-Year Shift".¹⁶

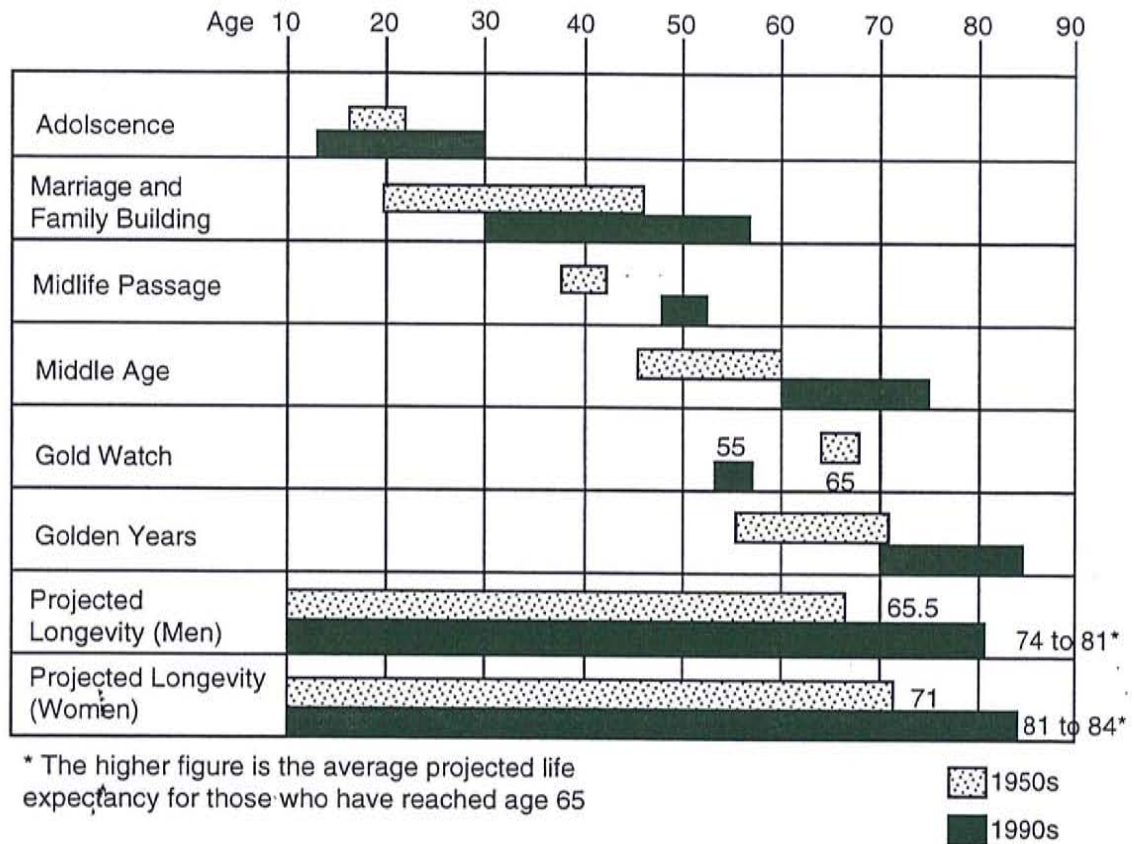
According to this shift, Baby Boomers preoccupied with various lifestyles or in pursuit of higher education remained in adolescence until close to 30 years of age. Marriage and family building was also delayed by approximately ten years later than previous generations. Middle age for Boomers is shown to extend from about age 60 to over age 70, more than ten years later than traditional middle age. Projected life expectancy is for men, 74 to 81 years, and for women, 81 to 84 years, also over ten years longer than traditional figures.¹⁷

¹⁵ - New Passages, at p. 4.

¹⁶ - Ibid., at p. 5.

¹⁷ - Ibid., at p. 5.

CHART 10
The Ten-Year Shift
Comparing Life Stages in the 1950's and the 1990's ¹⁸



According to Sheehy, most Baby Boomers who reach age 65 can expect to live until 81. The lives of the young-old will be extended to age 70 and Boomers will not feel old until very shortly before death. Because of the Boomers' extended adolescence and propensity to divorce, Sheehy claims traditional life cycles are no longer valid and people are customizing their own life cycles. Her theory is

¹⁸ - New Passages, at p. 5.

that Boomers have another adult lifetime after 45. In fact, the theory includes three adult lives:

- Provisional Adulthood (18-30);
- First Adulthood (30-45);
- Second Adulthood (45-85+). ¹⁹

The idea that Boomers will start a second adulthood after 45 can be traced to present-day trends which indicate extended life expectancy, but also early retirement. As Sheehy's chart shows retirement or "gold watch" occurs at age 65 and life expectancy is at approximately 70 years according to the traditional life cycle. Therefore after retirement one would not have to work again, and the combination of life savings, retirement plans and government pensions would be sufficient for the approximately five years of remaining life.

The "Ten-Year Shift" extends life expectancy to 80+ years, but the chart shows the "gold watch" or retirement occurring at age 55. Consequently after early retirement the retiree can expect another 25 years. ²⁰ According to Russell, most Boomers would like to retire at 50 or 55; however, social benefits at present do not kick in until age 65 and, in the future, retirement funding benefits may be delayed to 67 or later. ²¹ Savings required to finance 25 years of retirement are beyond most Baby Boomers. Merrill Lynch indicates that to retire at 65 and maintain one's standard of living, a savings of \$483,000 is needed

¹⁹ - New Passages, at pp. 8 to 9.

²⁰ - Ibid., at p. 9.

²¹ - The Master Trend, at p. 175

with a traditional pension and a savings of \$660,000 without a traditional pension.²²

In order to amass the required savings, Lynch shows the Baby Boomers would have had to have been saving 24.3% of their after tax dollars.²³ Russell indicates although many Boomers are now saving, historically their preference has been to spend on consumer goods, not save.²⁴ Dychtwald concludes that the Baby Boomers' attitude towards ageing has been one of denial.²⁵ Those with this attitude would have undertaken very little retirement planning. Russell agrees that Baby Boomers do not like the idea of growing old and now consider old as being well beyond age 60.²⁶ The denial or mental postponement of upcoming old age means that financial planning and saving have also been delayed.

A number of other factors have occurred to make retirement financially difficult for many Baby Boomers. The decision to delay having children until after 30 has resulted in Boomer parents having to support their children at university just when tuition fees have dramatically increased and the job market has dried up for the young.²⁷

²² - New Passages, at p. 375.

²³ - The Toronto Star, January 1, 1996

²⁴ - Master Trend, at p. 182.

²⁵ - Age Wave, at p. 31.

²⁶ - Master Trend, at p. 171.

²⁷ - The Toronto Star, January 1, 1996

When many Boomers thought their children would be moving out, ending their financial responsibility, the kids have had difficulty finding jobs and have moved back into the family home, or have returned to college.²⁸ As the financial responsibility continues, the retirement savings suffer. At the same time health care costs are up, just as the Boomers' elderly parents need prescriptions. The threat of forced early retirement at age 55 also leaves the retirement period 25 years, not 5 or 10 years.

Government pension plans are not scheduled to commence until age 65. Many predict that rather than pensions starting at an earlier age to correspond to earlier retirements, the qualifying age will be increased. Pensions in some states in the United States are scheduled to begin at age 67 by the year 2000. The premium costs are scheduled to increase so Baby Boomers, as well as the next generation, will be contributing to their own pensions.²⁹

Because the retirement period is predicted to be longer and statistics show the Boomer generation to be substantially larger than former or future generations, retirement benefits are projected to be smaller.³⁰ According to many polls, many Boomers believe public pension plans, and in particular the health care system, will be obsolete by the time they reach retirement age.

²⁸ - Master Trend, at p. 69.

²⁹ - The Toronto Star, January 1, 1996

³⁰ - Ibid.

Angus Reid Polls indicate that 35 to 50% of Baby Boomers think the health care system will disappear and 33% believe the social safety net will also collapse.

³¹ According to Shawn McCarthy, government proposals will phase in changes to the pension system which will cut benefits from above-average incomes, with a portion of those savings going to supplement those with smaller incomes. ³² Recent government assurances that the Canada Pension Plan (CPP) will be there for the Boomers' generation have also been followed by planned increases in CPP deductions from salaries. Although the CPP will be more costly and the benefits smaller, most experts feel a modified plan will still be in operation.

McPherson believes the savings in social support to the young, whose numbers are reducing, can be used to help support the explosion in government pension commitments. ³³ Although not generally acknowledged, McPherson's theory is confirmed by Statistics Canada. According to Chart 11, as the dependency ratio for the elderly is projected to increase to 2031, the dependency for youths decreases, so by 2031 the two ratios are almost equal. ³⁴ However, because funding comes from different government sources, any future savings from reduced youth dependency are unlikely to be redistributed into CPP funds.

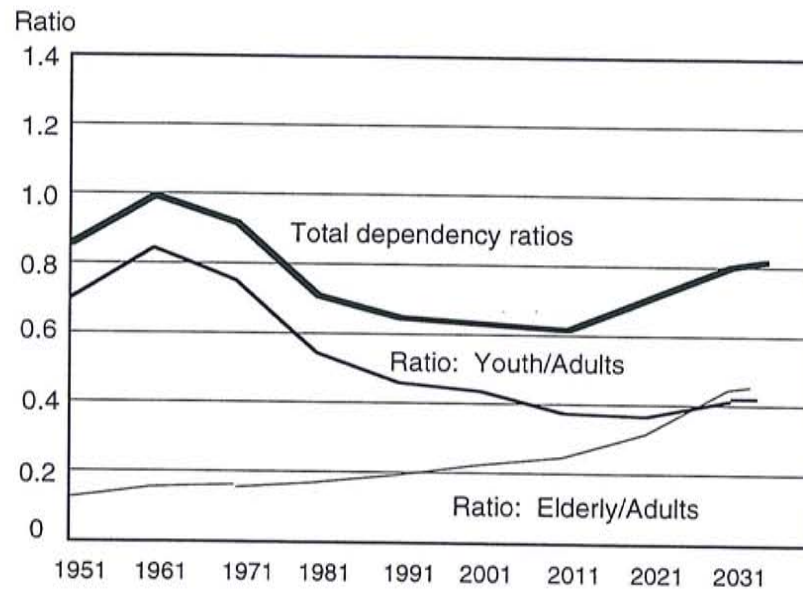
³¹ - The Toronto Star, January 1, 1996

³² - The Toronto Star, August 12, 1995

³³ - Ageing as a Social Process, at pp. 410 to 414.

³⁴ - Ibid., at p. 17.

CHART 11
Changes in Dependency Ratios, Canada 1951-2036 ³⁵



The Baby Boomers are also caught financially by recession, free trade and changing technology. The present trend, because of restructuring and downsizing, has resulted in an increase in early retirement.³⁶ Although David Foot predicts that Baby Boomers will not move out of the work force for another 20 years, he sees the solution to maintaining jobs as sharing the work load more evenly, by reducing working hours and allowing the older Boomers an opportunity to continue working.³⁷

³⁵ - Population Ageing, at p. 17.

³⁶ - The Toronto Star, March 13, 1994.

³⁷ - ibid.

Newman also believes that Boomers have been unable to save for their retirement during the last decade and are going into retirement unprepared, due primarily to the collapse of the job market and the real estate market. The declining job market has put many out of work, and decreased real estate values have taken away the traditional savings nest egg. Previous generations were able to use the inflationary real estate market as one way of creating considerable retirement savings.³⁸

The projections regarding the opportunities for Boomers to continue working into their late 60's are indecisive. One theory is that because the next generation, "Generation X", is substantially smaller in numbers, employers will not be pressured to retire the Boomers. Unlike today, where early retirement makes room for the expanding Boomers, there will not be the numbers in the X Generation to replace the Boomers prematurely.³⁹ The opposing theory is that the digital revolution and global economy will continue reducing the number of available job opportunities. Robots and automation will continue to displace brawn work, and outsourcing and computer use will also reduce the number of workers needed.⁴⁰ If this theory is correct, early retirement will continue, although alternative opportunities in the work force may exist. Statistics Canada found in its 1989 and 1994 surveys that 61 is the average age of retirement. There was a 38% drop in the number of people leaving the work

³⁸ - Declining Futures, at pp. 38 to 40.

³⁹ - Master Trend, at p. 177.

⁴⁰ - Boom, Bust & Echo, at pp. 67 to 71.

force at 65. ⁴¹ Most are retiring early because of job loss due to economic conditions.

On the other hand, government leaders are considering pushing the eligibility age for the Canada Pension Plan back to 67. Also, in order to preserve the Plan, premiums are scheduled to increase and reduced benefits are being considered. ⁴²

The reality of forced early retirement and raising the CPP eligibility means that unless other work is available, one's unemployment insurance would be exhausted and personal savings would be considerably depleted before CPP benefits could be collected. ⁴³ Only 5% of retiring Boomers will find an inheritance to supplement their retirement savings, according to Cheryl Russell, and family estates will normally be shared by an average of four Boomer siblings. ⁴⁴ Russell calculates that an estate of \$293,000 will net a Boomer \$75,000, which will then be substantially eroded by the nursing home and medical bills run up by the parents. ⁴⁴

Russell concludes that though most Boomers will have little money to spare in their old age, a fortunate few Boomers will be affluent. ⁴⁵ Many of these, she predicts, will move to new resort communities or retirement communities where

⁴¹ - The Globe & Mail, Saturday September 9, 1995, at p. A8.

⁴² - The Toronto Star, Monday August 14, 1995, C6

⁴³ - The Globe & Mail, Saturday September 9, 1995, at p. A8.

⁴⁴ - Master Trend, at pp. 68 to 71.

⁴⁵ - Ibid., at p. 187.

they can pursue special recreational interests or embark on extensive travel excursions.⁴⁶ Because community management can provide worry-free security to vacated units, residents are free to undertake extended trips or travel south to escape the winter months.

Russell believes most Baby Boomer retirees, like previous generations, will remain in the family home.⁴⁷ The housing of the future, she believes, will be more accessible to the elderly. Features like ramps, elevators, handrails and wide doors might be included in adaptable homes in which the elderly may remain independent.⁴⁸ Because of the Baby Boomers' need for independence, they will not favour formal retirement homes which incorporate house rules. Rather, any relocation would be to smaller but independent single family houses or apartment developments.⁴⁹

The idea of fully independent living has been influenced by the notion that the Baby Boomer generation is, and will remain, young. Boomers have rejected the idea of growing old, and their generation is seen to be healthier and more fit than previous generations. According to Russell, although life expectancy for the Boomers at age 65 increases from 12 to 17 years, the active life expectancy is only ten years, and at 85 years of age, while life expectancy is five to six

⁴⁶ - Master Trend, at p. 187.

⁴⁷ - Ibid., at p. 189.

⁴⁸ - Ibid., at p. 204.

⁴⁹ - Ibid., at p. 189.

years, the ability to maintain independence is expected to last for only three years.⁵⁰

The notion that Boomers are a healthier generation, eating better and exercising regularly, has also been questioned. According to the Heart and Stroke foundation, Baby Boomers are now exercising less than the previous generation. The foundation has given them a D average, failing marks for lack of exercise and eating habits. The report indicates one-third of Boomers smoke, are overweight and have high cholesterol levels.⁵¹ Economic conditions and stress in the market place have resulted in the Boomer generation no longer having any time or incentive for exercise. Although medical advances will extend the life expectancy of the Boomers, unless there is a return to healthier habits, their quality of life and health problems will be similar to those of previous generations. Chronic conditions associated with the elderly, such as arthritis, and high blood pressure, will also affect the Boomer generation.⁵²

Traditionally, the first line of support for the elderly was family. Statistics show that 16% of seniors over 65 and 45% of seniors over 85 need help with at least one major function.⁵³ As families of Baby Boomers have relatively few children compared to their parents and those children will be preoccupied with promoting their own careers in this competitive work environment, the same

⁵⁰ - Master Trend, at p. 201.

⁵¹ - Elaine Carey, The Toronto Star, Wednesday January 31, 1996, at A3

⁵² - Master Trend, at p. 203,

⁵³ - Ibid., at p. 204.

family involvement may not be there for the Baby Boomers.⁵⁴ Russell suggests that Baby Boomers will be forced to rely on paid care givers, in home care and hotel-like communities where medical services are near by.⁵⁵

Most of the elderly needing care will also be women living alone. In fact, Russell predicts living alone will become the most dominant lifestyle, surpassing the nuclear family and empty-nest couples. There will be more solo living when the Baby Boomer generation retires than in any other time in history.⁵⁶ Although there is a risk of emotional isolation in living alone, Russell believes that Boomers will live solo until they can no longer afford to. At that time, she concludes that the Baby Boomers will use their past living experiences to live more cheaply or move in with family.⁵⁷

There appears to be a consensus regarding the future generation of seniors living alone, but McPherson and Foot believe most seniors will eventually be forced into institutional accommodation. However, because of the projected shortage of institutional accommodation and the free spirit attitude of the Boomer generation, Russell's theory that they will seek out alternative, affordable accommodation may be more accurate.

⁵⁴ - Master Trend, at p. 205.

⁵⁵ - Ibid., at p. 206.

⁵⁶ - Ibid., at p. 193.

⁵⁷ - Ibid., at pp. 193 to 219.

Part 5 - Baby Boomer Generation

C - Recreational Trends

Part 4 explored the research and theories related to the social and recreational components of the retirement process. Although the conclusion of that section generally applies to all generations, additional research specifically pertaining to the Baby Boomers will be reviewed in the following sections of this paper.

The expectations regarding the social and physical activities of the Baby Boomers has generally been based on the assumed healthier attitude of that generation.

The Ministry of Municipal Affairs and Housing, in their 1983 study Towards Community Planning for an Ageing Society, predicted that future seniors will be healthier as a group. They explained: "Some of today's chronic ailments affecting the elderly may no longer take the same toll and seniors will remain healthier and more active longer."⁵⁸ The government publication continued to indicate the Boomer generation will have a diverse range of recreational needs, which will place added demands on all recreational facilities and services. The report concludes that the facilities themselves may require modifications to meet the anticipated sophisticated array of needs of the Boomer generation.⁵⁹

⁵⁸ - Towards Community Planning, at p. 6.

⁵⁹ - Ibid., at p 7.

The concept the Baby Boomers' excellent health was based on the exercising fad of the mid-70's, when health clubs, aerobics centres and jogging groups were vigorously attended by the Boomer generation. Many resort communities were developed for Boomers as part-time or vacation properties with the idea that at retirement they could move into the community full-time. These communities included recreational facilities such as tennis, squash courts, multi-purpose gyms for aerobics etc., weight training rooms, along with more conventional social rooms and retirement activities.

Many researchers in the 1980's, witnessing the Boomer's interest in fitness and their claims that they were fitter than their parents and were going to stay that way, predicted the Boomer generation would retire healthier and more active than previous generations.

Recent reports show that Baby Boomers as a generation have not continued with the fitness craze. According to research, the Boomer generation is exercising less than the preceding generation did at the same age.⁶⁰

David Foot suggests that the decline of the more physical sports activities in the Boomer generation is a natural occurrence of a generation growing older. He claims that more individualistic, less physical pursuits replace previous vigorous activities because the human body becomes less flexible and less responsive

⁶⁰ - Elaine Carey, The Toronto Star, Wednesday January, 31, 1996.

with the years.⁶¹ Also, middle-aged Boomers have busier schedules and less time to organize group activities such as tennis, racquet ball or hockey. Tennis clubs were filled to capacity in the 1980's as the younger Boomers had the time and motivation to participate. The same clubs are now advertising for members as the majority of the older Boomers abandoned the sport. Statistics indicate that 33% participate in tennis in the 18 to 24 age group, while only 7% participate in the 45 to 64 age group.⁶²

Foot, in observing the decline of interest in skiing and increase in attendance of symphony concerts, concludes that Boomers in their 40's are behaving as previous generations did in their 40's. Participation in active sports such as tennis, hockey and downhill skiing decreases dramatically as the Boomers age.⁶³

Golf, on the other hand, peaks in participation in the 35 to 54 group, and drops only slightly in the over-55 age group. Participation figures are 5% in the 19 to 24 age group, 10.2% in the 35 to 54 group, and 8.7% in the over-55 group.⁶⁴ According to Foot, there is a shift from tennis to golf among the older Baby Boomers. For those older people who do continue to participate in sports like tennis and skiing, the facilities and services will have to be upgraded to a level expected by the older Baby Boomer generation.

⁶¹ - Boom, Bust & Echo, at p. 10.

⁶² - Ibid., at p. 113.

⁶³ - Ibid., at p. 116.

⁶⁴ - Ibid., at p. 120.

Foot observes that Boomers are turning to activities such as walking, bird watching, gardening, gambling, travel, volunteering and the performing arts.⁶⁵

The need for pedestrian access into the countryside will intensify, as well as a resolution to the conflict over paths used by bikers, roller bladers, and walkers. Foot also believes that funds, if available for recreational purposes, should be devoted to walking trails, curling rinks, and swimming pools for recreational swimming, and not for football fields, squash and volleyball courts.⁶⁶

TABLE 53
Leisure Trends

Greatest Growth		Least Growth	
Outdoor Activities			
Gardening	51.6%	Camping	19.7%
Hunting	47.3%	Skating	16.0%
Picnics	41.4%	Downhill Skiing	6.2%
Leisure Activities			
Volunteering	49.2%	Sports Participation	22.4%
Attending Symphonies	49.1%	Sports Spectating	19.8%
Church Activities	47.5%	Attending Movies	18.9%
Sports Activities			
Darts	54.9%	Hockey	10.1%
Curling	52.7%	Volleyball	9.7%
Golf	52.0%	Football	7.2%

Leisure trends as compiled by the Madison Avenue Demographics Group also show that the major growth activities are the less physically active and demanding ones.⁶⁷

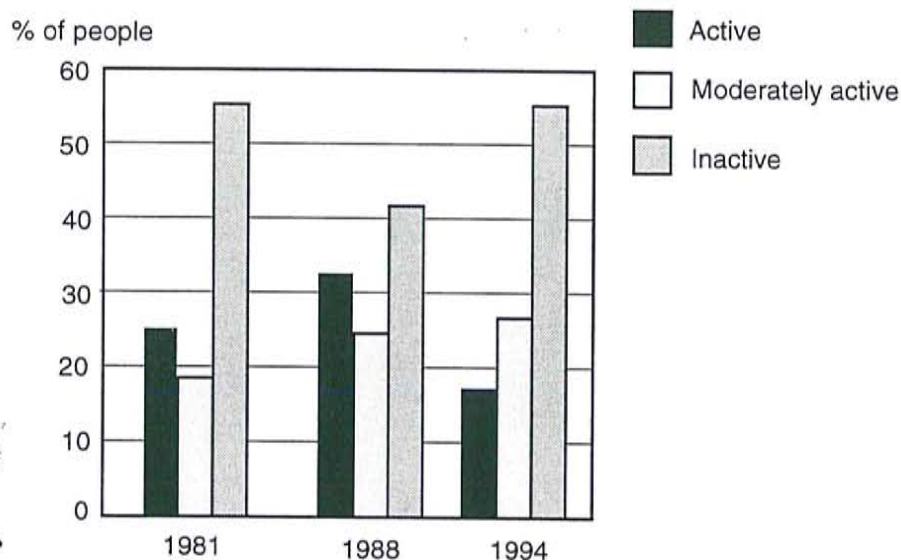
⁶⁵ - *Boom, Bust & Echo*, at pp. 121 to 129.

⁶⁶ - *Ibid.*, at p. 110.

⁶⁷ - Elaine Carey, *The Toronto Star*, June 5, 1995.

An article entitled "Boomers' Fitness Frenzy Fizzles" reports that in the last five years the intention of the Baby Boomers to maintain their fitness has dwindled. Chart 12 indicates that the level of physical fitness for 1994 is similar to statistics for 1981 and much lower than 1988, when fitness awareness was at its peak.

CHART 12
How Physically Fit Are We?⁶⁸



Joseph Levy, a physical fitness professor at York University, believes the decline in fitness is due to the practice of extreme aerobic programmes designed more for athletes than for the promotion of good health.⁶⁹ As indicated by the chart, most Boomers have dropped out of exercising altogether. Participation now promotes less frenetic and more natural forms of exercising,

⁶⁸ - Elaine Carey, The Toronto Star, February 18, 1996.

⁶⁹ - Ibid.

such as walking, jogging and any form of exercise that is fun without being regimented or overly stressful.

Russell predicts that once the middle-aged Baby Boomers escape from the pressures of career and family responsibilities, they will again turn to the enjoyment personal interests and the pursuit of hobbies. Hobbies she sees as the most popular are familiar pastimes like reading, cooking, fishing and gardening. Other interests, specifically among the "free agents" of the Baby Boomers, which she feels will also be popular are archival knowledge of rock and roll, 1950's and 1960's antique collecting, computers, virtual reality and travel.⁷⁰

Russell's later predictions are consistent with the earlier-discussed "Continuity Theory", specifically with respect to the Boomers' interest in music, computers and travel. Applying the same theory, one might also expect the Boomers to eventually return to some earlier forms of fitness.

⁷⁰ - Master Trend, at pp. 188 to 189.

Part 5 - Baby Boomer Generation

D - Housing Projections

There are many projections regarding the future housing needs for the retiring Boomers. Most researchers forecast that the Boomer generation will be living longer than previous generations. There is also a distinct division between the needs of the young-old, the middle-old, and the old-old. Ken Dychtwald describes the various stages of old age for the Baby Boomers as 50 to 64 (middle adulthood), 65 to 79 (late adulthood), and 80 and over (old age). He concludes that the Baby Boomers will not like to be thought of as old, and will tend to feel 10 to 20 years younger than their actual age. Although diversity in seniors is as great as in other generations, and although the expected health of the Baby Boomer generation is expected to be better than other generations, according to Cheryl Russell, the human body eventually does break down at approximately 80 years of age.⁷¹ The housing needs of the over-80 group, who have lost a good deal of their health, and is made up of approximately two-thirds women, are extremely different from those of the 50 to 64 year-old group or the 65 to 75 year-old group.

Most research recognizes the fact that the Baby Boomer generation does not want to be considered old. David Foot predicts that the future winners in real estate will be the ones able to provide for the ageing Boomers' changing needs, without making them feel old.⁷² He foresees Boomers starting retirement in

⁷¹ - Master Trend, at pp. 198 to 201.

⁷² - Boom, Bust & Echo, at p. 53.

housing developments centred around golf course and various recreation facilities. He believes the later life needs will be met in hotel-like accommodation for widows and widowers, with the final accommodation for the Baby Boomer seniors in nursing homes.

Cheryl Russell explains that the Baby Boomer generation or the "free agents", as she describes them, will not retire in formal retirement homes because retirement centres have too many rules and the Boomer generation is too independent.⁷³ She believes a fortunate few will have the financial ability to move to resort communities to pursue personal interests, and some will spend their free time travelling. Most will stay in their present home to retire.⁷⁴ Russell agrees with most research, which indicates that Baby Boomers will have to work far longer than they expect before retirement. The introduction of flexitime in the workplace and the advance of telecommunications will allow many to continue to work at home.⁷⁵

Ken Dychtwald believes retirement as we know it will soon disappear. With computer terminals at home or in recreational hideaways, and once flexible work ethics are in place, the Baby Boomers will fluctuate between work and non-work throughout their adult lives. He quotes projections indicating that by the year 2000, 20% of the labour force will work without leaving home.⁷⁶

⁷³ - Master Trend, at p.188.

⁷⁴ - Ibid., at p. 187.

⁷⁵ - Ibid., at p. 221.

⁷⁶ - Age Wave, at pp. 198 to 201.

Gail Sheehy also projects that most people over the age of 65, which she calls the Age of Integrity, will continue to work in one way or another, as part-time workers, consultants, contract teachers or self-employed entrepreneurs. She reasons this will happen not only because of the Boomers' self-purpose and self-worth, but because "they will have to be prepared to support themselves for greatly elongated later lives".⁷⁷

McPherson also predicts that flexitime will allow professionals to work later in life by reducing their work load. The initiation of job sharing will provide more job opportunities, while reducing work hours. Partial retirement will occur among self employed workers. He claims alternative work patterns will significantly influence the process of retirement, which will be a transitional period. Most retirees, he predicts, will remain in the family home.⁷⁸

Leigh Terry, a partner in Trillium Management Corporation who specializes in marketing retirement homes, believes the concept of retirement homes or villages has to change.⁷⁹ The Baby Boomers will reject the traditional concept of a retirement home, where seniors have their own bedroom but eat communally. According to her, they will also reject the little bungalow stuck in the middle of nowhere. She contends that the retirement village of the future will require a more sophisticated clubhouse, with dining facilities equivalent in ambience and service to commercial restaurants, and guest suites available for

⁷⁷ - New Passages, at p. 13.

⁷⁸ - Ageing as a Social Process, at pp 372 to 382.

⁷⁹ - The Toronto Star, Saturday January 4, 1992.

visiting families. She foresees that the Baby Boomers will retire early, but work part-time. Facilities should include executive suites equipped with faxes, computers and word processors. Recreational facilities should not only include golf, but also tennis and racquet ball. ⁸⁰

Elaine Carey, a demographics reporter, commenting on a recent conference on senior housing, also states that Baby Boomers will not be retiring to the typical retirement community because the Boomer generation does not want to be called old. Toronto Architect Les Klein, a speaker at a Toronto conference, indicated: *"New innovative housing solutions will have to be devised to meet their needs, because they will have money, they're unpredictable and they make their own rules."* He believes requirements for Baby Boomers' retirement housing include independence, security, dignity and flexibility. The present range of housing is too narrow, and Boomers will be looking at time-shares, loft spaces, new forms of communal living and truly mobile homes in which one can move at will. ⁸¹

Pamela Blais, author of Economies of Urban Form, concludes we can no longer afford sprawl because of the services involved and there is a need for a more compact form of development. ⁸² Kevin Lynch also believes that is no need for further infrastructure: *"Normally sufficient land exists within urban centres without going out into sprawl."* He suggests that development take the form of

⁸⁰ - The Toronto Star, Saturday January 4, 1992.

⁸¹ - The Toronto Star, Wednesday June 19, 1996.

⁸² - Boom, Bust & Echo, at pp. 133 to 134.

infill projects. The traditional single-family retirement community of five to six units per acre contributes to sprawl; row houses of 15 to 20 units per acre, according to Lynch, are more acceptable.⁸³ Although his theories are not specifically directed to Baby Boomers, Lynch indicates that developments should break down into social-spatial units of 15 to 30 units. If there are over 30 units, they are seldom considered as single social entities.⁸⁴ Consideration of separate neighbourhoods and provision of common space which is social and visual, as recommended by Lynch, is important to promote social contact and neighbourly atmosphere for the retired residents.

David Foot, in addressing the health of urban areas, states that the neglected needs of pedestrians and cyclists must be readdressed in order to maintain lively downtowns.⁸⁵ Lynch also promotes the separation of cars, cyclists and people, except at very low volumes; he recommends cyclist lanes at curbside or cycleways.⁸⁶ David Foot envisages the revival of the main street and the resurgence of small local specialty shops as Boomers age and demand quality and service.⁸⁷ The trip across town to malls and megastores to find bargains will be less important as the affluent Boomer will want to shop locally where the merchant staff know his or her name. According to Foot, car usage peaks at age 40. Walking to the local store which delivers will be more popular, downplaying the role of the car and increasing pedestrian movement in the

⁸³ - Gary Hach, Kevin Lynch, Site Planning, at p. 283.

⁸⁴ - Ibid., at p. 261.

⁸⁵ - Boom, Bust & Echo, at p. 129.

⁸⁶ - Site Planning, at pp. 211 to 212.

⁸⁷ - Boom, Bust & Echo, at pp. 103 to 105.

neighbourhood. Kevin Lynch indicates that suburban sprawl development requires, in most cases, two garages, while city developers need one car space for every two units, and for seniors one car space for every three units. Also, he discourages the front-yard garage as detrimental to the streetscape, and the traditional backyard parking solution as not a good use of land. Groups of two to six cars, covered with decks, is seen as a possible solution.⁸⁸ The positioning of shopping facilities accessible by foot and the safe separation of bikes and cars will be important in future retirement neighbourhoods.

The housing needs of the older Boomers, as their health suffers, is different from the needs the middle and late adult Boomers. Bertrand Desjardins, as researcher with Statistics Canada, when analyzing present living arrangement statistics, concludes *"that the survivor of an aged couple lives alone as long as possible after the spouses death before moving into an institution"*.⁸⁹ McPherson also elaborates that elderly couples living in homes are not likely to alter their living conditions to facilitate their declining health and special needs, on the basis that their short life expectancy does not warrant the expense of renovating. When they no longer are able to cope with the difficulties, they then move to more prosthetic environments.⁹⁰ David Foot acknowledges that affluent retired Boomers may reside in retirement communities which resemble luxury hotels with a variety of recreational facilities, but concedes that later in life they will likely move to nursing homes.

⁸⁸ - Site Planning, at pp. 263 to 265.

⁸⁹ - Population Ageing, at p. 64.

⁹⁰ - Ageing as a Social Process, at pp. 305 to 311.

Commenting on the future of ageing Boomers, Moshe Greengarten, Vice President of the Baycrest Centre for Geriatric Care, stated: *"As they age further, the private sector will have to find ways to build the services they will need into these developments, because governments won't be able to afford to institutionalize them at the rate it does today"*.⁹¹ Looking at the projections which indicate that a large number of Boomers will reach the age at which many seniors are institutionalized, and the intention of government to abandon social housing programmes, finding alternative solutions to institutionalization will be essential.

Many Baby Boomers have experimented with communal living during the 60's and early 70's, and a return to congregate lifestyle for this generation may be more natural than for other generations. Ken Dychtwald, Ph.D., in discussing the elderly and their options, writes: *"Many older people don't or can't afford to live in special retirement communities, but also don't want to live alone"*. He continues, *"living alone denies older men and women of friendship, support and love that can come from sharing a home"*.⁹² Dychtwald cites two existing agencies, the Boston Back Bay Ageing Concerns Committee and the National Shared Housing Resource Center in Philadelphia, as matching and placing seniors who wish to share facilities in private homes. The Philadelphia organization matches seniors with different generations, claiming a certain synergy from the combination, as each generation has something to offer.⁹³

⁹¹ - Elaine Carey, Ageing boomers pose housing challenge, The Toronto Star, June 19, 1996.

⁹² - Age Wave, at p. 26.

⁹³ - Ibid., at p. 263.

Dychtwald records a written report on a shared home which accommodated 12 older people, a handicapped woman and a younger couple who acted as house facilitators. The report was written after three years of operation. Each of the residents had his or her own room, but shared common living and dining rooms. The report stated:

*"Members of the house help each other with meal preparation, dressing, and other activities, as help is needed. Frailties and illness are dealt with as in a family or among good friends ...Most of the residents claim that, at first, they were fearful. They were all strangers to each other and had chosen this option simply because it seemed slightly better than other options available to them. None was expecting to find the love and support that have developed."*⁹⁴

Calculations from Statistics Canada indicate that over 70% of seniors enter their senior years as home owners and the majority continue to own their home. As most dwellings are former family homes containing three and four bedrooms, which become under-utilized, the initiation a house-sharing programme is physically a possibility. For those not fully dependent, who would normally end up in institutions, participating in a form of house sharing is a viable alternative. As the number of "empty-nest", multi-bedroom units become available, a

⁹⁴ - Age Wave, at p. 263.

shared-house programme may help solve a wide variety of the physical, financial and social needs of the elderly.

In the state of California, present surveys shows that 200,000 elderly already live alone in houses that have three or more bedrooms, which means at least 400,000 mortgage-free rooms are empty.⁹⁵

Historically, the immediate family provided the care for its elderly. A large part of care-giving responsibility would be assumed by daughters or daughters-in-law. According to McPherson, although the family is still the predominate source of emotional and economic support, the elderly do not normally live with their adult children.⁹⁶ The more complex family composition resulting from divorce and single parenting, more women in the work force, and the likelihood that the children of the elderly have settled in another part of the country, all make daily social contact impossible for many immediate family members. The social contact and camaraderie available in a congregational environment would complement support from the elderly's family. Daily or regular contact and socialization, according to McPherson, is necessary for the elderly's self confidence and continuing independence.⁹⁷

Dychtwald, while extolling the attributes of house sharing, concludes: *"Not only will we relate most closely with those blood and marital relatives with whom we*

⁹⁵ - Age Wave, at p. 262.

⁹⁶ - Ageing as a Social Process, at p. 370.

⁹⁷ - Ibid., at pp. 361 to 370.

feel the greatest affinity, but we will find in our network of close friends, work mates, and neighbours, the love, support, and companionship that our relatives cannot provide." ⁹⁸

As the population ages, Dychtwald believes there will be a shift from the child-centred nuclear family to an adult-centred "matrix" family. With declining fertility, extended longevity, increase in seniors' population and rise in median age, the majority of family relations will be between adults and adults. Because of lifestyle independence and mobility, the choice of friendships will be the basis of adult family-type relationships as much as blood relationships. ⁹⁹

Although the family will remain the major care givers, the matrix family for seniors will be important in providing them with emotional and physical support.¹⁰⁰

⁹⁸ - Age Wave, at p. 265.

⁹⁹ - Ibid., at pp. 235 to 236.

¹⁰⁰ - Ibid., at pp. 260 to 263.

Part 6 - Analysis

A - Demographics

According to the statistics, the projected large increase in the senior population will not be part of an overall population increase, but rather a shift in the size of the population age groupings. Between 1991 and 2036, the total senior population is projected to increase by 170%, while the total population, including all age groups, is projected to increase by only 38%. The total population increase will basically be made up from the seniors' group.

At the same time as the population of seniors increases dramatically the youth population will decline. Seniors for the first time will outnumber the youth population, and the median age, which traditionally has been in the 20's will rise to 42. The statistics show that by 2036 one in four people will be a senior and approximately half of all seniors will be over 75 years old.

The evidence also indicates that, by 2036, not only will the seniors' population be significantly larger, but the percentage of older seniors over the age of 75 will increase from 40% in 1991 to over 52%. The characteristics of this older population is different from the younger senior cohorts. The statistics show that proportion of elderly women increases with age, and that elderly women are more likely to be widowed than men. In fact 90% of elderly women over 85 are without partners. It is this older group of seniors who, after having had difficulty maintaining the family home, relocate to institutional accommodation.

Although much of the research suggests that approximately 9% of seniors are institutionalized, and this percentage is not considered to be significant, the detailed analysis of Statistics Canada figures and projections show within the older age groups, the numbers are significant. Because of the anticipated large increase in the elderly, the projections show the institutionalized population will increase from a total of 270,930 in 1991 to 946,240 in 2036, an increase of 250%. Close to half of this increase, or 350%, is due to the significant growth in population of women over the age of 85.

The projected need for institutional accommodation comes at a time when governments are withdrawing from participation in social housing. Direct funding for new social housing has been eliminated and new policies look to the private sector to become involved in the provision of social accommodation. Although the private sector has begun to react in a small degree to the growing demand for seniors' housing, the accommodation being offered is the more expensive retirement community type of development. Since the private sector has not responded to government incentives to provide affordable rental accommodation, it is unlikely they will respond to social housing needs in the future.

The situation has prompted numerous media warnings regarding the projected severity of social housing needs for seniors. Elaine Carey, a demographic reporter for The Toronto Star, in an article entitled "Old sick women fill our care centres", concurs with the view of the increasing seriousness of the older

Part 6 - Analysis

A - Demographics

institutionalized population. Interpreting the demographic reports, she believes the challenges of an ageing population may be even greater than experts predict. She also quotes Moshe Greengarten, Vice-president of Community Affairs at the Baycrest Centre, as explaining, *"We are going to have to keep looking for innovative ways of keeping these people in the community because we simply wouldn't be able to afford to build the number of institutions that would be needed."* Regarding the future facilities, he comments, *"There's no question that governments have underestimated the need for institutional care in Canada and they're not planning enough for what's ahead."*¹

One of the key issues, as Moshe Greengarten emphasizes, is the need to discover innovative ways to provide alternative accommodation for those who would otherwise be institutionalized and to keep them in the community.

The older generation is a population which is extremely environmentally sensitive, as the majority of its members are unable to manage independently. At the same time, most social researchers believe seniors should avoid institutionalized type accommodation and remain at home or be provided with alternative solutions.

¹- Elaine Carey - The Toronto Star, October 28, 1995, at p. 28.

Part 6 - Analysis

B - Demographic Model

The exploration of the demographic model as it responds to the changing population shifts from 1971 to projected changes in 2036 highlighted housing needs and environmental conditions which would have not been detected by utilizing only the population statistics. For instance, family-house type of accommodation for seniors, is projected to expand from 462 units in 1991 to 947 in 2036, an increase of approximately 105%. However, the total demand for additional housing in the model is 285 units, or only 10% of the total housing stock of 2,582 units. The small increase of total units is due to the senior population ageing in place.

At the same time the demand for housing in the model for the 20 to 64 age group is projected to decrease over the same period by 200 units or close to 10%. This decrease is due to the model being an established community where environmental changes are influenced by proportional population shifts rather than general population expansion. The major residential expansion normally occurs outside established communities in rural environments.

Even if the model considered the total population, including expansion, the increase for senior accommodation is still significant. An analysis of Table 1 in Part 2 shows that the total Canadian increase in population from 1951 to 1991 was 13,287,000, or 95%. The increase in the senior population was 2,084,000, or 15% of the total increase. The projected increase in population from 1991 to

Part 6 - Analysis

B - Demographic Model

2036 is 9,626,000, or 35%. However the seniors' increase is projected to be 5,395,000, or 56% of the increase. Theoretically, if new residences were developed for this increase, 56% of all new construction should be senior accommodation. Because most seniors age in the family home in communities such as our model, the percentage of new homes required by seniors is substantially less.

The ratio of seniors' housing to total housing will increase from approximately 1:6 in 1991 to 1:3 in 2036. The projected 1:3 ratio is higher than the projected 1:4 ratio for the seniors population. The high ratio is due to the projected high number of singly occupied houses. By 2036, 394 out of the total 947 units, or over 40%, are projected to be single occupancies, and close to 42% of those occupants will be women over 75.

Because of the projected increase in the number of under-utilized large houses, and the projected critical need for new institutional accommodation, it is recommended that a programme be developed to retrofit the homes as an alternative accommodation to institutional care. As estimated, if 35% of available singly occupied homes were utilized, the percentage increase in the need for institutional accommodation would decrease from 146% to 45%.

As a result of the increase in seniors' population in the community, as well as the decrease of youth population, the community's recreational and social programmes should also shift from their traditional youth orientation to include

Part 6 - Analysis

B - Demographic Model

programmes and facilities specifically for seniors. Facilities for formal social and recreational programmes and provision for informal socializing and the installation of therapeutic elements should be part of the community environment.

In addition to the retrofitting of existing houses, any new residential development in the model community should either meet the physical needs of seniors or be designed to be easily adapted. New development planned as alternative accommodation to institutional care would also help alleviate the projected critical shortage of institutional units. New infill development within the existing community which is contextually designed to be part of the community would address some of McPherson's concerns regarding age-segregated housing.² Elderly residents should be able to interact socially with their peers, be part of the neighbourhood community, and not feel isolated or physically restricted like many seniors in rural, gated seniors' developments.

The projections for age-integrated apartment units is also influenced by the growth of the ageing Baby Boomer senior population. Although there are approximately half as many of these units as there are single homes, the projected increase in seniors' units between 1991 and 2036 is 186 units, or 92%. The increase in total apartment units is projected to be 91 units, or 7.5% of the total number of apartment units. The ratio of seniors' units to total units is

² - Ageing as a Social Process, at p. 301.

Part 6 - Analysis

B - Demographic Model

also similar to the house statistics; namely the ratio was 1:6 in 1991, and is projected to increase to 1:3.4 in 2036.

Unlike the statistics for housing, where the 75 and over age group constitutes approximately 44% of the total senior units, the same age group makes up close to 60% of the total senior population in apartment-type accommodation. The numbers would indicate that not only are the elderly able to maintain an independent lifestyle for a longer period of time in an apartment type environment, but many elderly who leave the family home, but wish to maintain their independence, move into age-integrated apartment accommodation.

It is projected that by 2036 the need for seniors' single apartment units will increase from 83 to 166 or exactly 100%. At the same time the demand for family apartments for the 20 to 64 age group will decrease from 819 units to 743 for a total of 76 units, or close to 10%. Because of the decrease in demand for family units, the opportunity occurs to incorporate these units to provide alternative seniors' accommodation similar to the under-utilized home situation. The calculations show that if 50% of these apartment units were incorporated for specialized communal seniors units, the projected increase for age-segregated units in 2036 might be reduced from 90% to 29%. These units could equally serve as alternative accommodation for partially dependent seniors who would otherwise require institutional care.

Part 6 - Analysis

B - Demographic Model

The monitoring of the residential profile of the model from 1991 to 2036 confirms McPherson's description of the "greying of the neighbourhoods". The character of the model will change from the traditional youth orientation to one with a strong senior presence.

The projections generated from the model community confirm the pressure from the ageing Baby Boomer generation on institutional and age-segregated accommodation. The projected increase for 2036 required for institutional units is 131 units, or 130%, and for age-segregated housing is 71 units, or 90%. As discussed, governments who have traditionally been responsible for the development of specialized seniors' accommodation will be unwilling, unprepared and unable to afford this large demand. One of the objectives of monitoring the model community's residential profile through to 2036 was to uncover possible alternatives to the anticipated dilemma regarding institutional and specialized seniors' accommodation.

Two statistics are relevant to this crisis.

First is the finding that although statistics indicate approximately 8.5% of the senior population lives in institutional accommodation, only 4.5% of seniors are totally dependent and require institutional care. The remaining percentage do not require institutionalization, but could live independently if a suitable environment were provided and informal assistance or community programmes were available.

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B - Demographic Model

Secondly, under-utilized residential space suitable for alternative seniors' accommodation can be found in both residential houses and apartment units. A programme should be developed to alter residential spaces to meet the needs of partially dependent seniors who would otherwise be institutionalized. If even a portion of the spaces were utilized, the need for institutional units would decrease dramatically. Also, by converting the former family-type apartments to communal accommodation for seniors who would have required age-segregated units, the total projections for the increase in age-segregated units can also be reduced.

In order to compare the overall results of the projected statistics, Tables 47 and 48 have been developed. Table 47 shows the total accommodation for the model community using the original projections with no alternative accommodation. Table 48 shows the same projections using the calculations for the alternative accommodation.

TABLE 47
Total Accommodation Model Community (1991-2036)
Original Statistics

FAMILY HOUSES						
Year	20-64		65+ Units		Total 65+	Total Units
	1 Person	2 Persons	1 Person	2 Persons		
1991	-	2,120	174	288	462	2,672
2036	-	1,920	394	553	947	2,867
INSTITUTIONAL UNITS						
Year	20-64		65+ Units		Total 65+	Total Units
	1 Person	2 Persons	1 Person	2 Persons		
1991	-	-	91	10	101	101
2036	-	-	209	23	232	232
AGE INTEGRATED APARTMENT UNITS						
Year	20-64		65+ Units		Total 65+	Total Units
	1 Person	2 Persons	1 Person	2 Persons		
1991	182	819	83	119	202	1,203
2036	163	743	166	222	388	1,294
AGE SEGREGATED APARTMENT UNITS						
Year	20-64		65+ Units		Total 65+	Total Units
	1 Person	2 Persons	1 Person	2 Persons		
1991	-	-	48	16	64	64
2036	-	-	91	30	121	121
TOTALS ALL ACCOMMODATION						
Year	20-64		65+ Units		Total 65+	Total Units
	1 Person	2 Persons	1 Person	2 Persons		
1991	182	2,939	396	433	829	3,950
2036	163	2,663	860	828	1,688	4,514

TABLE 48
Total Accommodation Model Community (1991-2036)
Including Alternative Seniors' Accommodation

FAMILY HOUSING							
Year	20-64		65+				Total
			Traditional		Alternative		
	1P	2P	1P	2P	2P	3P	
1991	-	2,120	174	288	-	-	2,582
2036	-	1,920	350	553	-	44	2,867
INSTITUTIONAL UNITS							
Year	20-64		65+				Total
			Traditional				
	1P	2P	1P	2P			
1991	-	-	91	10	-	-	101
2036	-	-	132	15	-	-	147
AGE INTEGRATED APARTMENT UNITS							
Year	20-64		65+				Total
			Traditional		Alternative		
	1P	2P	1P	2P	2P	3P	
1991	182	819	83	119	-	-	1,203
2036	163	743	128	222	28	10	1,294
AGE SEGREGATED APARTMENT UNITS							
Year	20-64		65+				Total
			Traditional		Alternative		
	1P	2P	1P	2P	2P	3P	
1991	-	-	48	16	-	-	64
2036	-	-	63	20	-	-	83
TOTAL							
Year	20-64		65+				Total
			Traditional		Alternative		
	1P	2P	1P	2P	2P	3P	
1991	182	2,939	396	433			3,950
2036	163	2,663	673	810	28	54	4,391

Part 6 - Analysis

B - Demographic Model

Although the population increases in the community are identical for both tables, the increases in units are not. Because of the alternative communal units, the number of units required for the alternative programme (Table 48), is less. Also, since the alternative units are part of existing residential space, the need for new residential housing is reduced substantially. Comparing the two tables, there is just over a 25% reduction for new units in the alternative programme. The calculations for alternative seniors' housing are based on incorporating 30% of under-utilized space in houses and 50% of family-type apartments. These percentages are arbitrary, used to illustrate possibilities. The final success of the alternative proposal would depend on the actual percentages of spaces used and the innovative development of the alternative units.

Part 6 - Analysis

C - The Retirement Process

Research findings and theories differ in their views as to the extent of difficulty experienced by seniors in adapting to retirement living. Because the retiring generations are heterogeneous groups, reasons for retirement vary and no one theory or research is conclusive. Consequently the environment developed for retirees should take into account pertinent aspects of all three existing theories.

The Activity Theory, which has had substantial support from recreationists and social programmers, advocates that retirees maintain a level of activity which is similar to their pre-retirement level of activity. The development of the community centre has been generated from the need to provide a facility in which these social and recreational programmes can be housed. As other research suggests the programmes do not need to attempt to literally replace time formerly spent at work, however, the programmes and facilities are an important part of the retirement process.

Research suggests that community centre programmes which promote physical exercise or increase the seniors quality of life should be incorporated. Also, Lawton indicates that informal social activities are considered the most rewarding and the physical environment and formal programming should promote this type of social interaction. Atchley suggests that programmes which maintain a continuity of lifestyle will be more successful than new unfamiliar functions. There is conflicting evidence regarding the possible success of a

crafts programme, although evidence suggests that successful programming might provide some the opportunity to earn additional income. Other evidence shows there is growing interest in intellectual interests.

The physical properties of the community centre must respond to these and a variety of other needs. The development of recreational facilities to promote health, social opportunities and provide an outlet for competition and social facilities including lounges, meeting rooms, bar and restaurant outlets are important components. Other facilities should respond to the community's existing programmes and the interests of the senior population. The built environment should be flexible to accommodate changing programmes, of craft, educational, cultural and community interests. As a meeting place and symbolic nucleus for the retired population, the centre would also provide important opportunities for informal social contact.

The community centre has been an integral component in the development of most retirement communities. Some seniors' social services may be provided in local mixed community facilities; however if the needs of a retired senior population are to be met, community centres providing full social and recreational programmes specifically for seniors should be located within existing communities.

The Disengagement Theory suggests that the older population will eventually withdraw from participation in activities and centre more on observing and

informal socialization with their own peers. In order to discourage complete withdrawal from activities, the programmes should also address the needs of this generation. Living accommodation should respond to the social needs of the elderly in order to avoid the scenario where the elderly withdraw in their unit and become socially isolated. The concept of sharing space or clustering units are planning strategies to minimize serious disengagement. The physical design should encourage daily social interchange with one's peers.

A designated area that is incorporated as part of the centre's lounge in which the more elderly are made to feel comfortable might encourage social interaction with their own peers. Areas where seniors can observe formal and informal activities might promote informal socialization and provide encouragement to participate. Programmes which promote the elderly to participate will discourage full disengagement which if severe, research indicates will contribute to physical deterioration. Seniors' programmes should be accommodated in separate facilities built exclusively for the seniors of the community. As observed by Grayson, facilities are more frequently used if they are easily accessed, situated adjacent to pedestrian activity and unmistakably perceived as an extension of the seniors' environment, and if the individual recognizes his or her role as a community member.³

³ - Design for the Elderly, at p. 123.

Part 6 - Analysis

D - The Baby Boomer Generation

The Baby Boomer generation, like most generations, is heterogeneous in nature and will remain diversified in retirement. Original projections for the Baby Boomers' retirement were generally optimistic, however due to local recessions, the global economy and technical advances only a portion of the generation are expected to retire to an affluent lifestyle. Russell predicts the affluent Baby Boomers will move to resort or retirement communities where they can pursue recreational interests. Recent research however, indicates that the majority of the retiring Baby Boomer generation like other generations, will remain in the family home.

Although research indicates the Baby Boomer generation has delayed marriage and establishing a family by about ten years, retirement will occur earlier than past generations, namely between the ages of 55 and 60. Because life expectancy is expected to extend until age 80 to 85, the total years of retirement is dramatically increased from approximately 10 years to 25 years. Because of the size of the Boomer generation, government pension plans have had to be altered, resulting in higher premiums and lower benefits. It is also projected in the future government pension start up dates will be delayed until one reaches 67, creating a substantial period after expected retirement in which there is no source of income. Research indicates most Baby Boomers have not saved for retirement, nor are they likely to inherit substantial funds for

retirement. Also, because of the so called ten year delay, they will likely not be free from family commitments, as many will still have kids in college. Researchers agree that the majority of Baby Boomers will continue to work in some capacity long into their so-called retirement years.

There are various theories regarding the source and frequency of work which will be available to the retired Baby Boomers. Sharing work in the work place, as predicted by Foot, has not yet met with much acceptance, whereas the office at home concept has, in many cases, been adopted and is expanding in popularity. Evidence would suggest the office in home will be the choice of the future Baby Boomer retiree and the family home would be altered to facilitate these office requirements. This would enable retired Boomers to remain in the home and community while either continuing to work or establishing a second new career on a reduced or flexible schedule. The location and character of the home office would depend on the type of work and physical layout of the individual house. Most guidelines suggest the home office be free from personal distractions and be convenient for visitors and clients.

Researchers project that although some early retirees will continue to be associated with former business connections, many will pursue new and different ventures. For those seniors new business networks and new business opportunities need to be created. To help facilitate new business ventures, a central communal space should be devoted to the development of business networks, business meetings and the sharing of business equipment.

Part 6 - Analysis

D - The Baby Boomer Generation

Research indicates Baby Boomers will not devote all their time to business, and will continue to pursue leisure activities. Although recent polls indicate the Baby Boomers have abandoned many of their former activities, Russell predicts once career pressures are eased, they will return to familiar past pursuits. The notion that the Baby Boomer generation does not want to be perceived as old, and their earlier participation in fitness programmes suggests a return to exercise programmes, even if they have temporarily ceased to participate in this form of recreation.

As the Boomer generation ages, their interests will, according to Foot, change to less vigorous activities. Interests of older generations change to be consistent with previous generations according to Foot and Madison Avenue surveys. These changes are due to decrease in physical ability or new interests are not inconsistent with the Continuity Theory. Community facilities will have to accommodate interests of all phases of the retirement generation. The older generation's interest may change from the active forms of recreational activities to participation in social, craft or educational pursuits. According to the Disengagement Theory, the very elderly will be more passive, interested in observing activities and socializing with their own cohorts who have similar interests. The community centre needs to be adaptable to all retirement segments, as well as encouraging and providing recreational programmes for maintaining health, and opportunity for informal socializing in a club-like atmosphere.

Part 6 - Analysis

E - The Ageing Process

(i) - Environment

Communities in which "the greying of the suburbs" occurs in particular, tend to offer little social support for their senior population. Originally developed in the 70's and 80's for the young families of the baby Boomer generation, the communities were designed for a car-dependent population with little provision for pedestrian activity. Typically the streetscape is dominated by two-car garages and wide driveways. Because of zoning regulations, shopping centres are situated too far from the residential areas for pedestrian access. In many developments pedestrian sidewalks are eliminated entirely.

According to Lawton, at retirement most seniors will reduce their household car usage to one car, and most elderly will eventually abandon their car to become pedestrians. The designs of most of the suburbs developed for the Baby Boomer's, and even those recently developed, fail in their ability to accommodate the change from a car-oriented society to one in which pedestrians are more important.

The suburban house generally focuses on the rear yard where space for family activity and entertainment is located. Rear yards provided privacy and security for young families with children.

Part 6 - Analysis

E - The Ageing Process (i) - Environment

For the elderly resident, the rear yard will remain important, but the focal point of the residential environment will tend to shift to the front of the house. It is from the front yard that the elderly can observe the action on the street and participate in informal social exchange with passing neighbouring peers. Research indicates an animated streetscape or front lobby is preferred by the elderly over a passive environment or scene. Sitting and observing the action by the elderly is considered by both Lawton and McPherson a form of valid activity. The traditional picketed front porch which overlooks a pedestrian sidewalk provides a senior private space for observing and informal socializing. The suburban model with neither sidewalk nor front sitting area fails to provide the elderly with the opportunity for these activities.

The inner city models, which were developed in the early 1900's and pre-dated present zoning regulations, are more pedestrian oriented. Urban streets were developed without excessive front yard setbacks, resulting in more intimate pedestrian-related spaces. Also, existing pedestrian sidewalks and nearby street-related shopping normally provide the designed pedestrian activity for social interaction and passive observation.

Although in some urban areas existing front porches have been removed and boulevard parking has aesthetically disrupted the streetscape, the urban environment is more adaptable and better suited to the needs of the future elderly Baby Boomer generation than the suburban model.

Part 6 - Analysis

E - The Ageing Process (i) - Environment

To meet social needs of future seniors who elect to remain in the suburban community, the environment should encourage and support pedestrian activity. The incorporation of pedestrian sidewalks, the development of landscapes which provide interest and pedestrian scale, and the introduction of convenient neighbourhood shopping, easily accessible by walking, are key issues in developing a more social environment for the elderly.

Environmental elements applicable to both urban and suburban models which promote social interaction include:

- Sidewalk nodes - informal social nodes with seating and protection, placed as resting areas en route to shopping or places of interest and activity.
- Covered seating and social areas at shopping areas where the elderly can observe and socialize in shaded, protected defined outdoor spaces.
- Paths suitable for the elderly through parklands with observation/social nodes at locations where interesting activities can be observed.

By 2036, projections indicate that the senior population will, for the first time, exceed the youth population. Communities that traditionally provided recreational facilities for the youth should redirect resources and convert or develop social/recreational facilities specifically for the senior population. In

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E - The Ageing Process (i) - Environment

order to provide seniors with a strong sense of community identity, facilities similar to those associated with age-segregated communities should be provided. A central community centre suitable for both formal social/recreation activities and informal socializing is important both symbolically and functionally. Indoor/outdoor recreational facilities, specialized workshop or craft rooms and health-care facilities are just a few programmes which might enrich the seniors' quality of life and provide additional incentive to the senior residents to remain in the existing community. Since the ageing Baby Boomers may no longer be able to rely on the choice of relocating to more supportive accommodations, the community should take the initiative to ensure that the existing environment responds to the specific needs of this large elderly population.

(ii) - The Family Home

According to Statistics Canada, approximately 63% of all retired seniors live in a self-owned home. ⁴ A large percentage occupy non-age-segregated rental or condominium apartments, and a smaller percentage reside in age-segregated housing or institutional accommodation. Thus, even although age-segregated housing is specifically designed to meet retirees' needs, most seniors choose to continue to reside in the family home, and to remain in a community which is familiar and secure. This is seen by McPherson as a positive decision. ⁵

The initial decision to remain in the family house does not only provide continuity in lifestyle, but also avoids the trauma of moving away from a familiar environment. However, a home originally designed for a young, expanding family does not ultimately always meet the needs of retired occupants. As the ability of retirees decreases, and the maintenance of older, larger houses increases, the quality of life for the retirees tends to decrease. It is, however, not uncommon for elderly widowed women to occupy large partially unused or unoccupied houses and in order to maintain their independence, they endure considerably hardships.

Research indicates that most seniors consider themselves in good health and the home environment normally does not present any physical problems.

⁴ - Population Ageing, at p. 68.

⁵ - Ageing as a Social Process, at p. 295.

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E - The Ageing Process (ii) - The Family Home

However, the results of Statistics Canada's surveys show there is a high percentage of disabling conditions within the 65 to 74 seniors' age group, and a serious decline in physical health in the over 74 age group. As most reported diseases are skeletal or diseases of the joints, which effects one's mobility and agility and makes many house environments difficult.

Research shows that ageing couples endure what McPherson refers to as environmental stress, or physical difficulties due to environmental barriers. There is evidence from the demographic statistics that many elderly couples relocate to apartment type accommodation which is physically more supportive than the family house. Research also suggests the seniors relocate to institutional accommodation after the death of a spouse, and when the family home becomes too burdensome. The demographic statistics indicate 70% of the institutionalized population are women, and 81% of these women are over 75 years of age. The projections to 2036 indicate the total institutionalized population will increase by 250%, and the proportion of women will rise to 72%, while the proportion of women over 75 will rise to 90%.

As Greengarten concludes, governments have not planned for this dramatic increase in demand for institutional accommodation and the accommodation will not be in place for the Baby Boomer seniors. Also, according to researchers, the Baby Boomer generation, because of their independent spirit and desire to remain youthful will not want to relocate to institutional-type accommodation. McPherson and others in the gerontology field believe that

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E - The Ageing Process (ii) - The Family Home

seniors are more successful remaining independent in their community than giving in to the dependent, institutional lifestyle.

Historically, the elderly have rarely altered their residential environment to suit their changing needs, and have felt isolated in the community because of their minority situation. The relocation to an institutional environment has been a traditional pattern for those no longer able to cope with home ownership.

Gerontology experts predict that by the time the Baby Boomer generation reaches retirement, the increase in the demand for institutional care will dramatically exceed the availability. This prediction is based on, first, the projected dramatic increase in the senior population and, second, on the inability of government programmes to meet the increased demand for specialized seniors' housing.

There are, however, a number of factors which indicate that the Baby Boomer generation might be more successful in remaining in the community than previous generations. The demographic projections show not only a dramatic rise in the percentage of the senior population, but also a decrease in the percentage of the youth population. Unlike previous generations where the senior population, because of their small numbers, reportedly felt isolated in the community environment, the Baby Boomer seniors will actually outnumber the youth population. The average ratio of the senior population is projected to be somewhere between 24% and 30% of the total population by 2031. In many

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established communities the projected ratio should be substantially higher or closer to the ratio indicated by Lawton as being socially acceptable for seniors.

Research indicates that the relocation from community into institutional accommodation is socially traumatic for most seniors. Researchers generally agree that most institutional environments, although therapeutic, are devoid of character, restrict privacy, are a symbol of rejection and exude a "sick" or negative atmosphere. According to McPherson, seniors who remain in the community and use community care services as required will maintain a better quality of life than those in institutions.

Research suggests that remaining in the family home also has its disadvantages. As the elderly age, their social contacts tend to be more limited to their own peers. This network traditionally diminishes as peers relocate or die, leaving the remaining seniors isolated in the family home. Moving to an age-segregated community ensures that neighbours are similar in age and interest, and normally provides formal and informal opportunities for social interaction. However, the loss of the familiar family neighbourhood and the fact most age-segregated communities are developed in country settings isolating them from established areas, are, according to McPherson, serious drawbacks.

As previously discussed, by 2031 there will be a dramatic increase in the seniors' population of most established communities. The increased senior population will also substantially increase the potential for new peer-related

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social interaction. If existing communities were to provide formal social programmes and a more social environment, the need for fully segregated communities would be substantially diminished.

Although the Baby Boomer generation would like to believe they are in excellent health and would not like to grow old, statistics indicate they have abandoned their exercise programmes, and are in no better health, or possibly less healthy than previous generations. Health problems, as outlined in Part 4, can therefore be applied to the Baby Boomer generation. Also, the Baby Boomer generation will inevitably become frail, less independent and in need of some assistance with daily tasks.

McPherson indicates that most older people prefer to continue living in an independent dwelling, and that the quality, type, size and design of the dwelling unit interacts with health and economic status to influence lifestyle, life satisfaction and quality of life in later years.⁶ Many of the environmental difficulties for the elderly arise because the design of the family home does not physically readily adapt to occupants who have become elderly and frail.

As family homes were originally designed to meet the needs of growing young families, the physical and social supportive requirements of the elderly will not have been addressed. In order to remain in the home, and to ensure a continued independent lifestyle, the home environment needs to be altered to

⁶ - Ageing as a Social Process, at p 279.

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E - The Ageing Process (ii) - The Family Home

compensate for seniors' decrease in physical ability and changing social structure. Alterations would respond to an individual's condition, however according to the research the most common disabilities are skeletal diseases such as arthritis and osteoporosis which limit a senior's mobility and reduce their strength and stamina. For those suffering from these conditions, difficulties in the family home include stairs, access to the exterior and tasks related to kitchen and bathroom facilities. Although prosthetic devices such as stair climbers, grab bars and bathtub chairs may effectively function as a substitute for the individuals lack of ability, their institutional or handicapped quality will not be acceptable to the Baby Boomer's sense of image. As Foot indicates, the successful architecture for the Baby Boomers will accommodate the Baby Boomer's changing needs without making them feel old.

The supportive elements should reflect the existing residential character of the family home. For example, instead of outfitting bathtubs which are difficult to access with institutional type grab bars and retrofitted seats, it would be more fitting to replace the tub with an easily accessed shower complete with a built-in seat and adjustable shower head. Where possible, a therapeutic design approach should be adapted where elements might provide physical support, but also introduce a challenge what will encourage therapy through exercise. A stair which contains long difficult run of risers might be broken up with landings, equipped with built-in benches on which to rest, thus making the task of climbing less difficult, but also encouraging one to take the stairs.

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E - The Ageing Process (ii) - The Family Home

Evidence indicates elderly seniors traditionally have not modified the family home to accommodate a decline in mobility, however research suggests the Baby Boomer generation will be more self-indulgent and more demanding of their personal environment.

Because of their projected early retirement, their longer life expectancy, and their attitude towards institutionalization, compounded by the projected shortage of institutional accommodation, the Baby Boomers will remain in the family home substantially longer than previous generations. They will also be more prepared to alter the home to suit their specific needs. Future planning programmes should be incorporated to address both the conversion of the family home and the adaptability of new house construction to ensure these needs are satisfied.

Most home environments fail to adapt to the changing social needs of the elderly. Lawton reports that social isolation is one of the most common complaints of the elderly remaining alone in their own homes.⁷ Traditionally friends move, are institutionalized or are otherwise not able to socialize. While most elderly people prefer to remain independent in a familiar environment, remaining in the home often results in a decrease in social activity and, in more severe cases, isolation.

The traditional option for seniors wishing to continue a more active social life has been to relocate to an age-segregated community where formal social

⁷ - Planning and Managing Housing for the Elderly, at p. 34.

activities are available and the built environment attempts to reinforce the physical and social needs of the elderly. Most age-segregated housing, in addition to providing recreation and social activities, also attempt to accommodate physical limitations and, in varying degrees, the need to provide social settings in the environment. The formal community centre is found in most segregated communities, but the more subtle elements required to promote social interaction are often overlooked or badly executed.

Seniors-only developments, such as "The Rosedale" in North Brampton, "Heritage Village" in Vineland and "Brighton by the Bay", all feature front porches; however, in some cases the porches are too narrow for comfortable seating and in all cases the sidewalks needed to generate pedestrian activity are missing. Developers have often used the porch more as a symbolic gesture, without understanding its function or its importance in relationship to the pedestrian sidewalk.

McPherson also suggests that age-segregated housing also has other disadvantages. It creates physical and social boundaries which promote stereotyping and may lead to discrimination, rejection and abandonment of the elderly. Many of the new retirement communities, developed for early retirees, are often similar in appearance to the traditional suburban developments. While they provide central social and activity facilities, most are inconsistent in addressing the future environmental needs of an ageing population quickly becoming less agile and less car-oriented. Because of land availability, most communities are located in rural or outer suburban areas isolated from major

centres and other community interaction. They lack public transportation and amenities for pedestrian activities, and are far from medical, cultural, shopping and entertainment facilities. Segregated developments which are moderately sized and located within existing neighbourhoods are more successful, providing the residents with the opportunity to maintain ties with the community and its services.

Another form of age-segregated housing which is aimed at affluent retirees, is the resort community. Designed for those wishing to pursue a life-time interest or activity on a full-time basis, the resorts are generally located in the country adjacent to major ski, boating or golf centres. There was considerable interest in this type of development in the late 1980's and a number of projects in the Collingwood and Huntsville areas were completed. Many believe this type of retirement lifestyle will meet the specific needs of a physically active and affluent Baby Boomer generation. Recreation facilities for the resort community are programmed for the fit, active young retirees, but few amenities are provided for the less active ageing resident. Like other retirement communities, their location is often quite isolated.

Because of the projected size of the Baby Boomer senior population, the opportunity for peer-related social exchange in the future will occur in the traditional community. According to the demographic projection they will not feel isolated and there be less need or opportunity for them to relocate to age-segregated communities. However, the physical design and layout of most

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age-integrated communities, particularly those developed in the suburbs, do not facilitate the concept of supporting informal neighbourhood social interaction.

Like the suburban environment, the family house needs to become more pedestrian oriented in the future. Originally the family room opening out to the rear patio was the social focus of the suburban house. Little consideration was given to the front of the house, other than the driveway, the family car and access from the drive to the house.

As priorities of the elderly change, the treatment of the front yard needs to be re-evaluated and private space should be developed for sitting, observing and, most important, social interaction. The space should be perceived as semi-private space, controlled by the homeowners, yet with direct access from the public sidewalk. This realignment of social space may appear subtle, yet without it the elderly are socially restricted from informal pedestrian activity. Informal social encounters, according to research, are considered an important type of social contact for the elderly.

The evidence suggests that elderly couples are capable and able to cope with physical and social difficulties, with varying degrees of success. However, the trauma of a spouse's death, combined with continued physical deterioration, inability to maintain the family home, and the loss of social contacts may result in social isolation and the inability to cope. Traditionally statistics indicate this scenario generally applies to elderly women, and results in a large percentage of elderly, frail women occupying institutions.

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Statistics Canada shows over 40% of future seniors will reside alone, often in dwellings which are large and under-utilized. Most of these seniors will be elderly women who have difficulty coping with large houses and will be isolated in their own homes.

McPherson describes the single senior remaining in the family house as attempting to prove that he or she is able to cope independently, whereas in actual fact he or she is lonely and needs the emotional and social support of a companion. Lawton comments that there is an over-representation of widows living alone, and most are socially deprived.

By 2036 the projected availability of the traditional institutions will be limited, and the consensus of most research is the elderly should be encouraged to remain in the community. This paper previously introduced theory which proposes that under-utilized housing and apartment units can be shared by the elderly, keeping them in the community. Social benefits derived from such a theory would include the daily interaction of seniors sharing space and common activities, a sense of security and companionship, and a convenient source of personal assistance, as occupants are likely to care for and help each other.

The demographic model shows 31% of senior women aged 65 to 74, and 40% aged 75 years or more live in a family household alone. By 2036, 42% of all senior households will be occupied singly and over 77% of these will be occupied by senior women. Also, 40% of these houses, according to the

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E - The Ageing Process (ii) - The Family Home

demographic model will be large 7+ room houses. Dychtwald estimates 30% of today's seniors live alone, and in the state of California out of an estimated 200,000 people, live alone in houses that have three or more bedrooms, resulting in a total of 400,000 empty, mortgage-free rooms.⁸

As projections indicate institutional and age-segregated accommodation will be difficult to obtain, a large percentage of seniors will continue to live alone in the family house or apartment. According to both McPherson and Lawton the elderly senior living alone is subject not only to physical difficulties, but also to social isolation. The demographic projections indicate the traditional solution to this situation, namely moving to an institutional environment, will not be available to most of the Baby Boomer generation. Research suggests the opportunity of living with relatives or children will also be unlikely, nor will it be the choice of most Baby Boomers. An alternative choice namely shared housing, according to Dychtwald, has emerged in various parts of the U.S.A. and Canada. Because of the projected shortage of institutional accommodation, and the projected increase in under-utilized homes occupied by single seniors, the concept of shared occupancy will be a viable alternative to institutional living. The demographic model showed that if 35% of large underutilized homes and 50% of apartments were modified to provide shared accommodation, the projected percentage increase in demand for institutional accommodation might drop from 146% to 45%, and from 90% to 30% for segregated apartments. The 51 underutilized housing units used in the

⁸ - Age Wave, at p. 262.

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demographic model represents 13% of seniors singly occupied units or 5% of all senior units. The 38 apartment units represents 22% of senior singly occupied apartments and just under 10% of all senior apartments.

Although the concept of sharing accommodation is not a common form of seniors housing, a non-profit group called Sister Share Living have promoted this concept in the Toronto area. The Boston Back Bay Ageing Committee and the National Shared Housing Resource Centre in Philadelphia also are two American examples of shared housing that have been socially successful. Although cutbacks in social funding have resulted in cancellation of Sister Share Living programmes, a review of their Parkdale project showed that although participants were somewhat skeptical at first, the final analysis concluded the project provided new social opportunities and health benefits. Similar benefits were reported from the American programmes. "Group Homes" is a similar concept, developed in Sweden primarily for dementia victims. This model consists of six self-contained bed-sitting rooms which contain bed alcove areas and small strip kitchens. The occupants share common living, dining and lounge areas.⁹ Regnier's European studies show the "Group Home" concept has provided a viable alternative for dementia victims who otherwise would have been institutionalized. Results from evaluation studies have shown that residents have done remarkably better in the group home than in institutional environments.

⁹ - Assisted Living, at. p. 177.

While the evidence indicates seniors may be reluctant to enter a sharing programme, Dychtwald believes the Baby Boomer generation will be less conservative because of their past experience in alternative lifestyles. ¹⁰ According to Mary Gildea, co-ordinator of the National Shared Housing Resource Centre, the trend in shared housing is growing rapidly in popularity. She feels it meets the financial, companionship and security needs of older people. ¹¹

The opinions found in the research regarding the social implications of seniors living alone are generally in agreement with Mary Gildea's statement. Evidence indicates most seniors do not want to live alone, and need daily regular social contact from fellow cohorts. McPherson argues because families tend to be geographically separated, single parents will not live with their children, but will choose a congregational environment. Dychtwald suggests there will be a future shift from child-centred nuclear families to an adult-centred matrix model.

Projections show a large percentage of the Baby Boomer generation, when they reach the age of 75 or more, will live alone. For them, a home sharing programme would enable them to remain in the community and to improve their quality of life through the increase in social opportunities.

Although as mentioned, the Baby Boomer generation may be more open to this sharing concept, their independent nature also indicates a portion of the living

¹⁰ - Age Wave, at p. 263.

¹¹ - Ibid., at p. 264.

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E - The Ageing Process (ii) - The Family Home

space must be completely private and controlled by the individual. The bedroom and a separate bathroom are normally designated as private space in most existing models, and in some houses the bedrooms are sufficiently sized to include a small area for sitting.

However, unlike the previous generations where the family home remained unchanged during retirement, research suggests the Baby Boomer's home will first altered to meet his changing needs, and later many of the underutilized seniors homes remodelled to provide single seniors a form of shared accommodation.

(iii) - Apartment Accommodation

Demographic projections show that next to the family home, age integrated apartments are the choice of a large segment of the senior population. Research indicates that by 2036 not only will a third of apartment units be occupied by seniors, but a large number of the occupants will be very elderly, over 75 years of age. Evidence suggests that elderly seniors are able to maintain their apartment accommodation longer than those remaining in a family home, and many seniors unable to cope with family homes, will move into age-integrated apartment accommodation. The ratio of the seniors population to the overall population figures is projected to reach 1:4, but because of the high number of singly occupied units, the ratio of senior units will be approximately 1:3.

Because of the dramatic increase in the seniors population and the projected decrease in the number of youth, seniors living in integrated apartment accommodation should not feel intimidated and pressured to move to a segregated environment. In fact, because of the size of the Baby Boomer generation and the narcissistic attitude of its members, future Baby Boomer seniors will likely be a dominant force in both the apartment environment and the community. The evidence shows they have affected cultural and economic conditions as they have moved through the decades and it is likely they will continue to do so.

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E - The Ageing Process (iii) Apartment Accommodation

Although age-integrated apartment-type buildings are less difficult physically for the elderly, socially the apartment units are more isolating. Originally designed for a younger generation with a social network unrelated to neighbouring apartment occupants, the principle assets of an apartment environment are privacy and anonymity.

In order to be efficient and maximize density, most apartments were built with double-loaded corridors without natural light. The corridors were assumed to be part of the management's responsibility, and first design parameters were normally maintenance and security, resulting in corridors which are generally lifeless and uninteresting.

Originally designed for young active occupants, there was little concern regarding their social aspect. To the elderly who are less mobile and spend a large percentage of their time indoors, the character of the corridor and built-in social opportunities, and the relationship of corridors to units and their possible role in social interaction are very important.

If the corridors were treated as streets by using exterior materials, controlling natural light and clustering entrances in alcoves, they could be transformed into active street-like linkages. Apartment entrances could be treated more like individual houses, with porch-like alcoves and unit windows looking out into the corridor. The street concept first originated with the Dutch, and more specifically

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E - The Ageing Process (iii) Apartment Accommodation

with Hertzberger and his Driehaven old persons' home. In this project Hertzberger, taking the concept of the interior city street, developed a blend of private, semi-private and public spaces and offered opportunities for the occupants to complete and personalize much of the space.¹² The idea of providing directional clues in the corridor and front entrances which are personalized with recognizable familiar objects or pictures has also been developed for occupants suffering from mild dementia.¹³

The most successful corridors are single-loaded corridors overlooking views that are active, such as those found in the Captain Eldridge Congregate House in Massachusetts, which are single-loaded, contain alcove entrances, unit windows and seating, and face the corridor overlooking the active atrium.¹⁴

The double-loaded corridors of existing apartment-type developments do not offer the same opportunities as the Eldridge House, but improvements can be made to make these spaces more interesting and personal.

Although alternative solutions to local fire codes would be required in Ontario, visual and audible connections between the corridor and apartment units could significantly reduce the feeling of isolation experienced by many seniors.

¹² - The Dutch Contributions (1980), 1 The Harvard Architectural Review, 147 at p. 155.

¹³ - Design for Dementia, at p. 245.

¹⁴ - Assisted Living, at pp. 161 to 165.

Part 6 - Analysis

E - The Ageing Process (iii) Apartment Accommodation

Additional visual interest can be added to drab apartment corridors by permitting apartment occupants to decorate and personalize corridor alcoves and their front entries. Pictures or familiar objects could be incorporated to add character to the entry, help animate the space and make the corridor more symbolic of a street.

Although corridors were originally intended for circulation, they should also encourage social interaction where possible. The introduction of alcove seating in areas with views and natural light, or adjacent the elevator, should help create social opportunities. The introduction of various amenities, such as laundry facilities including lounge seating, would help to increase the activity level of the corridor.

The demographics show a dramatic increase of older seniors living in integrated apartment accommodation is projected. The projections indicate the majority of Baby Boomer seniors will choose to remain independent in the community in an integrated environment, and because of their numbers the amenities should be altered to more resemble those found in age-segregated accommodation.

The existing amenity areas found in the majority of non-segregated apartment-type accommodation normally fail to meet the requirements of a seniors population. According to Lawton, activity and social rooms for the elderly are more frequently used if they are on the entry floor and are visible from normal pedestrian circulation patterns around the building. Regnier suggests preview

opportunities be incorporated to promote social and recreational activities. Previewing, he claims, can be a catalyst that transforms observational activity into direct social exchange.¹⁵ Previewing is also effective in enticing residents to participate in activities. Most activities, therefore, should be located on the main entry floor and situated adjacent to well-travelled corridors. They should be visible and, where possible alcoves for observation should be provided.

Most activity rooms in existing apartment buildings, if provided, were located in basement levels isolated from normal pedestrian circulation. These facilities were designed primarily for efficiency, ease of maintenance and security. In order to encourage participation for the senior population, the location of these areas should be reviewed and the facilities altered to provide visibility, easy access and social opportunities.

The evidence suggests that the elderly prefer to sit and socialize in locations which overlook some form of activity or action. The front entrance to buildings is normally cited as a preferred location for such activities. However, most apartment lobbies were formally designed to create visual interest and do not function effectively as social space for a senior population. A more effective space for seniors would be one which is part of a main lounge, discreetly overlooking the activity at the front entry.

The lounge is the principal generator of informal social interaction and formal social programmes. To ensure senior participation lounges should be open or partially open to view, located on a main floor and easily accessed. The lounge

¹⁵ - Assisted Living, at p. 81.

Part 6 - Analysis

E - The Ageing Process (iii) Apartment Accommodation

should be perceived as a secondary living area, residential in character with a range of spaces for small social groupings. Spaces should adapt to the needs of a variety of activities, such as reading, playing cards or other games, sitting, observing other activities and socializing. Regnier, in his survey of European senior housing, found that the most popular and heavily utilized social spaces were the in-house restaurants.¹⁶ Also, in Denmark and Holland, bars complemented restaurant and lounge facilities.¹⁷

The introduction of a small cafeteria-type restaurant facility to a lounge would promote social exchange at dinner time, which according to the evidence is the most difficult time for those who are isolated. For the elderly it would mean relief from planning and preparing at least one meal, as well as a way of hosting friends and family. The introduction of a bar to a lounge facility would also promote social interchange and reinforce the idea of the lounge as an extension of one's living area.

Other facilities such as craft and recreational programmes have social benefits, and if not available nearby in the community, should be included in an apartment's activities programme.

The demographics indicate that the projected need for housing in 2036 will originate from the seniors segment of the population. While most seniors will remain in the family home or integrated apartment, other forms of

¹⁶ - Assisted Living, at p. 83.

¹⁷ - Ibid., at pp. 84 and 117.

Part 6 - Analysis

E - The Ageing Process (iii) Apartment Accommodation

accommodation in the community should also be geared to the needs of the retired generation. New infill housing or apartment development should reflect the same physical and social guidelines as developed for retrofitting existing housing stock.

New community housing should also respond to the statistics which indicate a large number of future seniors will be alone. A form of congregate living should be developed which provides the senior with a small self-contained unit as well as the opportunity of sharing a common lounge, dining room, kitchen and other amenities. This type of housing addresses the social needs of the single senior while allowing the occupant to be as independent as they wish.

The development of moderately scaled congregate housing within the community also meets McPherson's concern regarding large institutional type complexes which isolate the senior from the community. Because of their scale, complexes can be developed respecting the existing residential scale and street patterns.

The congregate housing is a relatively new form of seniors housing and has been influenced by the Swedish Group Housing Concept.¹⁸ The Swedish model was initially developed to provide shared housing for up to six dementia patients who would otherwise have been institutionalized. Congregate housing is gaining some acceptance in the U.S. through projects such as The Captain

¹⁸ - Assisted Living, at p. 177.

Part 6 - Analysis

E - The Ageing Process (iii) Apartment Accommodation

Eldridge Congregate House, which contains eighteen units clustered around an atrium space containing the shared elements. The success of this complex is in part the residential scale of the development and the socialpetal relationship between the individual units and common areas. Semi-private alcoves, clustering of entrances, opening windows and single loaded corridors contribute to maintaining a sense of social contact with neighbours even while inside the unit.

The congregate concept provides accommodation for senior couples or seniors living alone. Existing examples are residential in design and scale and should be compatible with most community environments. The designs are physically supportive with details and amenities that promote social interaction. As such they are a viable alternative to institutional accommodation for the future Baby Boomer's senior generation.

Part 7 - Conclusion

The initial hypothesis that the present facilities such as institutions and retirement communities will not meet the needs of the Baby Boomer generation have been found to be correct. Early speculations concluded the Baby Boomer generation, as a diverse and successful generation, would by their nature reject institutional type accommodation and would aspire to more progressive or contemporary models. The analysis indicates clearly, that the Baby Boomer generation will not accept the structured lifestyle associated with an institutional type environment, however only a small percentage of the generation will be sufficiently affluent to afford the more contemporary forms of accommodation. Not only will the expensive resort retirement communities be out of reach financially for most Baby Boomers, but research reveals age-segregated communities are generally unsatisfactory because of their physical, mental and social isolation. Remaining in the local community in a familiar environment, according to the research, is less stressful and will contribute to a more varied, and better lifestyle for the Baby Boomers. Evidence suggests that not only will most of the Baby Boomer generation retire in the family home, but a large percentage of them are forecast to continue to work in some capacity well past the normally recognized retirement age.

The concept of a large percentage of the Baby Boomer generation remaining in the community was not anticipated in the original hypothesis statement. The original hypothesis suggested new innovative retirement models would be required to meet the diverse independent lifestyles of the Baby Boomers. The fact most Baby Boomers will remain in the community does not change their

Part 7 - Conclusion

independent character and the need for innovative retirement models is projected to occur within the context of the community and the family home.

Initial innovative programmes will focus on the need for most Baby Boomers to continue to work after their projected early retirement. Evidence suggests the home office will follow early retirement and alterations will be required to the family home to facilitate their inclusion. Also, in order to assist the projected new generation of retired entrepreneurs, community programmes should be initiated to provide space for business meetings, equipment and networking within the community, preferably in the community centre.

Because the Baby Boomer generation is unlikely to relocate to institutional or age-segregated accommodation, they will remain in the family home considerably longer than previous generations. While, traditionally, the elderly seldom altered the home to compensate for their personal physical disabilities, it is projected the Baby Boomer generation will insist the family home adjusted to their changing physical and social needs. Research confirms that although the Baby Boomer would like to retain a healthy image, their generation will be subject to the same physical deterioration and eventual frailness as other generations. Programmes should be initiated which will enable the Baby Boomer to alter the family home in order to make it more supportive of his physical and social needs.

Similar programmes should also be initiated for existing apartment

Part 7 - Conclusion

developments. Although apartment environments are generally more physically supportive, issues like occupant isolation, opportunities for social interaction and social recreational amenities need to be addressed.

The implementation of these two alteration programmes should enable a large portion of the elderly population to remain in the community, to continue to live with dignity and to participate in community affairs. Although residential alternation programmes may not be perceived as high profile developments, by 2036 the homes of elderly seniors will constitute such a large percentage of the community's house stock, and these programmes have the potential of being very extensive and quite significant.

A third programme which also utilizes existing housing stock within the community is the shared housing programme. As described in the analysis, the shared housing concept provides accommodation and companionship for the single senior. It also utilized large family homes, many of which are under used. By 2036 according to the demographics 46.5% of the seniors population will be living alone and almost 70% of these will be elderly women. While institutions were generally home to this single group of seniors, it is projected institutional care by 2036 will be almost impossible to obtain. Because of the social and care giving opportunities that are built into the shared housing concept, this type of innovative housing should be suitable to those seniors who are very elderly, who live alone or are partially dependent. Although at the moment the concept is relatively new in Ontario, it has the potential to both relieve some of the

Part 7 - Conclusion

anticipated pressure on institutional accommodation and to make excellent use of the underutilized housing in the community. The demographic model indicates over 40% of large houses are singly occupied and the analysis shows that if 35% of these houses were converted to the shared housing concept, the percentage increase for institutional accommodation between 1991 and 2036 would decrease from 146% to 45%. The 35% utilization figure is an arbitrary choice, however, the calculations are sufficient to show the initiation of a shared housing programme has the potential to significantly influence the demand on institutional accommodation.

In addition to the shared housing programme, other programmes are needed to provide accommodation for the very elderly, especially those who are alone and need companionship. An innovative housing model based on the group or congregate housing concepts and as described in the analysis could be adapted to fit within the context of existing community architecture. Because the congregate concept is by its nature quite flexible, the form of individual developments may vary from renovations, additions, infill development, stand alone or various combinations. Because of its flexibility existing buildings, vacant lots, lanes or other difficult sites within the community could be considered as potential development areas.

The size of each congregate facility may vary, however groupings are normally limited to approximately thirty units, or the number of units that normally constitute a neighbourhood. The individual units may be compact, but should

Part 7 - Conclusion

be self-contained providing the privacy and independence important to the Baby Boomer generation. Existing examples of congregate units include private bath or washroom, kitchenette, bed alcove with varying sizes of eating and small living or conversational areas. The grouping of units should provide opportunities for social interaction and a sense of family.

The common areas may vary but should provide the opportunity for physical and psychological support and the generator of informal, daily social exchange. As the research suggests, the environment should be therapeutic, however physical assists should be carefully designed keeping in mind the Baby Boomer generation, even in old age, will want to retain their youthful image.

The architecture of congregate developments should offer seniors a continuum of lifestyle and avoid the trauma associated with the initiation to institutional living. Specifically, the architecture should be residential in character with familiar scaled interior spaces. The environment should provide the opportunity for historic references, and the personalization of the environment and identification of units. The architectural language should be varied using identifiable landmarks to assist way finding and avoid over repetitiveness and symmetry that might cause confusion. The architecture should be stimulating with spatial variety and opportunities for previewing spaces and facilities.

Research identifies most family participation with retired parents is limited to financial and emotional support, and daily social interaction is normally

Part 7 - Conclusion

provided by their peers. However the congregate model with privately occupied units, unlike the shared accommodation traditionally found in institutional accommodation, offers privacy for family visitation and overnight stays. Common kitchen and lounge facilities also are able to accommodate larger family functions. The scale of congregate housing makes it flexible enough that family or community involvement in the operations or management of such facilities is also a possibility.

As the population of established communities change in composition, street environments should also evolve. The demographics show that by 2036 one in every four people will be a senior citizen and almost one of every three homes in the community will be occupied by a senior. The suggested architectural programmes should also enable the very elderly to remain in the community. As existing housing is modified to facilitate an ageing population, the street environment should also reflect the decline of car usage and the emergence of a more pedestrian-oriented environment. The new environment model should include facilities which promote social interaction, encourage pedestrian usage, ensure pedestrian safety and comfort and provide socialpetal connections to dwelling units and other community facilities.

Each community should also have a community centre exclusively for the senior population. As outlined in the analysis the centre should include social recreation, and educational programmes as well as a business centre for the entrepreneurial senior population.

Part 7 - Conclusion

While the research confirms the original hypothesis that traditional forms of retirement accommodation like institutional accommodation will not meet the needs of the Baby Boomer generation, the close relationship of the new retirement architectural models with existing community fabric was not anticipated. As the analysis indicates, the majority of Baby Boomers will remain in the family home and in neighbourhood communities and the retirement architecture models will be contextually an integral extension of the existing community architecture.

The new architectural retirement models for the community include:

- The adaptation of existing homes to accommodate the office in home.
- The adaptation of existing homes to meet the changing physical and social needs of the ageing Baby Boomer.
- The renovation of existing homes to facilitate the shared housing concept.
- The adaptation of existing apartment units and related amenities to meet the physical and social needs of an elderly seniors population.
- The introduction of new congregate housing to the community.
- The environmental changes required to facilitate a more pedestrian-oriented community.

Part 7 - Conclusion

- The introduction of a community centre specifically for use of the senior population.

The architectural and environmental models will form the basis for the development of an architectural programme, along with the selection of a suitable existing community.

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THESIS

INNOVATIVE ARCHITECTURE FOR THE RETIRING
GENERATION OF BABY BOOMERS

Demonstration Sites

September 19, 1999

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Part 1 - Beach Demographics

The area selected for the demonstration models for the thesis is the Beach Community. The Beach study area is located in the South East section of Toronto, and is bounded to the North by Kingston Road, to the West by the former Greenwood Racetrack and to the East by Victoria Park.

The Beach area as identified by Statistics Canada include Population Areas 021, 022, 023 and 24 Ward 26. The characteristics of the Beach population as shown on Table 1 are similar to those found in the national statistics.

TABLE 1
Population Characteristics Areas 021, 022, 023, 24 Ward 26 (Beach)

1991	Canadian Statistics	Area 021	Area 022	Area 023	Area 024	Total Beach
0-19	27.7%	17.0%	24.0%	25.0%	20.0%	21.5%
20-64	60.7%	73.3%	66.8%	62.8%	69.4%	68.0%
64-74	6.9%	5.4%	5.4%	7.0%	5.8%	5.9%
75+	4.7%	4.3%	3.8%	5.2%	4.8%	4.5%

Comparison with Canadian Statistics

0-19	Down approximately 6% points
20-64	Up approximately 7% points
64-74	Down 1% point
75+	Almost identical

Part 1 - Beach Demographics

The dwelling characteristics and structural type breakdown are also similar to the Canadian statistics, as detailed in the research section of the thesis.

TABLE 2
Dwelling Characteristics

Areas	021	022	023	024	TOTAL	
Total Population	5,195	3,655	3,180	6,630	18,860	
Number of Dwelling Units	2,525	1,530	1,245	2,860		
Average Number of Rooms	5.3	6.2	6.5	5.8		
Number of Persons per Room	.4	.4	.4	.4		
Structural Type						
Houses (D, S.D, RH, Dup)	1,160	1,180	990	2,045	5,375	
Apartments	1,370	340	250	815	2,775	
					8,150	
Structural Type Breakdown						
(D, S.D, RH)	975	1,115	905	1,900	4,895	59.5%
Duplex Apartments	185	80	85	145	495	6%
Apt. Less than 5 Storeys	1,360	335	245	655	2,595	31.5%
Apt. More than 5 Storeys	10	15	5	160	190	2%
Institutional	84				84	1%
Total					8,259	

Because the statistics are similar the projected formulas initiated in the research division of this paper these formulas have been applied to the Beach demographics.

TABLE 3
Projected Demographics¹

	0-19	20-64	65-74		75+		Total
			Male	Female	Male	Female	
1991	3,950	12,955	455	645	270	585	18,860
Total Seniors Population			1,955				
2036	3,120	11,724	688	1,019	662	1,433	18,646
Total Seniors Population			3,802				
% Change	-21%	-9.5%	+51.2%	+58%	+145%	+145%	

¹ - Based on Statistics Canada projections

Part 1 - Beach Demographics

Beach Housing

TABLE 4
Projected Population Living in Houses in 2036

	0-64		Seniors				Total
		Occup.	65-74		75+		
			2P	1P	2P	1P	
1991	4,636	(2.6)	289	177	145	143	5,390
2036	4,103	(2.5)	445	278	354	350	5,530

The seniors increase is from 754 to 1,427 or 673 units or 90%. The total increase in housing is 140 homes or 2.6%.

While the increase in seniors housing is projected from 754 to 1,427 units or 90% (673 units), the projected increase in total housing (all ages) is 140 homes or 2.6%. Similar to the national model most seniors will maintain the family home and age at home.

Part 1 - Beach Demographics

Institutional Housing

Institutional population projections can also be calculated using research formulations.

TABLE 5
Institutional Population Projections

	65-74		75+		
	Male 3.1% ²	Female 3.4%	Male 12.7%	Female 21.8%	Total
1991	14	22	31	114	181
2036	21	35	84	312	453

As previously discussed in the research section these numbers can be reduced if alternative housing can be introduced for those not requiring full time care.

TABLE 6
Revised Institutional Population

	65-74		75+		
	Male 1.75% ³	Female 1.85%	Male 8.75%	Female 12.3%	Total
2036	12	19	58	176	265

The figures in table 6 are based on alternative solutions being made available. If this accommodation is provided the need for institutional units decreases significantly. Alternative accommodation can take the form of shared accommodation where seniors can help each other when required or congregate accommodation which provides some of the supportive needs found in institutions, but allows the seniors to maintain their independence.

² - Percentage of total senior populations (historically)

³ - Percentage of total senior population (when alternatives are available)

Part 1 - Beach Demographics

Apartment Housing

Projections for the increase in seniors integrated and segregated apartments can also be calculated, using the previously calculated formulas from the research section of this paper.

TABLE 7
Apartment Occupancy

	30% ⁴		31.5%		49.5%		Total
	0-19	20-64	65-74		75+		
			Male	Female	Male	Female	
1991	1,185	3,886	143	203	134	290	5,841
2036	936	3,517	217	321	328	709	6,028
Change	-21%	-9%	+48%	+58%	+144%	+145%	+3.2%

Apartment Occupancy

	Apartment Occupancy										
	Apartments		65-74				75+				Total
			Male		Female		Male		Female		
			1P	2P	1P	2P	1P	2P	1P	2P	
1991	2,242	(2.26)	18	62	63	70	24	55	116	137	2,785

TABLE 8
Integrated Apartment Population for 2036

	0-19	20-64	65-74		75+		Total
			Male	Female	Male	Female	
2036	936	3,517	175	257	262	567	5,714

Integrated Apartment Population for 2036

	0-64		65-75				75+				Total
			Male		Female		Male		Female		
			1P	2P	1P	2P	1P	2P	1P	2P	
2036	1,970	(2.26)	23	76	80	89	47	108	227	170	2,790

⁴ - Percentage of total population of each age group

Part 1 - Beach Demographics

While the need for integrated apartments for seniors +75 shows an increase of 145%, the total increased need for integrated apartments is only 3.2%. Considering the estimated number of new apartment accommodation developed in the Beach area since 1991, there appears by 2036 there will be a small surplus of integrated apartment units.

TABLE 9
Projected Populations in Age Segregated Apartments for 2036

65-74		75+		Total
Male	Female	Male	Female	
42	64	66	142	314

Projected Need for Segregated Apartment Units for Seniors (65+)		
1 Bedroom	2 Bedroom	Total
188	63	251

At the present time there are no segregated apartment units in the Beach area. Fulfilling this projected need would mean the introduction of a new form of housing to the Beach area. Accommodation could take the form of new development or the modification of underutilized integrated facilities.

In reviewing the Beach demographics the results indicate they are almost identical to the previously detailed national model and the conclusions of the research material remain valid for the Beach community.

Part 2 - The Beach Community

The Beach community is similar to many established communities in the Toronto area. The residential area is predominantly single family with a mixture of low rise fourplexes and walkup apartments. Queen Street is the main street containing neighbourhood shopping, and services.

Established communities such as The Beaches with main street conveniences are recognized as being more suitable for an ageing population. As the research indicates, car usage declines with age so that centres which are within walking distance of the residential areas are more successful for the senior population.

The Beach community is also unique in its relationship with the lake. Amenities such as the boardwalk, the Martin Goodman Trail, parkland, picnic and waterfront viewpoints contribute to the quality of life for seniors and others living in The Beach.

Many of these facilities date back to 1921 when the Eastern Beaches Park was developed by the City on waterfront land. Waterfront properties were annexed by the City and, public boathouses, lavatory buildings, refreshment booths, park land and the wooden boardwalk were developed. The park and boardwalk have remained, giving all residents and visitors direct access to the beach and waterfront. In 1970 the area became fashionable, and under pressure for development, however there was resistance to high density development by the community and the area has retained its small town quality.

Part 2 - The Beach Community

Beach architecture incorporates a number of different styles, ranging from the original beach cottages, infill single housing, fourplex apartments and low rise walkup apartment buildings.

Although the Beach Area has many amenities for the senior population, much of the existing accommodation does not meet the needs of the future Baby Boomer seniors population.

As shown in the demographic findings, a large percentage of Baby Boomers are projected to remain in the single family home. As projected in the national model a large portion of these seniors will be cohorts over 75 years of age and will be alone in large houses which are socially isolating and difficult to maintain.

The statistics also show that unless alternative housing is developed, the need for institutional facilities will increase dramatically. The projected numbers for the Beach community show an increase in institutional population from 181 in 1991 to 453 in 2036. The stats also show that if alternative shared or congregated housing is provided the total projected institutional need for 2036 may be reduced to 265. At the present time the institutional needs of the Beaches are met by one institutional facility, the Beach Arms Lodge housing 80 seniors, and partially by the Atrium and Versa Care Centre which are located north of the Beach area.¹ It is estimated 135 Beach seniors are accommodated by the three facilities.

¹ - Appendix

Part 2 - The Beach Community

In order to minimize the increase for institutional housing innovative alternative solutions suitable to the Baby Boomer needs and aspirations need to be developed. These solutions may take the form of shared housing facilities or development of congregated housing, where seniors maintain their independence but have the option of participating in communal facilities.

The demographics show that although the total need for apartment units will not increase, a large percentage of existing units will be occupied by seniors. Also, the need for seniors segregated accommodation will increase dramatically. At present there are no segregated apartment units in The Beach.

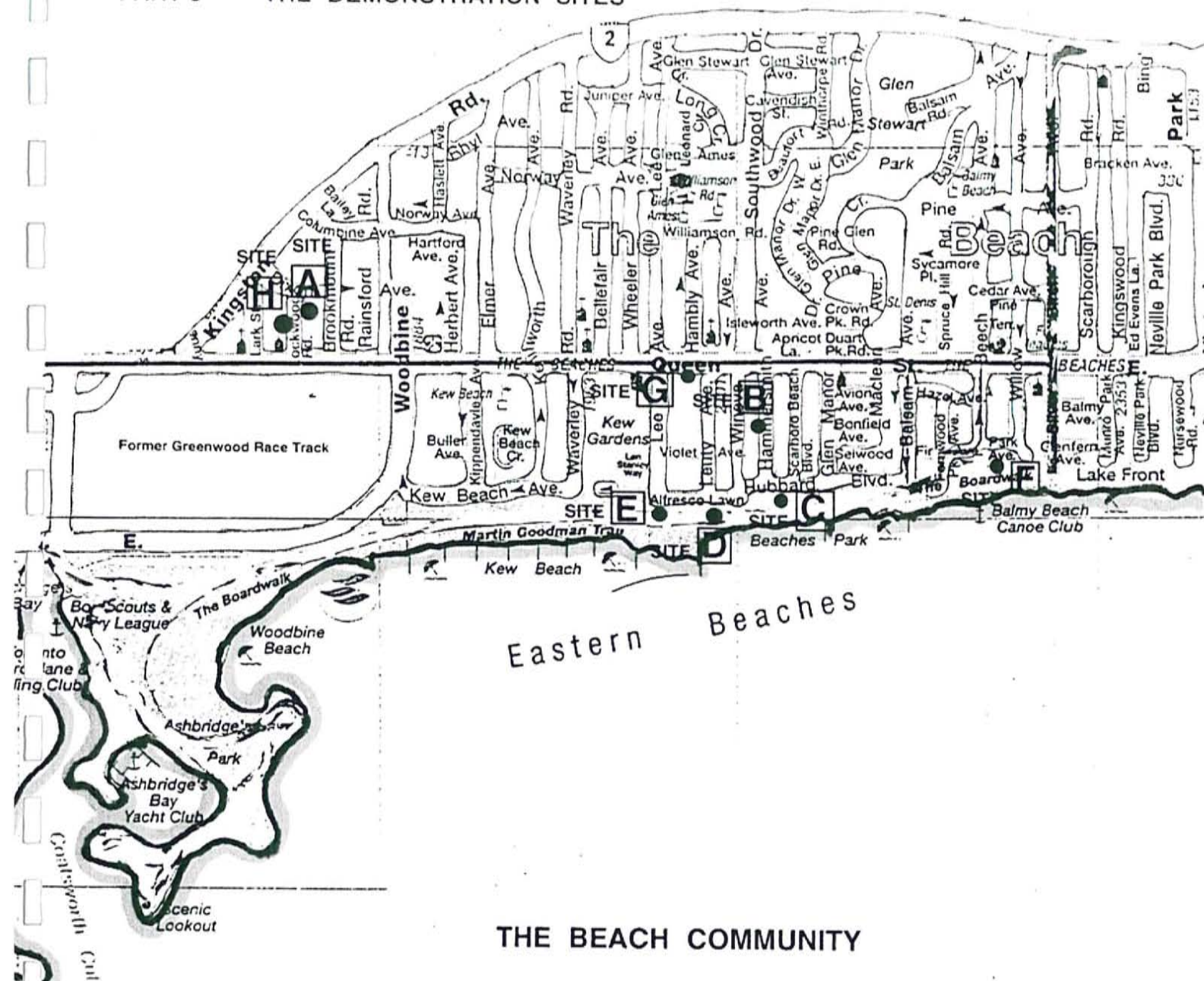
The Beach community offers seniors a variety of outdoor amenities. Specifically for seniors there are two lawn bowling clubs, one at the Balmy Beach Club, the other at the foot of Lee Avenue adjacent to the ice skating rink. Also located just north of the rink are two shuffleboard courts which are used only when seniors from the Beach Arms Lodge and other institutions are bused to the area for daily outings.

As suggested by the main body of research, as the population of the community ages, amenities should be directed to serve seniors' needs. Although the Balmy Beach Club and the Beaches Recreational centre run limited programmes for seniors, there are no centres specifically for the senior population. Community centres with a wide variety of social, recreational and business facilities should be provided within walking distance of residential areas.

Part 2 - The Beach Community

In order to show alternative seniors housing in the Beach area, eight development sites have been chosen. Seven of these sites show innovative, alternative solutions which meet the needs of the ageing Baby Boomers. The eighth project demonstrates the concept of moderate sized institutional development within the infrastructure of existing communities. All models are contextual in character and are examples of how the needs of the future Baby Boomer generation can be met through innovative architecture developed in the existing community infrastructure.

PART 3 THE DEMONSTRATION SITES



THE BEACH COMMUNITY

SITE A	SHARED HOUSING SINGLE FAMILY HOME
SITE B	SHARED HOUSING FOURPLEX
SITE C	CONGREGATE HOUSING
SITE D	CONGREGATE HOUSING
SITE E	SENIORS COMMUNITY CENTRE
SITE F	SENIORS SEGREGATED HOUSING
SITE G	CONGREGATE INFILL HOUSING
SITE H	COMMUNITY INSTITUTIONAL HOUSING

Site A - Shared Housing The Single Family Home

RESEARCH CONCLUSIONS

- Unlike the previous generations where the family home remained unchanged during retirement, research suggests the Baby Boomer's home will first be altered to meet his changing needs, and later many of the underutilized seniors homes remodelled to provide single seniors a form of shared accommodation.
- Although the Baby Boomer generation may be more open to this sharing concept, their independent nature also indicates a portion of the living space must be completely private and controlled by the individual. The bedroom and a separate bathroom are normally designated as private space in most existing models, and in some houses the bedrooms are sufficiently sized to include a small area for sitting.

CONCEPT

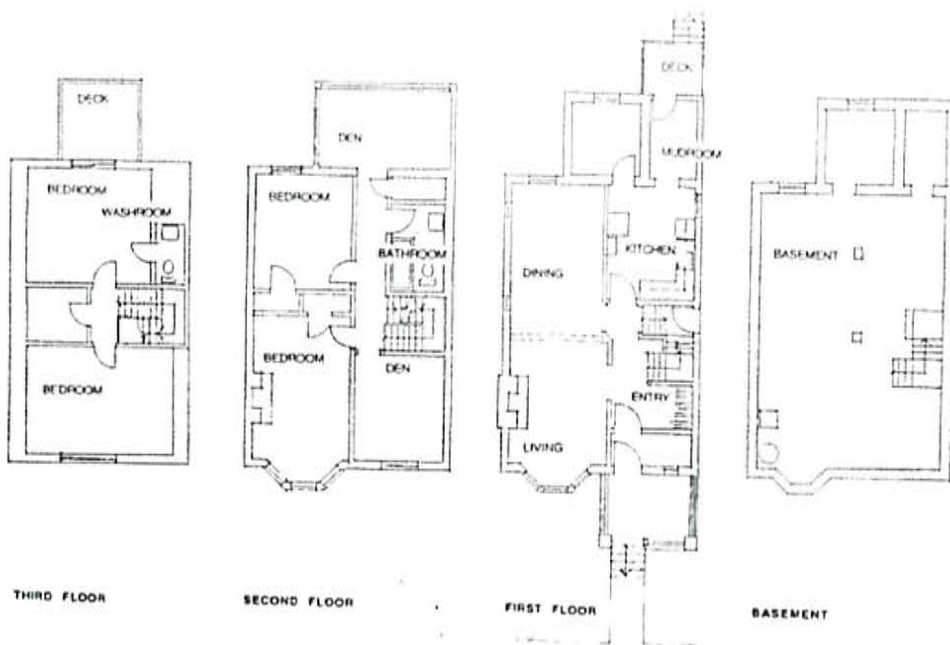
Site A is a typical three storey single family home location in what is called the Beach Triangle (north of the former race track). Similar homes are also found throughout the Beach area. According to the research they are often singly occupied by the surviving member of an elderly couple. As such much of the area of the house is underutilized.

To alter the former family home to suite the needs of three or four single seniors who may be or possibly become frail, the following considerations were analyzed.

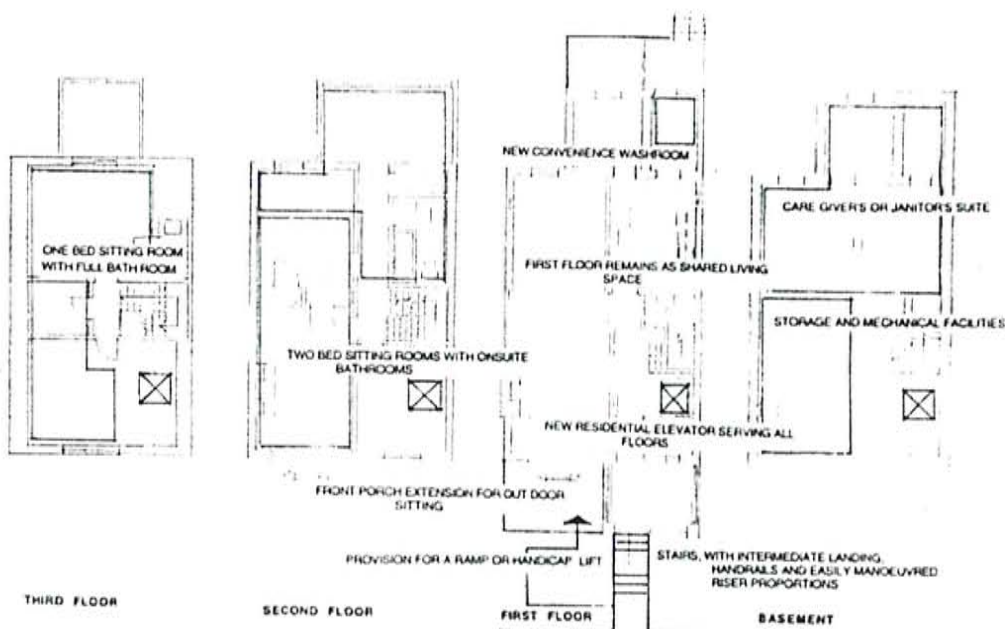
- The installation of a residential type elevator serving all three floors plus the basement.
- Changes to the front porch access include a new shallow stairs with an intermediate landing, plus an alternative ramp, set within the front yard planting.
- As the social centre of the house, the first floor alterations are limited to the kitchen in which provision for sharing and the tenants' physical limitations are addressed. The addition of a convenient washroom and easily accessed rear deck are other provisions.
- The bedrooms on the second and third floor are altered to provide three bed sitting facilities complete with individual bathrooms. Each bedsitting room is unique as they incorporate architectural features of the previous family home.

Site A - Shared Housing The Single Family Home

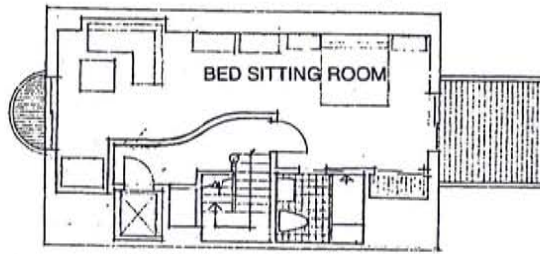
- In addition to shared storage and house laundry, a separate self-contained suite is located in the basement. This suite could be occupied by someone or a couple who might take on caretaker chores and possibly caregiving responsibilities when required.



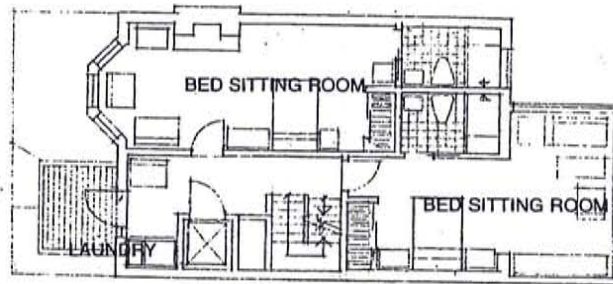
EXISTING CONDITIONS



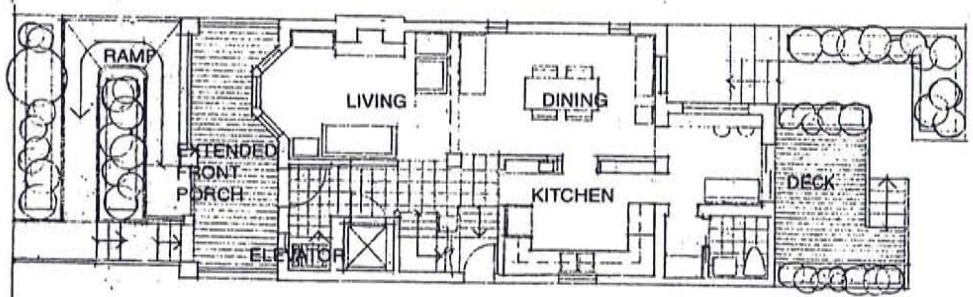
CONCEPT



THIRD FLOOR

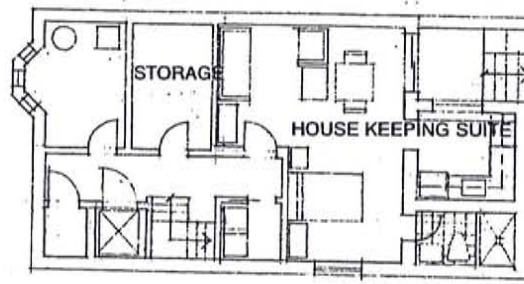


SECOND FLOOR



FIRST FLOOR

LOCKWOOD ROAD



BASEMENT

FLOOR PLANS



FRONT ELEVATION

Site B - Shared Housing - Fourplex

RESEARCH CONCLUSIONS

Dychtwald records a written report on a shared home which accommodated 12 older people, a handicapped woman and a younger couple who acted as house facilitators. The report was written after three years of operation. Each of the residents had his or her own room, but shared common living and dining rooms. The report stated:

"Members of the house help each other with meal preparation, dressing, and other activities, as help is needed. Frailties and illness are dealt with as in a family or among good friends. ... Most of the residents claim that, at first, they were fearful. They were all strangers to each other and had chosen this option simply because it seemed slightly better than other options available to them. None was expecting to find the love and support that have developed."

CONCEPT

The two bedroom apartment fourplex built in the later twenties or early thirties is a unique part of the Beach area. The character of streets containing these fourplexes appear more neighbourly as most of the socializing occurs to the front of the house on the large porches. The rear yards are given away to parking.

Although not designed for the elderly, research evidence would suggest this arrangement of social activities would be suitable for the elderly. The interior layout of spaces and the accessibility however, is not appropriate for seniors.

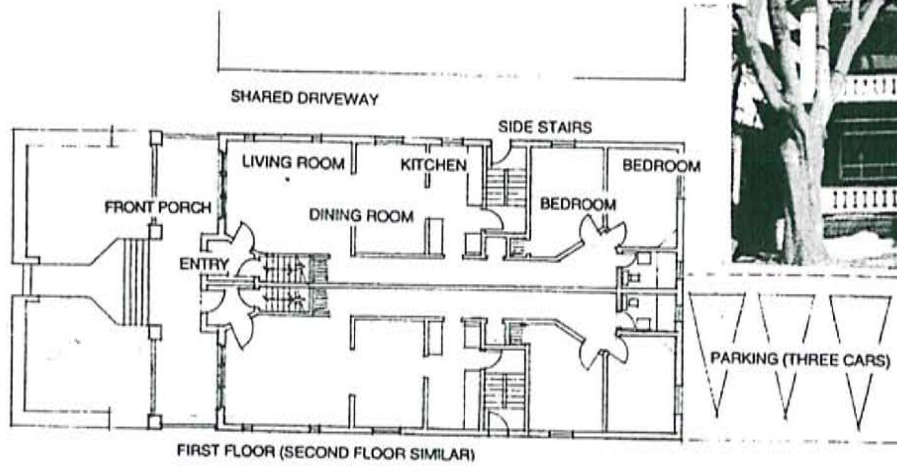
The aim of this study is to address the vertical accessibility and unit layout of these fourplexes to accommodate the needs of the senior population.

By inserting an elevator and vestibule to the front of the fourplex access to all floors is provided from grade level, while the front balconies are retained. Existing bedrooms are too small for

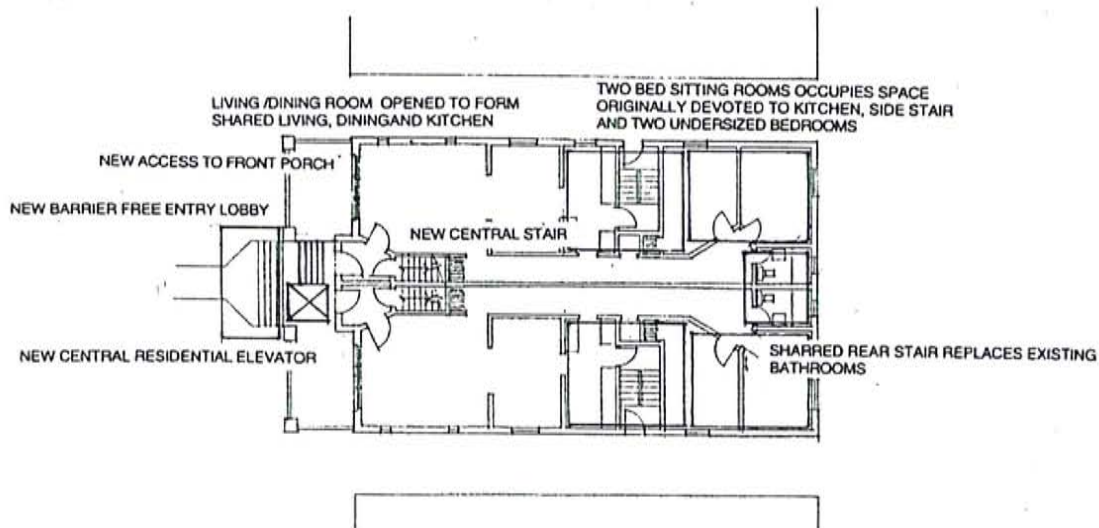
Site B - Shared Housing - Fourplex

including the suggested private sitting area, while general living and dining areas are overly large for seniors requirements. By reducing the general shared living areas, the bedrooms can be designed with a modest sitting area and private bathrooms part of each bathroom.

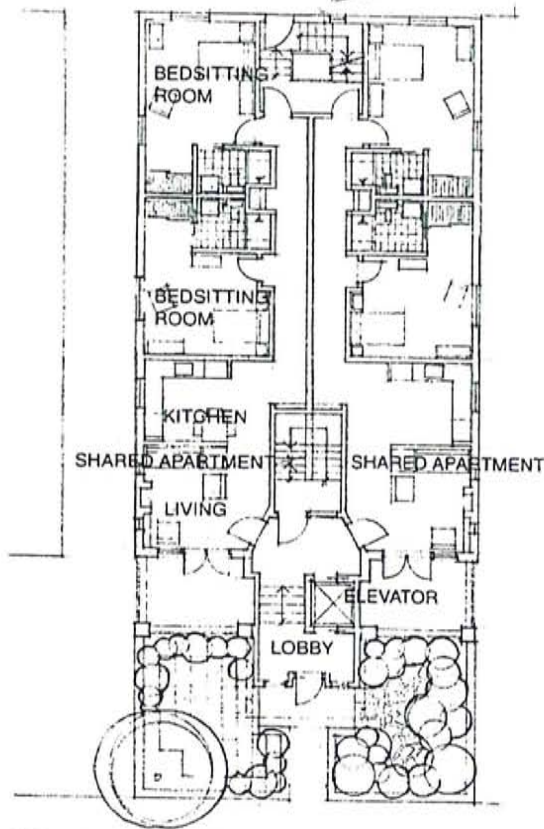
Although each of the four suites are self-contained, the basement can be utilized for laundry, crafts/workshop, socializing and storage as well as space for a caretaker or caregiving suite.



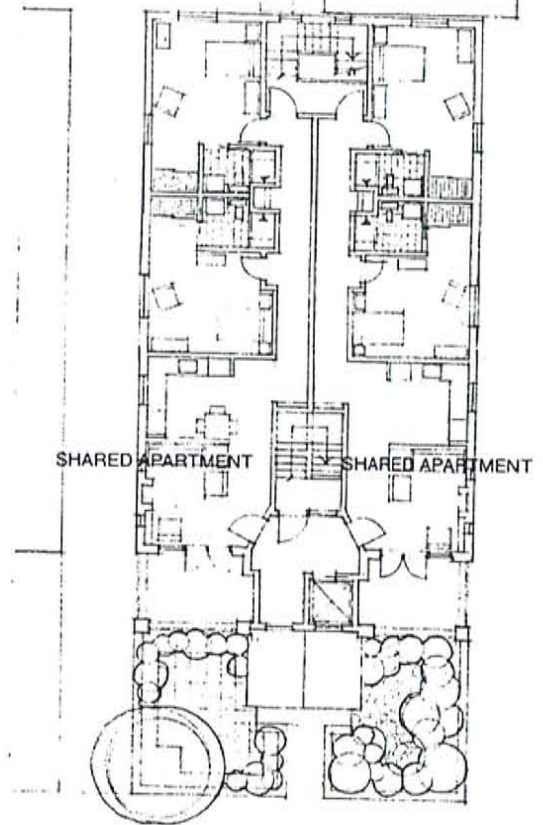
EXISTING CONDITIONS



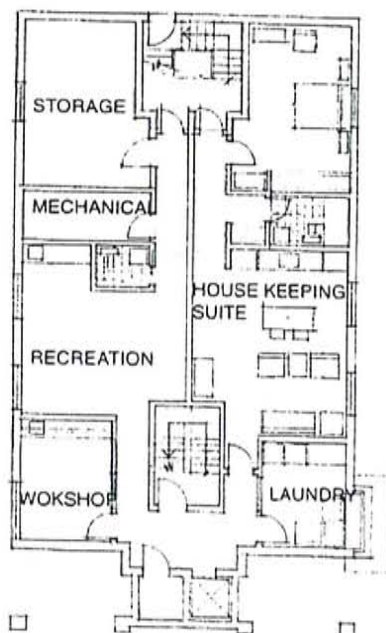
CONCEPT



FIRST FLOOR PLAN



SECOND FLOOR PLAN



BASEMENT PLAN



FRONT ELEVATION

Site C - Congregate Housing

RESEARCH CONCLUSIONS

The congregate concept provides accommodation for senior couples or seniors living alone. Existing examples are residential in design and scale and should be compatible with most community environments. The designs are physically supportive with details and amenities that promote social interaction. As such they are a viable alternative to institutional accommodation for the future Baby Boomers' senior generation.

The development of moderately scaled congregate housing within the community also meets McPherson's concern regarding large institutional type complexes which isolate the senior from the community. Because of their scale, complexes can be development respecting the existing residential scale and street patterns.

CONCEPT

Site C is a grouping of three fourplex buildings, a single family house and a three storey, seventeen unit apartment complex. Situated on lake frontage, the fourplex units have been oriented to the lake views leaving the rear of the units and garages facing the street.

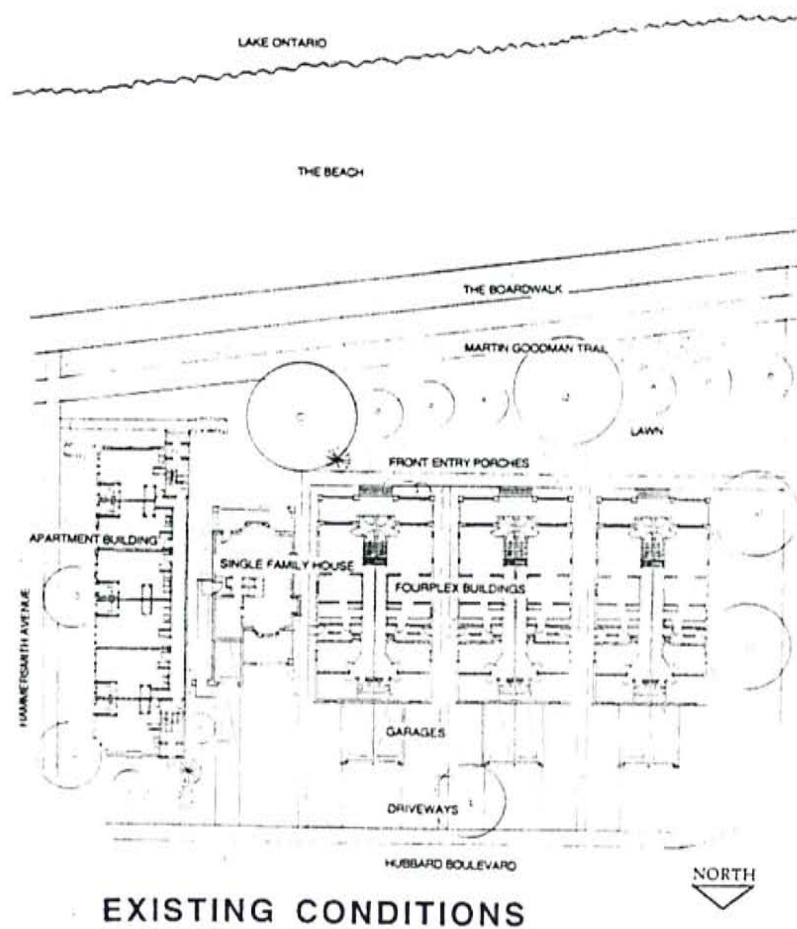
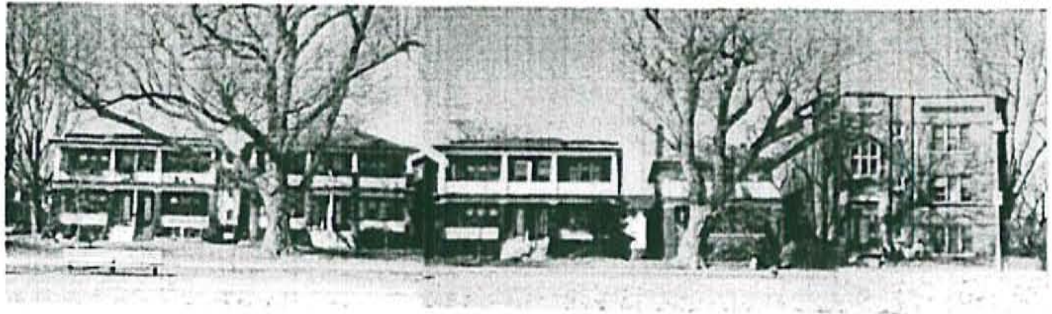
The goal for Site C is to establish a congregate type retirement complex, while maintaining, and reinforcing the waterfront connection and re-establishing the streetscape.

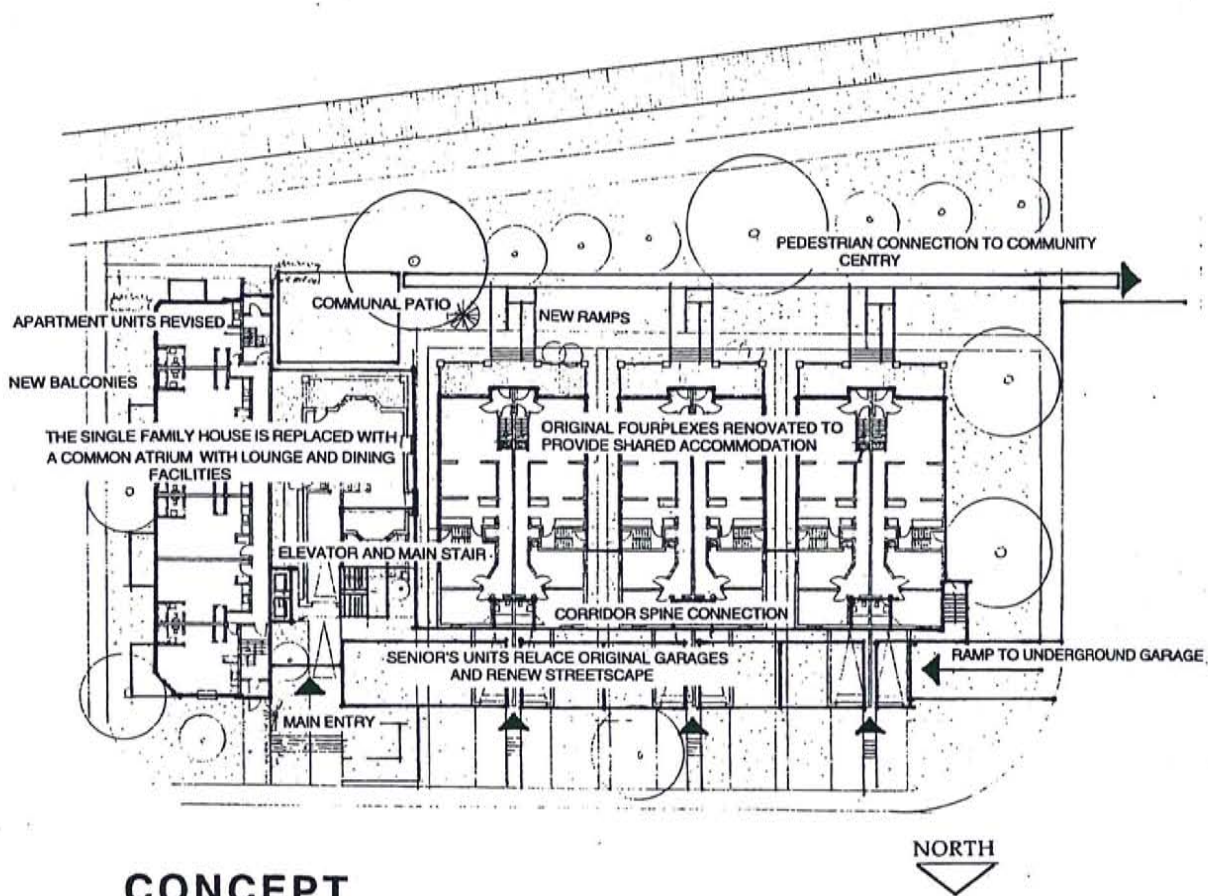
The concept includes the replacement of the single family house with the required amenity, and administration spaces plus the vertical transportation facilities.

- Renovation of existing apartment and fourplex units to single seniors and shared seniors units.
- The introduction of a central corridor spine connecting all the units.

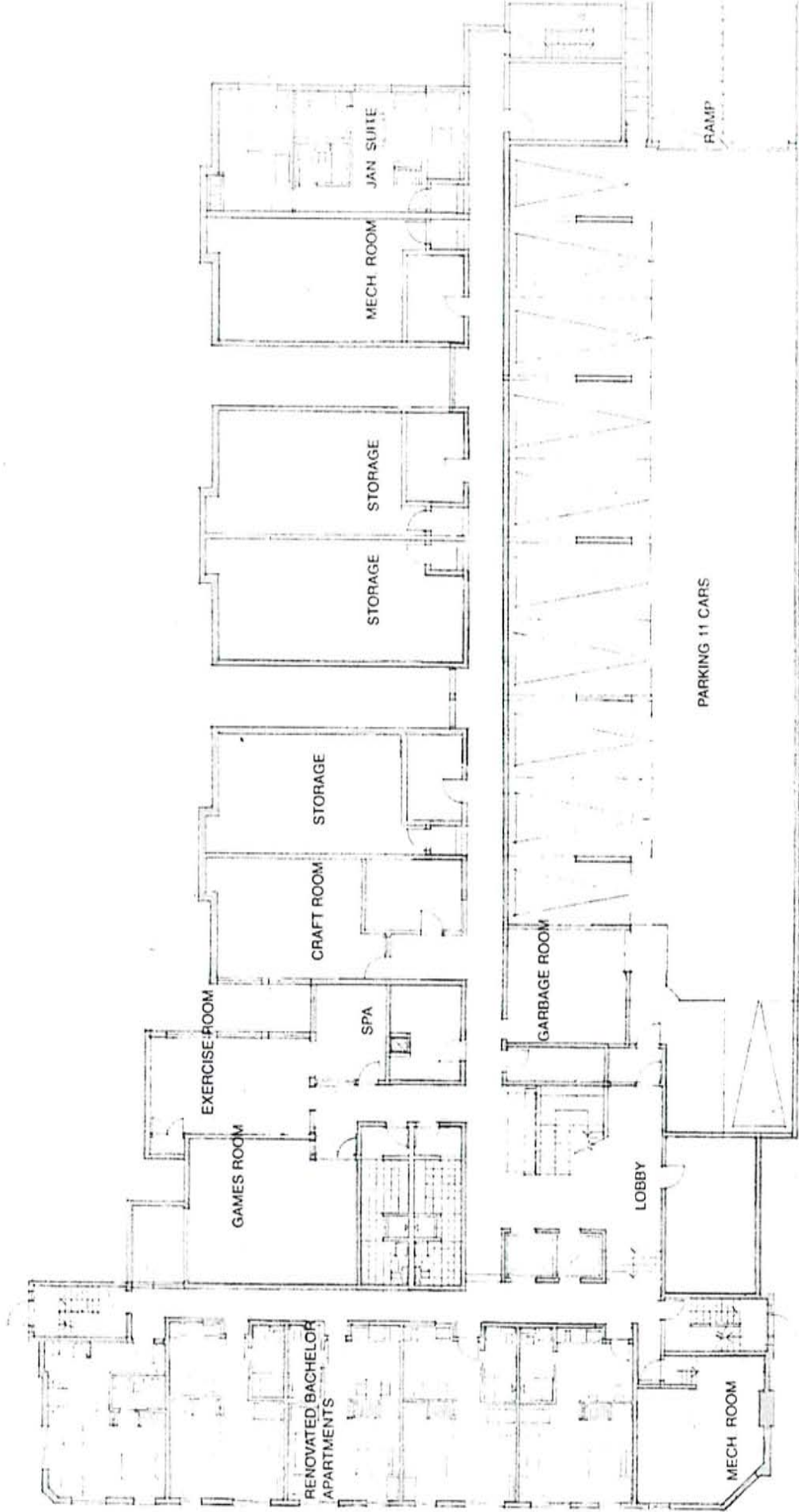
Site C - Congregate Housing

- The replacement of the garages with single person units facing the street, but internally connected to the central spine.
- The development of additional units by incorporating the roof structure.
- The relocation of parking into the basement level.





CONCEPT



ACCOMMODATION SCHEDULE

BACHELOR	27 UNITS
ONE BEDROOM	3 UNITS
ONE BEDROOM HANDICAP CONVERTABLE	6 UNITS
TWO BEDROOM SHARED	12 UNITS
TOTAL	48 UNITS

LOWER FLOOR PLAN



CONGREGATE HOUSING

SITE C

THE BOARDWALK AND
MARTIN GOODMAN TRAIL

GARDEN AND SEATING

PATIO

DINING

COMMUNAL FACILITIES

LOUNGE

KITCHEN

SHARED APARTMENTS

SHARED APARTMENTS

SHARED APARTMENTS

RENOVATED BACHELOR
APARTMENTS

ENTRY

ADMINISTRATION

BACHELOR APARTMENTS

BACHELOR APARTMENTS

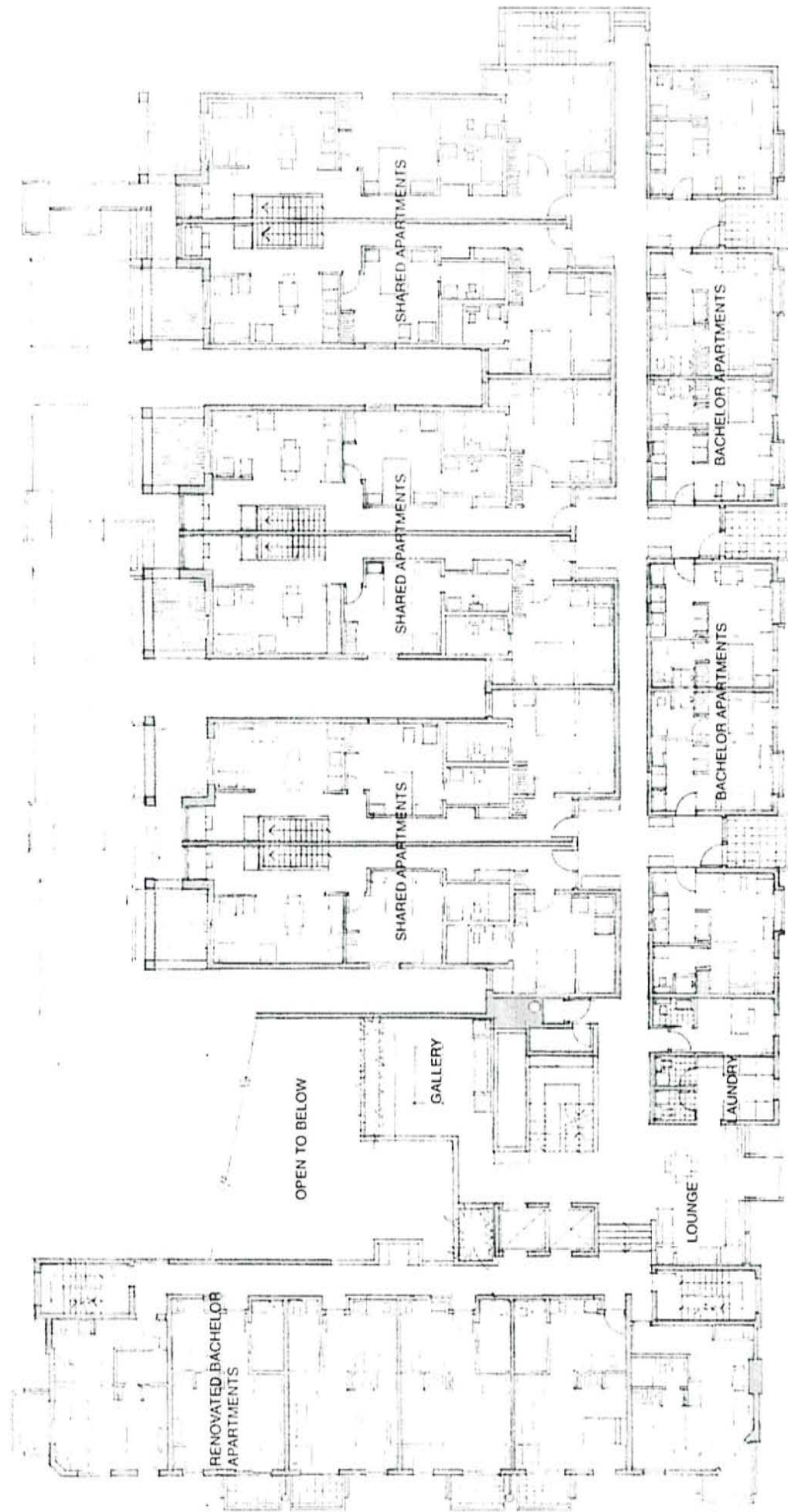
FIRST FLOOR PLAN

SITE C

HUBBARD BOULEVARD

CONGREGATE HOUSING



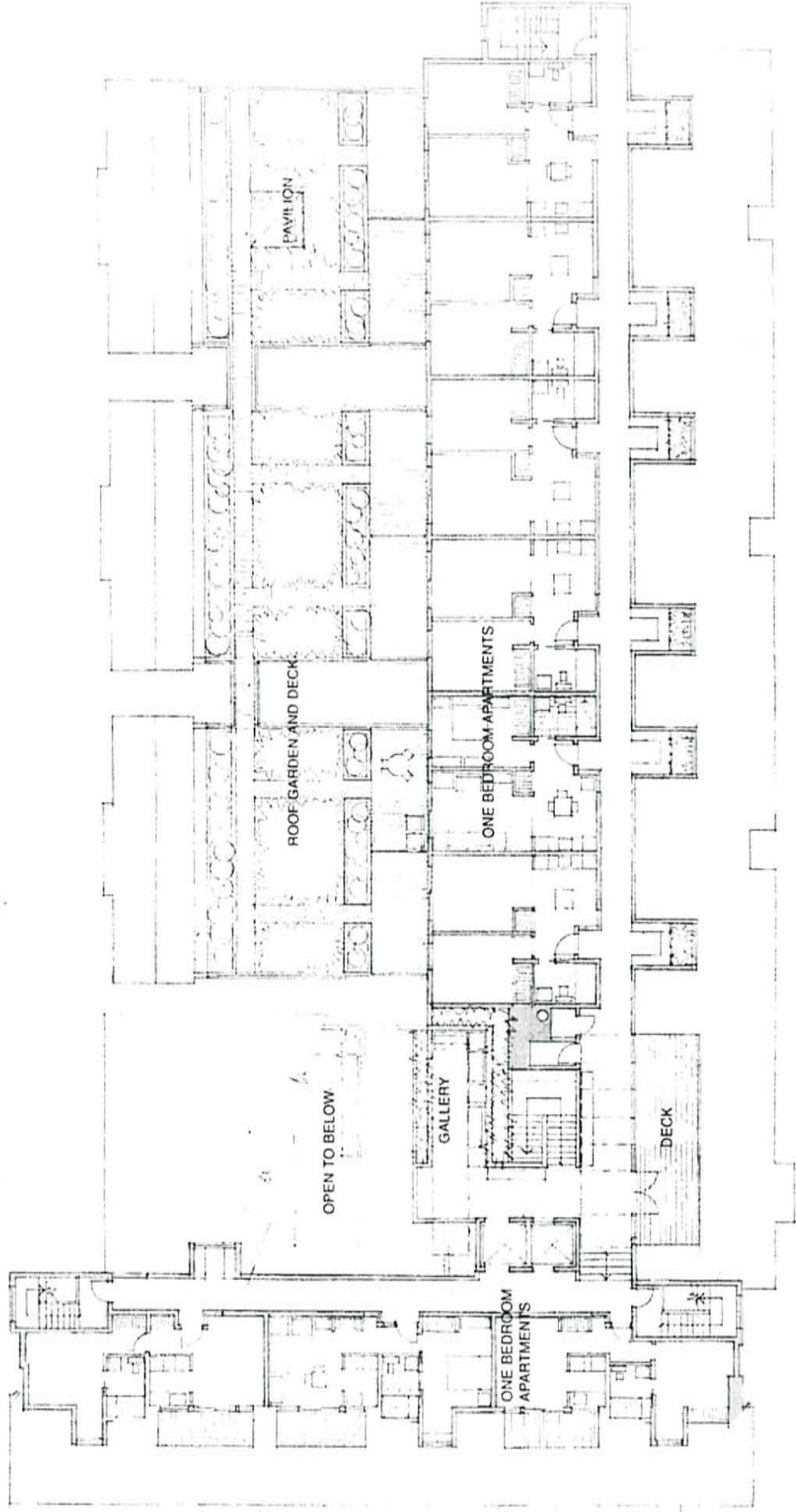


SECOND FLOOR PLAN

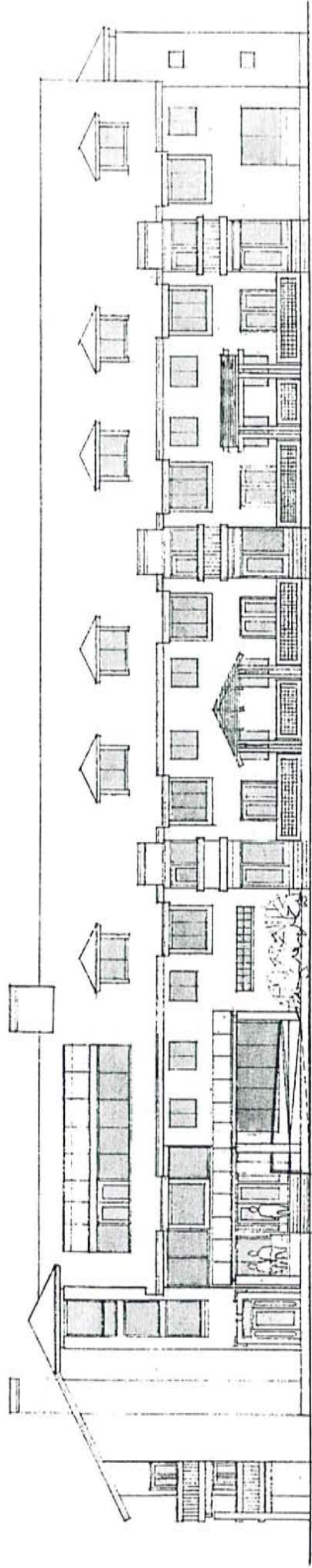
SITE C

CONGREGATE HOUSING

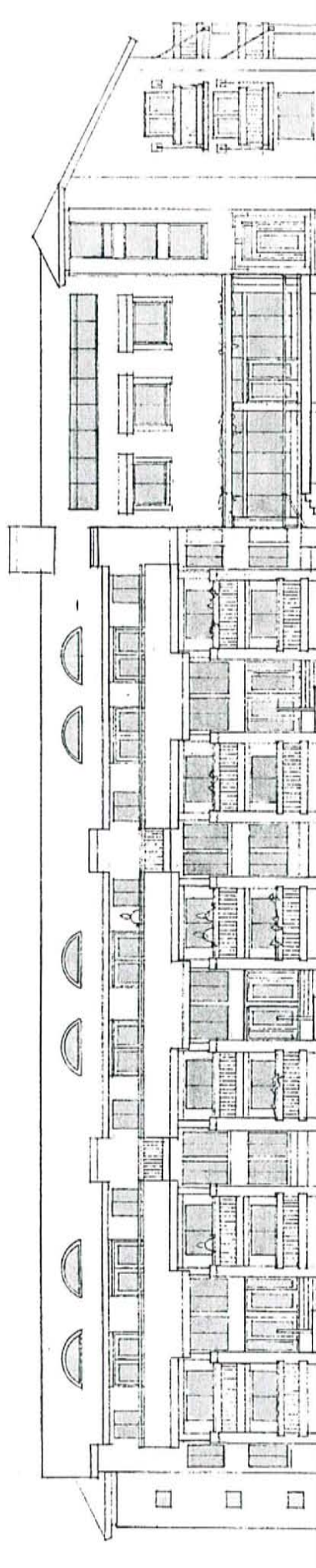




THIRD FLOOR PLAN



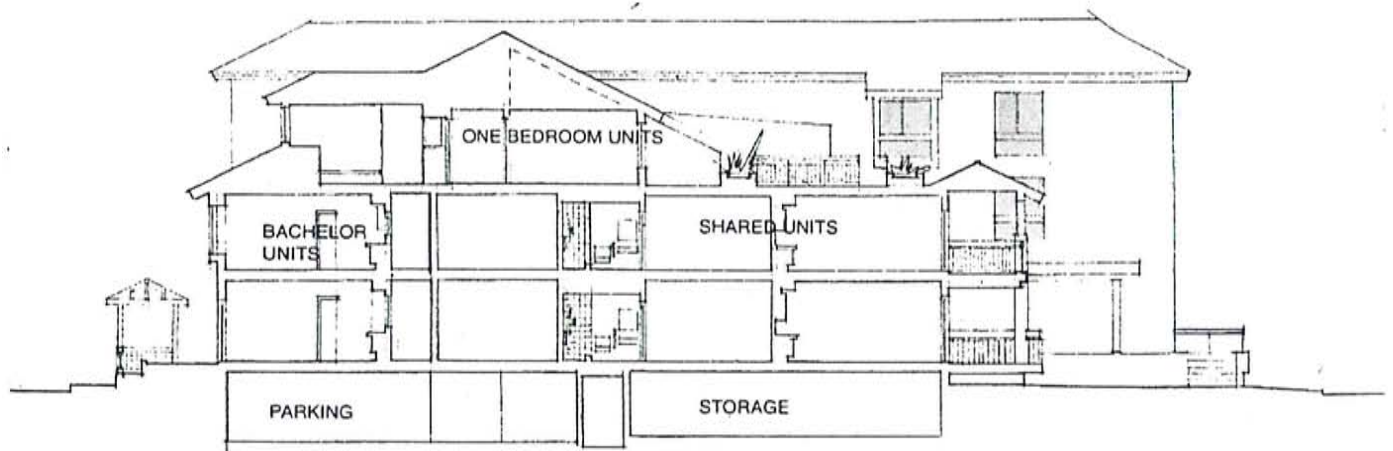
NORTH ELEVATION



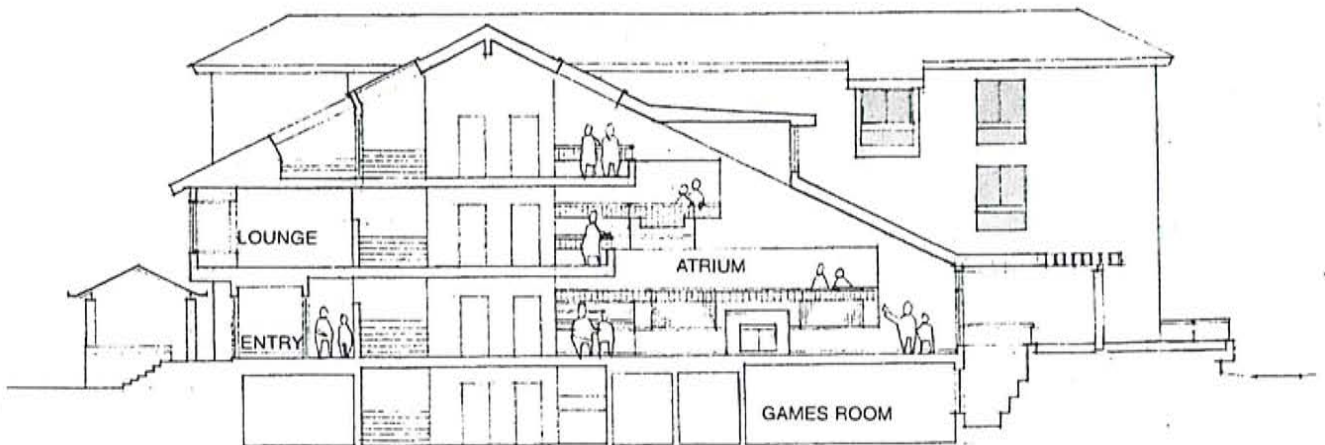
SOUTH ELEVATION



EAST ELEVATION



NORTH SOUTH SECTION



SECTION THROUGH ATRIUM

Site D - Congregate Housing

RESEARCH CONCLUSIONS

- The congregate housing is a relatively new form of seniors housing and has been influenced by the Swedish Group Housing Concept. Congregate housing is gaining some acceptance in the U.S. through projects such as The Captain Eldridge Congregate House, which contains eighteen units clustered around an atrium space containing the shared elements.
- New community housing should also respond to the statistics which indicate a large number of future seniors will be alone. A form of congregate living should be developed which provides the senior with a small self-contained unit as well as the opportunity of sharing a common lounge, dining room, kitchen and other amenities. This type of housing addresses the social needs of the single senior while allowing the occupant to be as independent as they wish.

CONCEPT

Site D contains two fourplex residential buildings which front onto Wineva Avenue, back onto parkland and flank the boardwalk and the lake. Three garages are located to the rear of buildings.

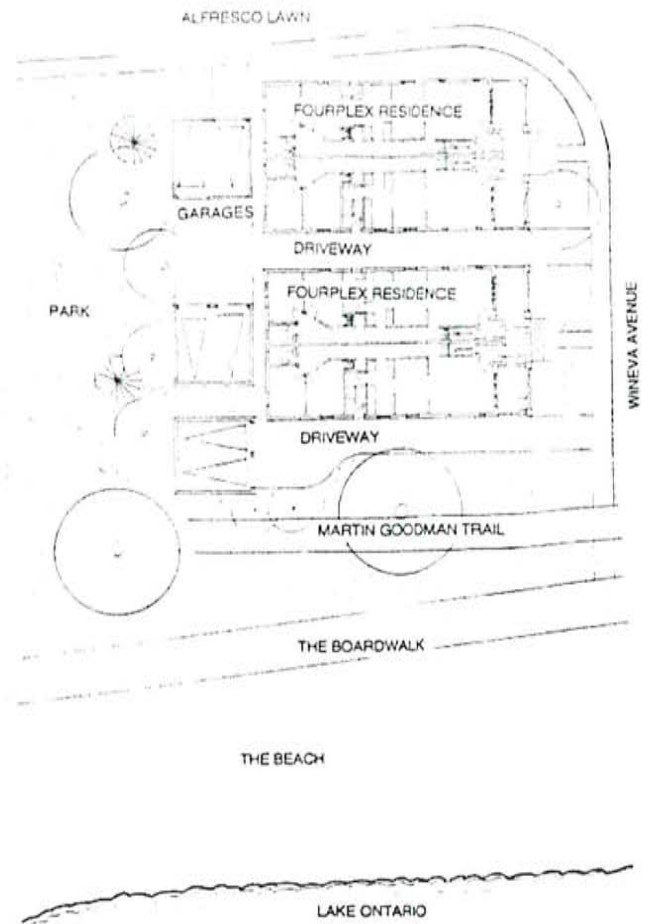
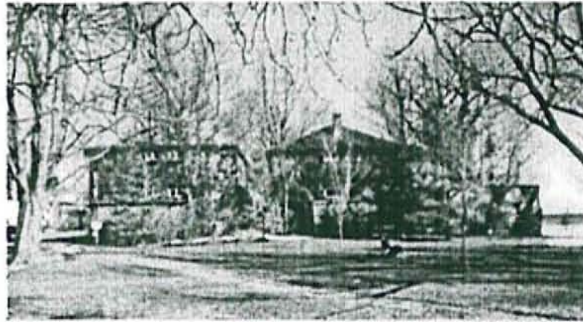
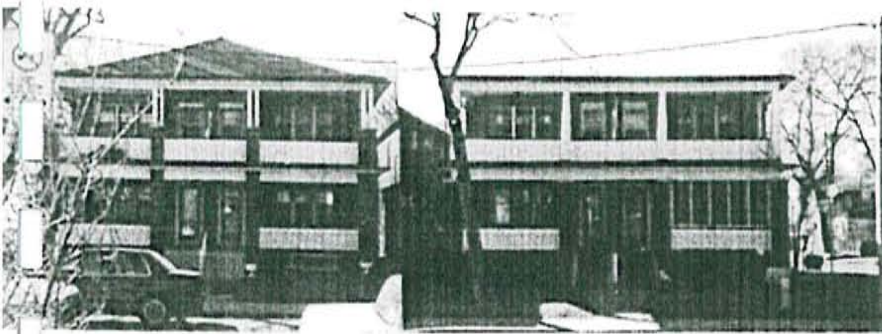
The concept includes the revision of the complex into a congregate type seniors complex, to provide a barrier free development the vehicular access between the house is eliminated and the space devoted to an atrium type entry and circulation space, and vertical transportation is proposed to be via an elevator and open stair both adjacent to the atrium space.

Modest self-contained individual units will replace the original family apartments. Underground parking replaces the need for garages and the space occupied by the garages and southern driveway will be converted to amenity uses.

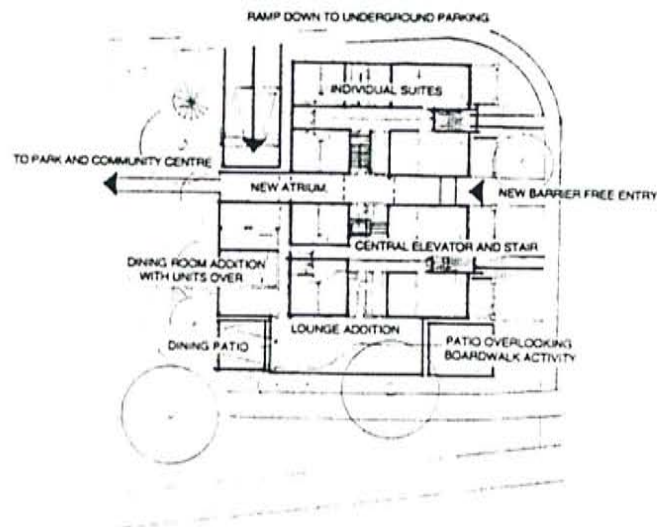
Additional units are proposed to be developed by adding over the amenity space to the west and utilizing the large attic roof space.

Site D - Congregate Housing

The lounges, dining and patio areas will take advantage of the south facing views of the lake and pedestrian boardwalk. The majority of the units are for single occupancy, self contained with kitchenettes. Entrances are recessed, and windows to the corridor provide visual contact. The units are bachelor type, however the bedroom area can be screened from the living area with folding screens. The washrooms are located wherever possible adjacent the bedroom areas for convenience.



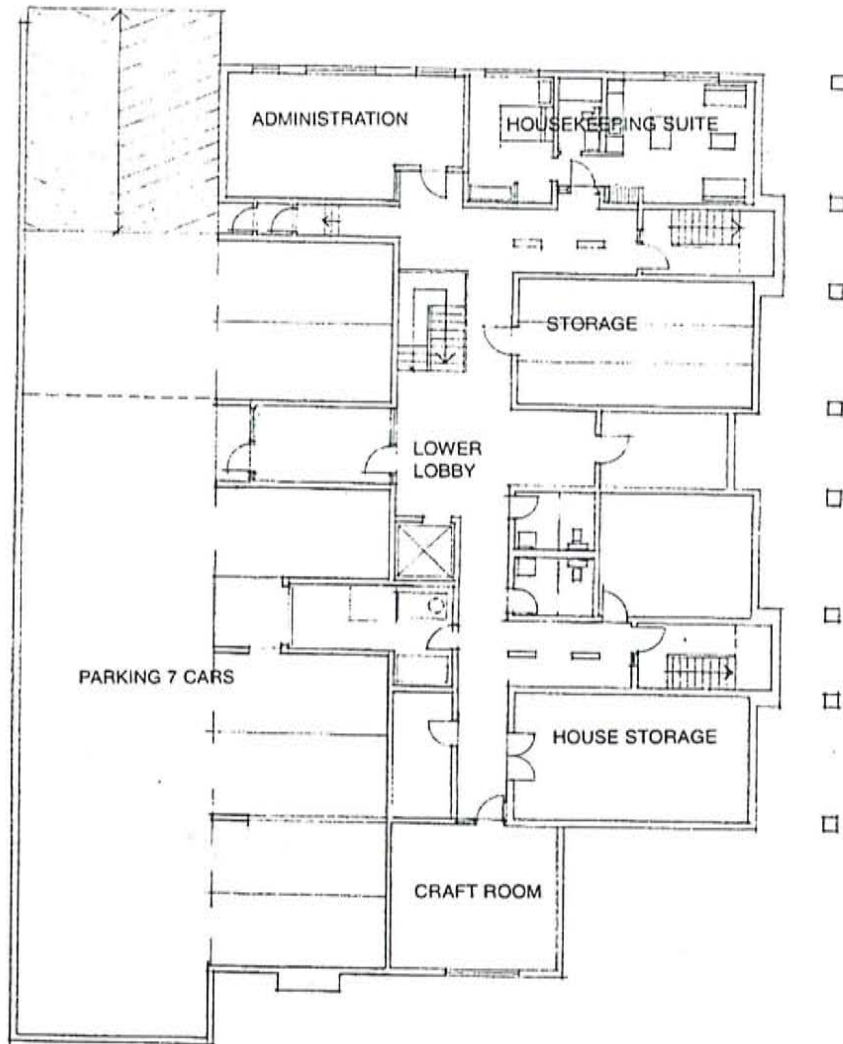
EXISTING CONDITIONS



CONCEPT

SITE D

CONGREGATE HOUSING



BASEMENT PLAN

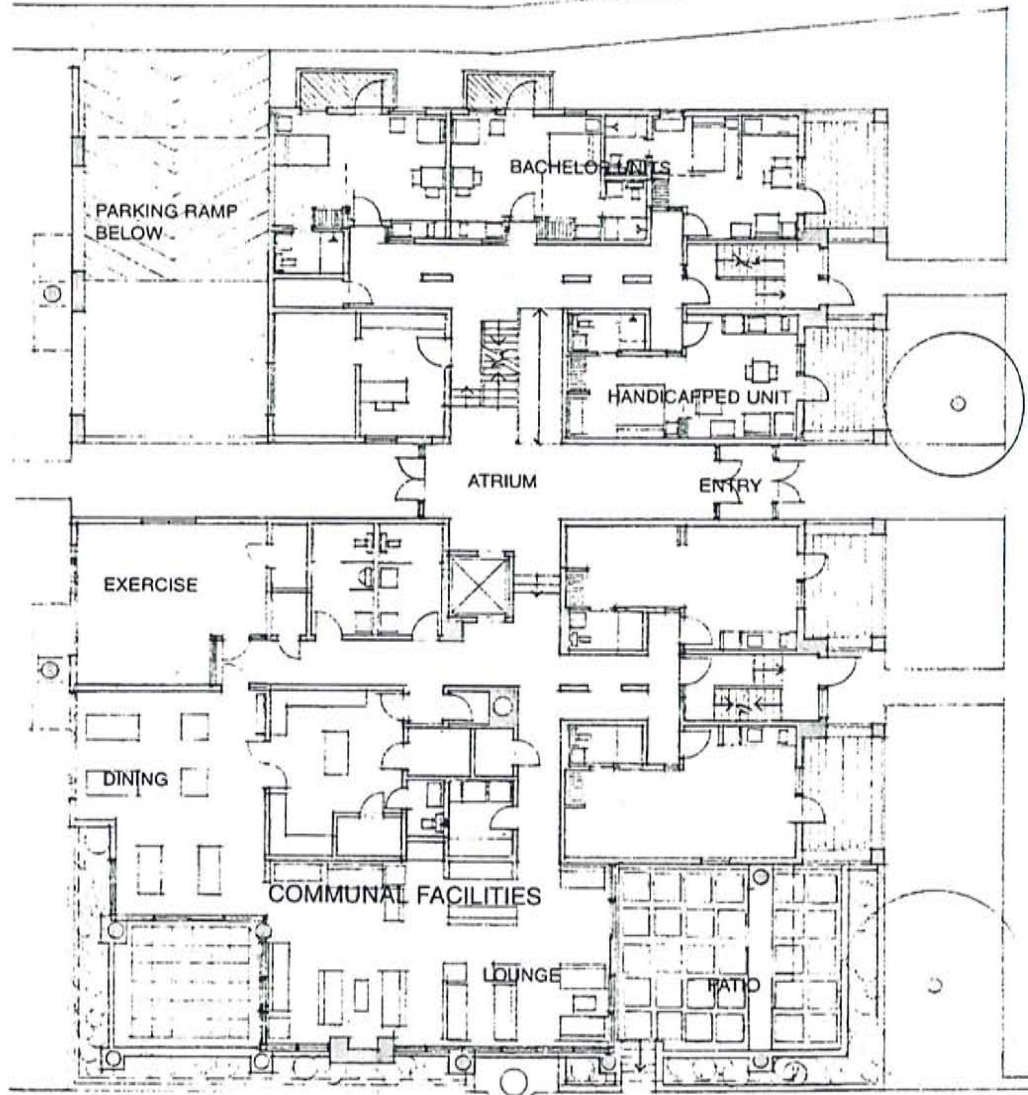
ACCOMMODATION SCHEDULE

ONE BEDROOM	2 UNITS
BACHELOR	21 UNITS
HANDICAPPED	5 UNITS
TOTAL	28 UNITS



EAST ELEVATION

ALFRESCO LAWN

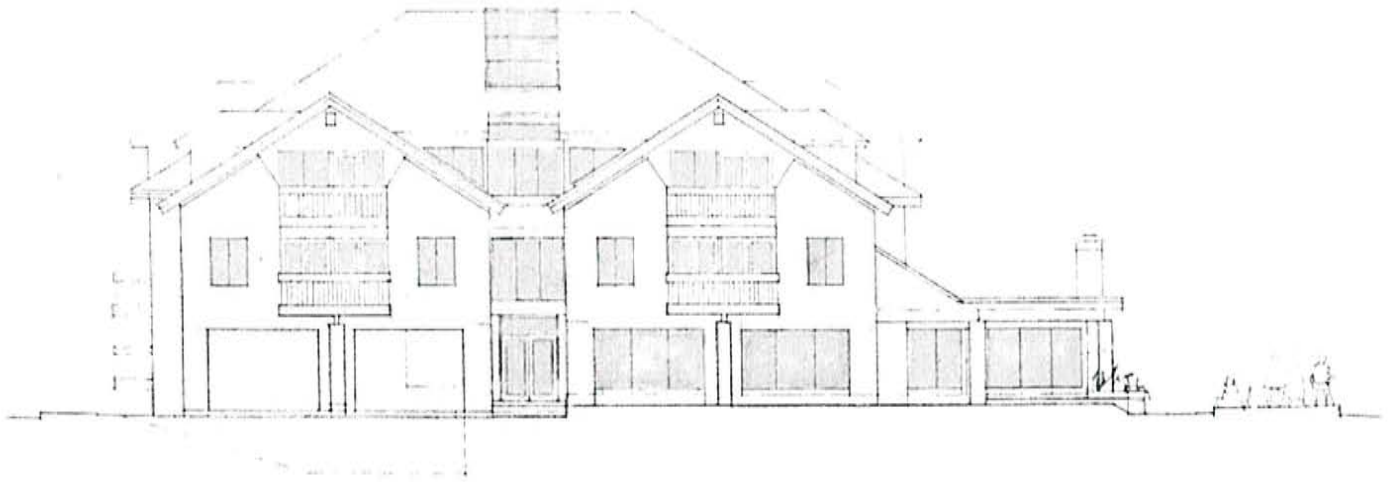


FIRST FLOOR PLAN

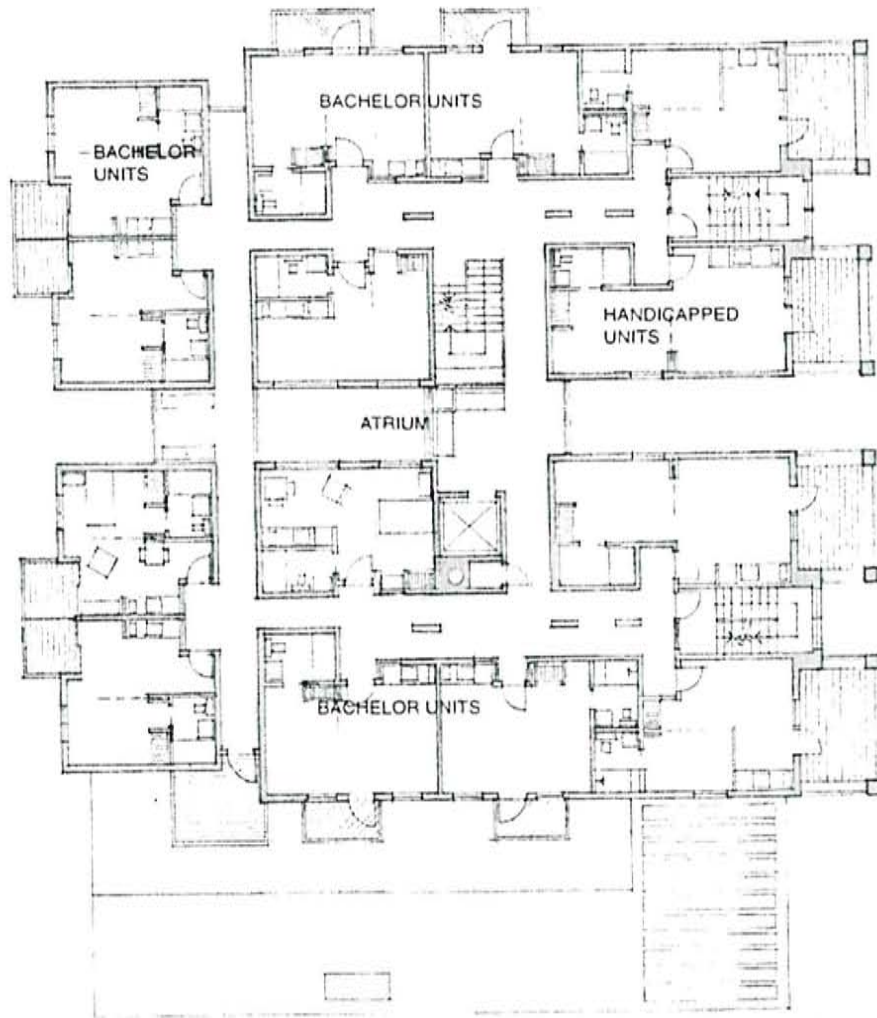


SITE D

CONGREGATE HOUSING

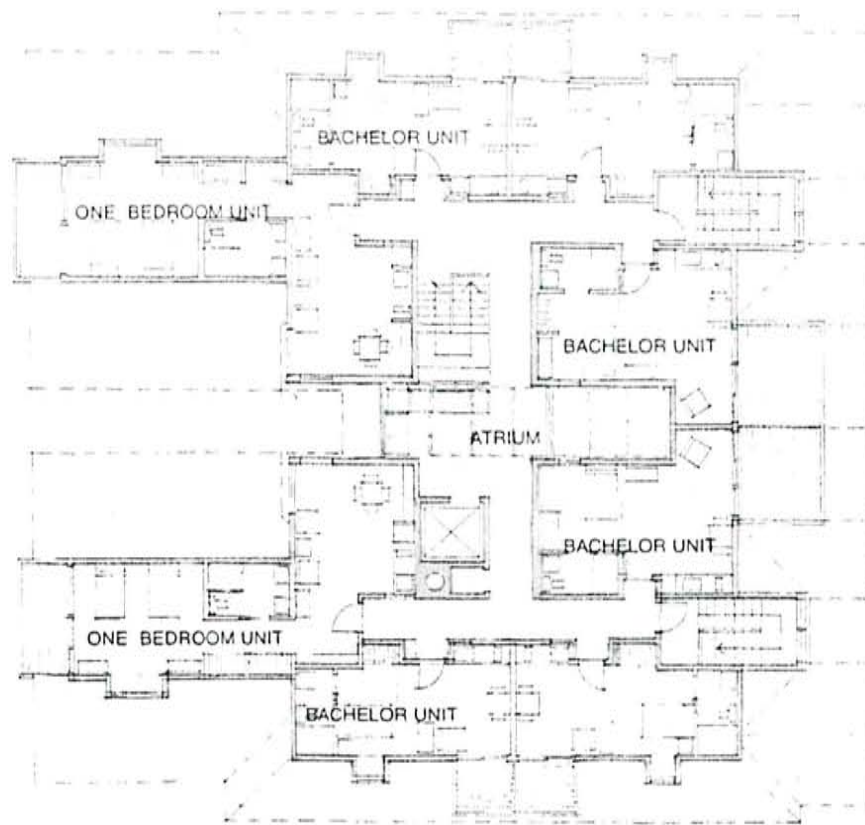


WEST ELEVATION



SECOND FLOOR PLAN





THIRD FLOOR PLAN



SOUTH ELEVATION

Site E - Seniors Community Centre

RESEARCH CONCLUSIONS

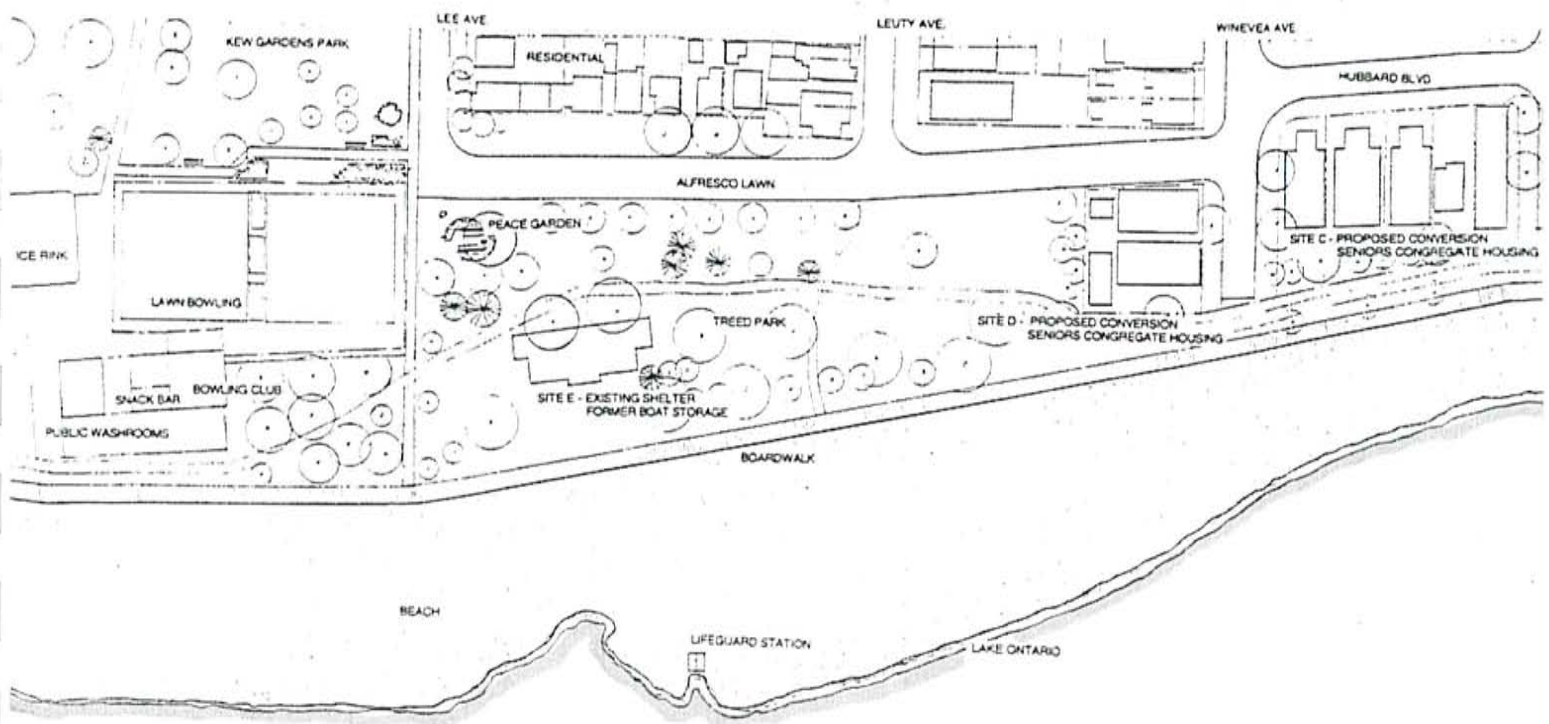
- Community resources will need to be redirected from the youth sector to the senior sector within the neighbourhood.
- The Boomer generation will have a diverse range of recreational needs which will place added demands on all recreational facilities and services.
- Lawton reports that social isolation is one of the most common complaints of the elderly remaining alone in their own homes.

CONCEPT

The demographic review of the Beach's area indicated in order to accommodate future recreation needs for seniors, five areas within the Beach community should be considered.

Site E, as indicated on this map, is situated to serve the south west section of the community. Incorporating the original boat house facility, the new seniors community centre is strategically situated next to the pedestrian traffic of the boardwalk and view of the lake, yet far enough north of the walk, that privacy trellis and planting can provide privacy. The structure intended to be used as a picnic shelter is not well suited and is underutilized. An area just north of the site is frequently used as a picnic area by local seniors groups although it has no supportive facilities. The centre and the willow treed area immediately to the east could be utilized by these seniors groups for day excursions.

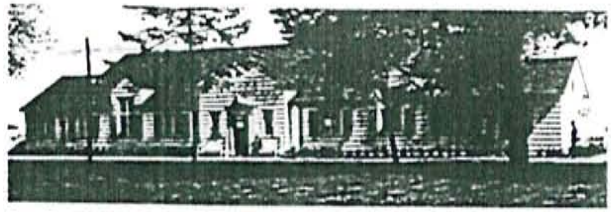
The incorporation of the old boat house would be a positive restoration of the historic structure and a focus for this area. The concept is to use the existing structures as much as possible, while enclosing the structure similar to its original aesthetics, and opening the roof construction to provide space to the activity and lounge areas and a mezzanine for administration and services.



EXISTING CONDITIONS

SITE E

SENIORS COMMUNITY CENTRE



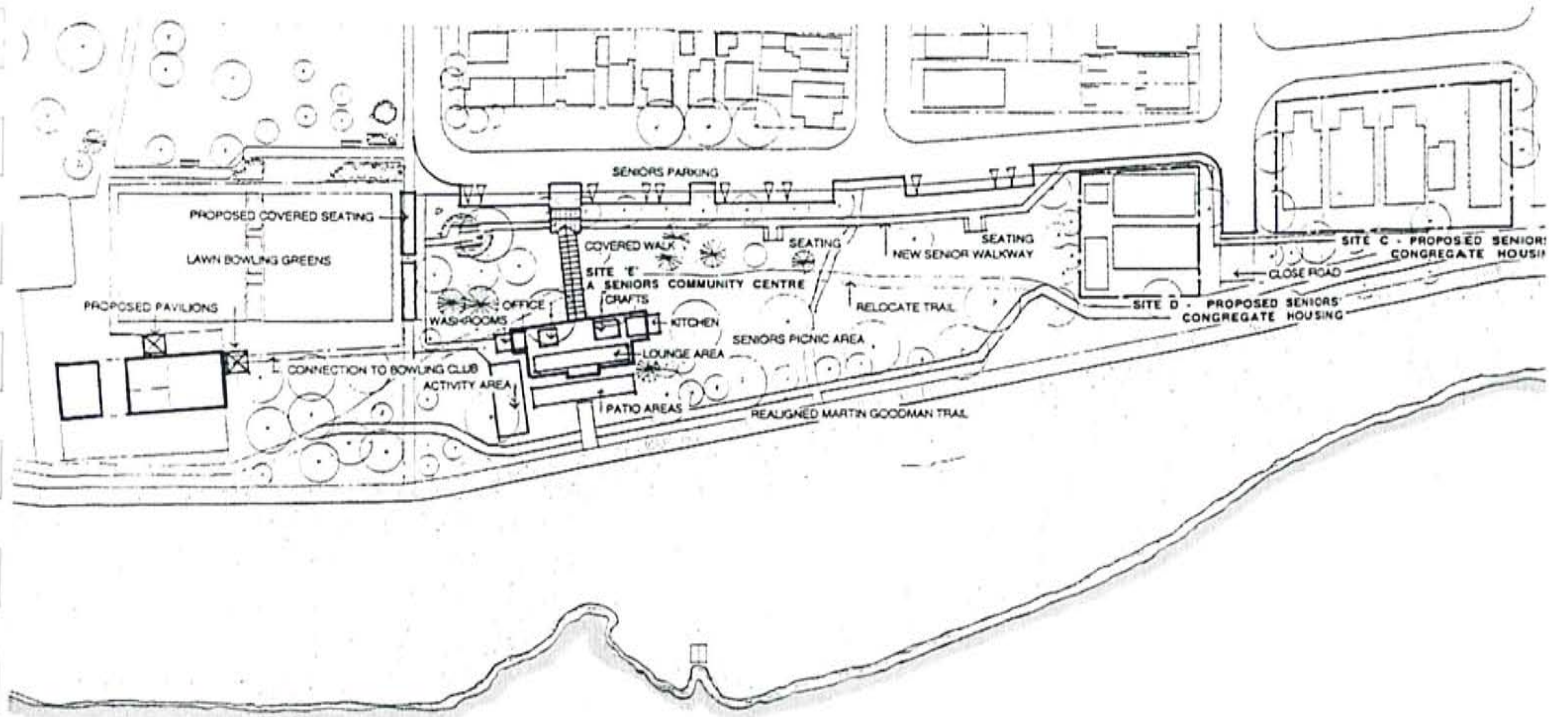
Kew Beach Park Boat House, north elevation, June 10, 1932.

This now-dilapidated structure was originally the Kew Beach Park Boat House. On the north side, it resembled a Cape Cod cottage, with its clapboard cladding, shuttered windows, gables, and wooden benches flanking the central doorway. The purpose of the building was indicated over the entrance: the letters "BOATS" high on the wall, the prow of a miniature boat protruding from above the doorway, and a small sign, "Kew Beach Park Boat House," on the lintel. (For an enlarged view of the entrance, see the title page.) The south side featured eight large doorways and two ramps near the water's edge to facilitate boat launching. Later, the sides were removed from the boat house and it was converted into a picnic shelter.

Pleasure boating has long been a part of the Beach scene. In the early 1900s, many cottagers had boats, and sailing, paddling, and rowing were enjoyed. Scarborough Beach Park was a mecca for boaters, especially on warm summer evenings when there were band concerts. "The music carried all over the Beach when the wind was right - a flotilla of canoes covered the lake every evening," remembered Alice Keys, whose family moved to

Balmy Beach in 1901 when she was seven. [Keys, 1967.] Many of the canoes were a brand called the Sunnyside Cruiser, which Waverley Wilson recalled in 1975, "were varnished up to the hilt, a nice red carpet down the middle, a kewpie doll tied on the mast with an electric light in it and cushions for the girls to sit on." [Wilson, 1975.] Some boats were also equipped with parasols and wind-up phonographs.

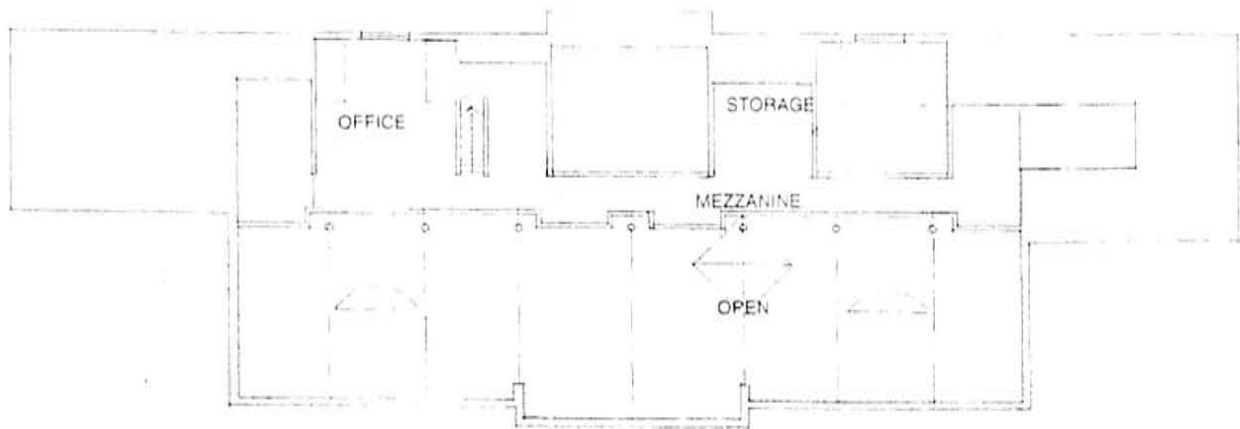
Boats were stored in a variety of ways. "Many residents on Leuty Ave. had a canoe under their front porch," Lucille Clarke recalled in 1976, "and would wheel it down the road to the lake on a home-made dolly." [Clarke, 1976.] Lakefront residents often had their own boathouses built in front of their dwellings. Charles Gregory, whose family started to spend the summers at Kew Beach in 1900, recalled that from Woodbine to Leuty Avenue, "On the beach, about half way to the water's edge, a few rough frame boathouses were standing. . . . These were about as ugly as could be. They were built of wide rough wooden boards and never painted." [Gregory, 1974.] Boathouses also were in front of most of the lakefront houses from MacLean Avenue east to Victoria Park.



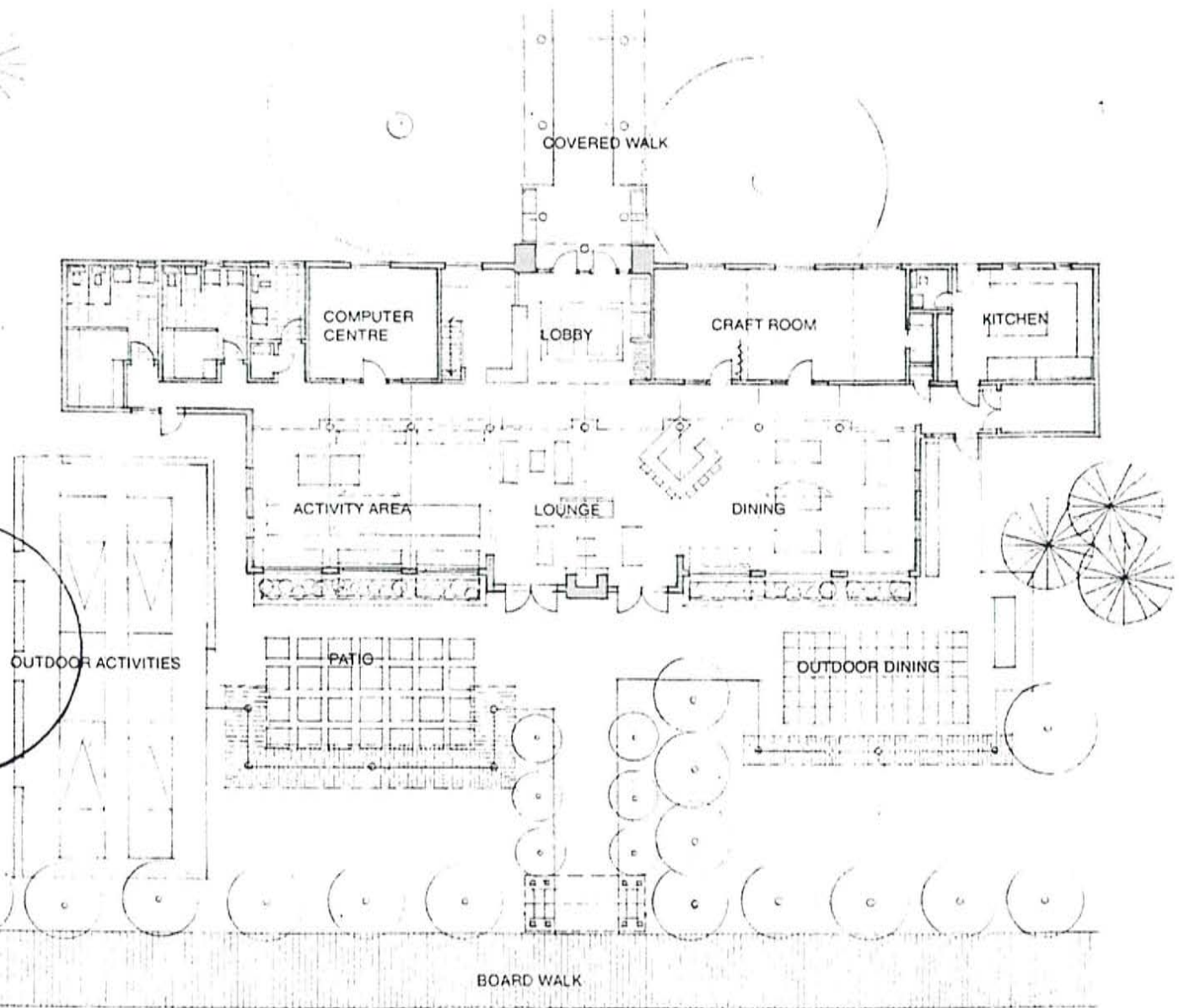
CONCEPT

SITE E

SENIORS COMMUNITY CENTRE



MEZZANINE PLAN



FIRST FLOOR PLAN

BEACH



SITE E

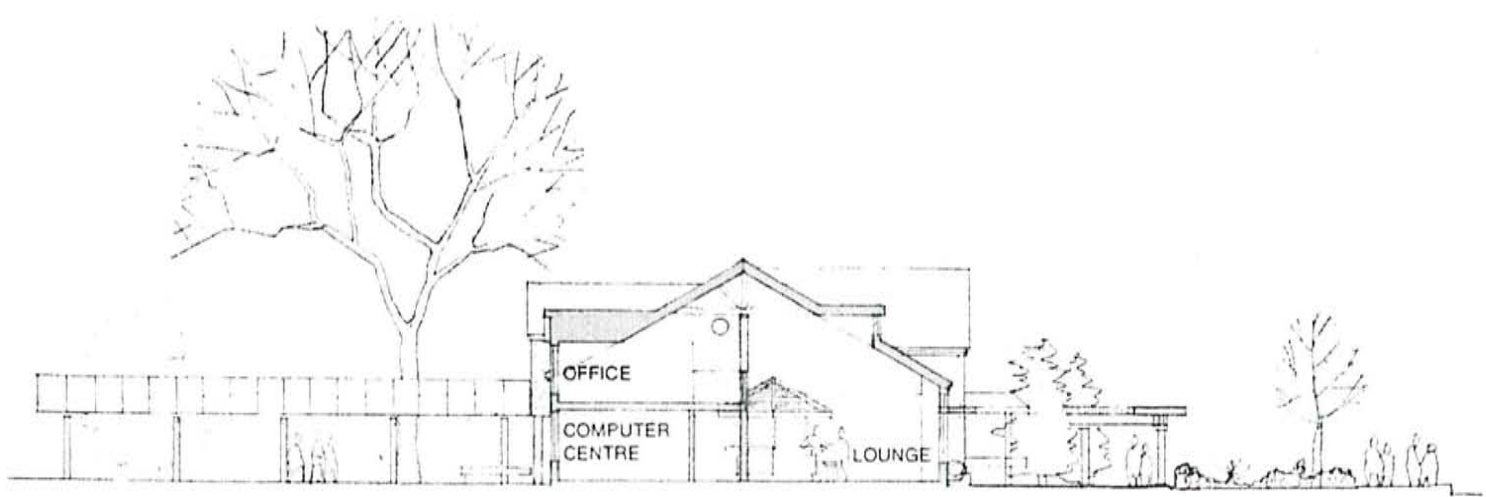
SENIORS COMMUNITY CENTRE



NORTH ELEVATION



SOUTH ELEVATION



SECTION

Site F - Seniors Segregated Housing

RESEARCH CONCLUSIONS

- The traditional option for seniors wishing to continue a more active social life has been to relocate to an age-segregated community where formal social centres and other community interaction are present.
- Segregated developments which are moderately sized and located within existing neighbourhoods are more successful, providing the residents with the opportunity to maintain ties with the community and its services.
- To the elderly who are less mobile and spend a large percentage of their time indoors, the character of the corridor and built-in social opportunities, and the relationship of corridors to units and their possible role in social interaction are very important.

CONCEPT

As per the demographic conclusions there is a need for approximately 196 segregated housing in the Beach area. The conclusions indicated moderate developments in existing communities are recommended over the more typical large developments in isolated locations.

Site 'F' is within the south east sector of the Beach community. The site is the former parking lot for Balmy Beach Club. It is situated adjacent the lawn bowling greens to the west, a wooded park to the east, and the boardwalk, beach and lake to the south.

The concept includes space for a seniors community centre and a commercial coffee and restaurant outlet facing the boardwalk. Parking is maintained in an underground facility.

The apartment building is sited in the north/south axis reducing the impact on the existing residential to the north, and providing units which overlook either the wooded park or the lake to the south. The development of a major pedestrian and service access will provide a formal entrance to both the Balmy Beach Club and the proposed apartment complex. A separate

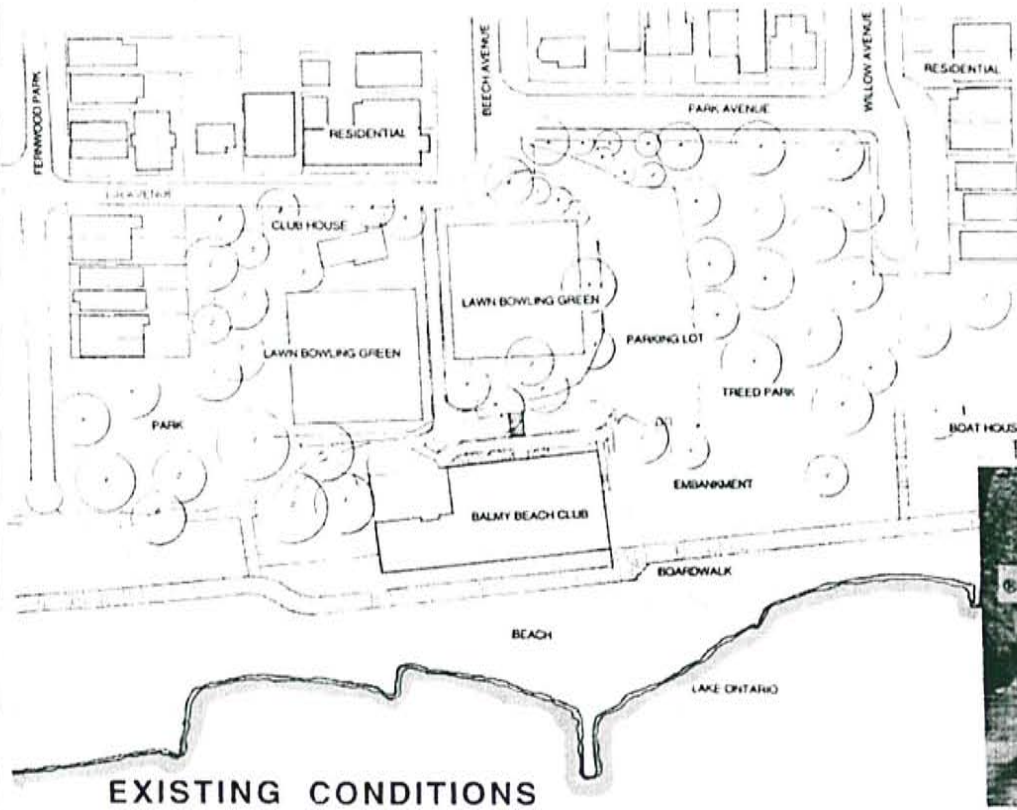
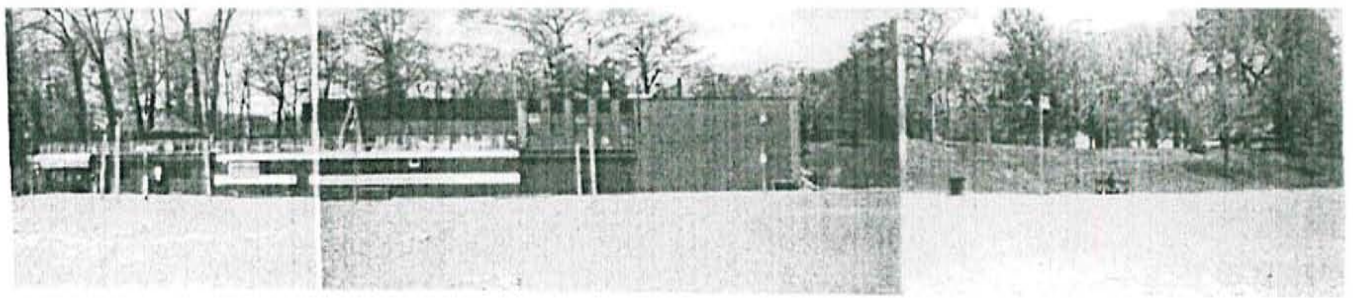
Site F - Seniors Segregated Housing

entrance to the community centre is located to the north of the development as the centre is designed to function autonomously.

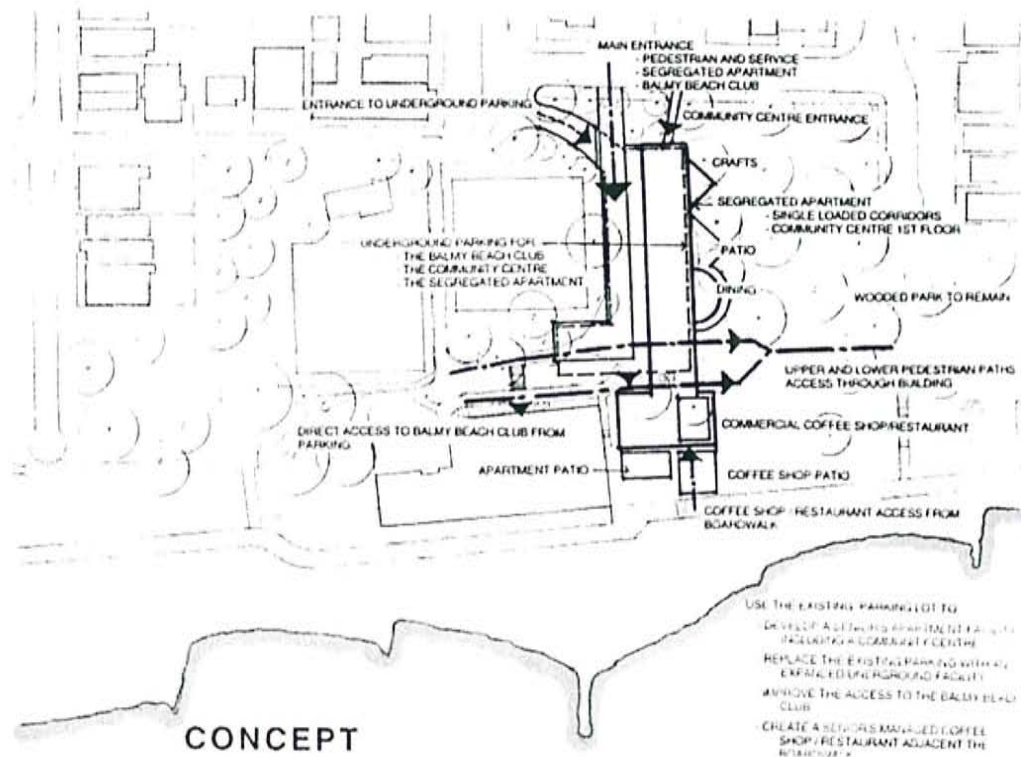
The ongrade parking is replaced with the underground facility which serves both the Balmy Beach Club, the community centre and the apartment complex. The lowered parking provides direct access to the Balmy Beach Club. Access through the structure to accommodate the upper and lower pedestrian paths has also been accommodated.

The commercial restaurant component was included to provide employment opportunities to the community's senior population. The site's advantageous proximity to the pedestrian traffic on the boardwalk and the lake views offer an excellent restaurant business opportunity.

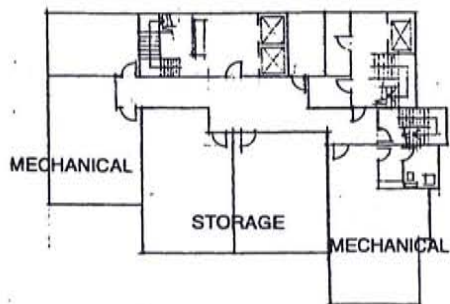
The design of the apartment incorporates single loaded corridors with continuous fenestration and social nodes. Addressing the findings that most apartments were found to be isolating, kitchen and den windows will provide additional light and views opening into the corridor. Corridor recesses also provide the tenants the opportunity to identify and personalize their entry space.



EXISTING CONDITIONS



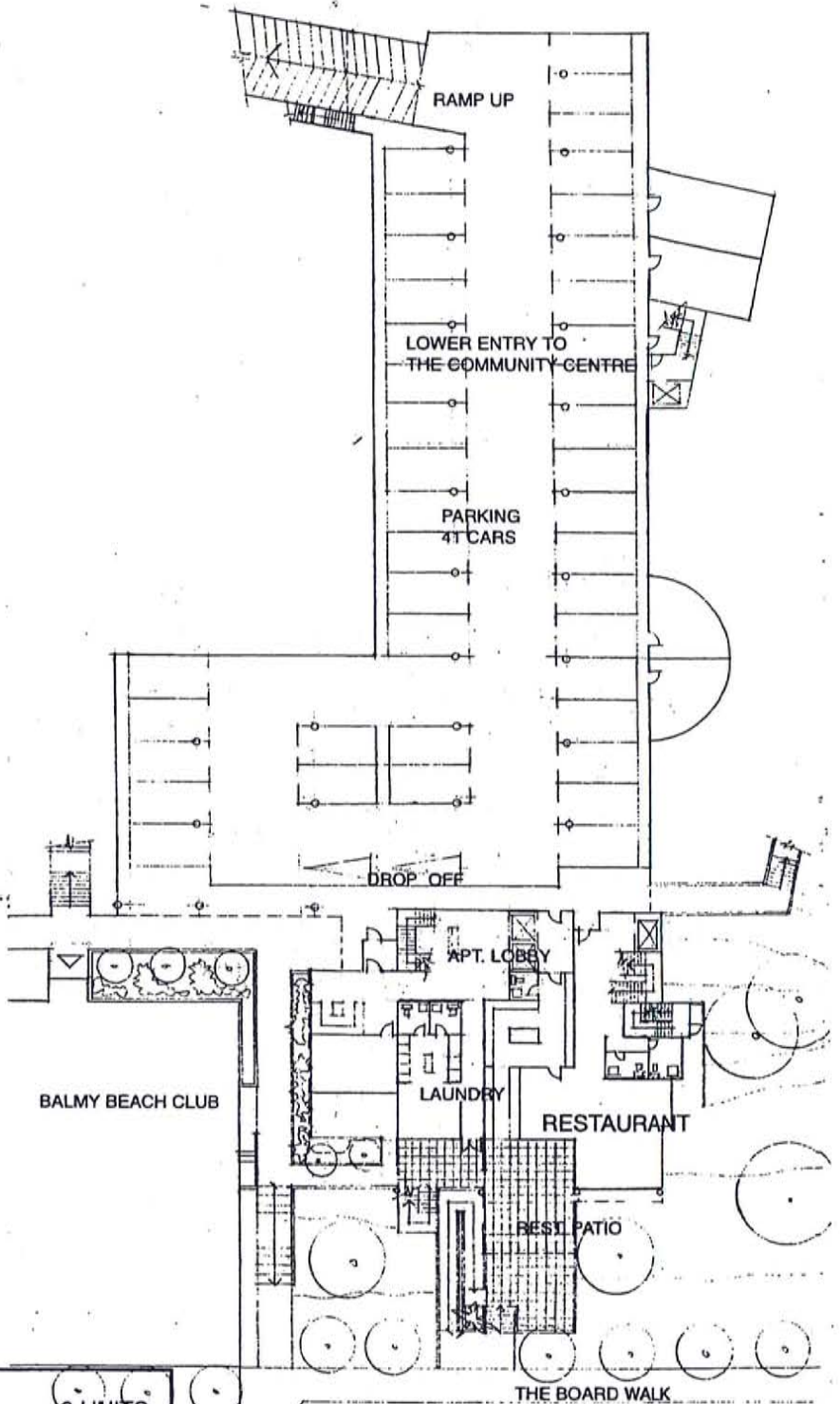
CONCEPT



BASEMENT PLAN

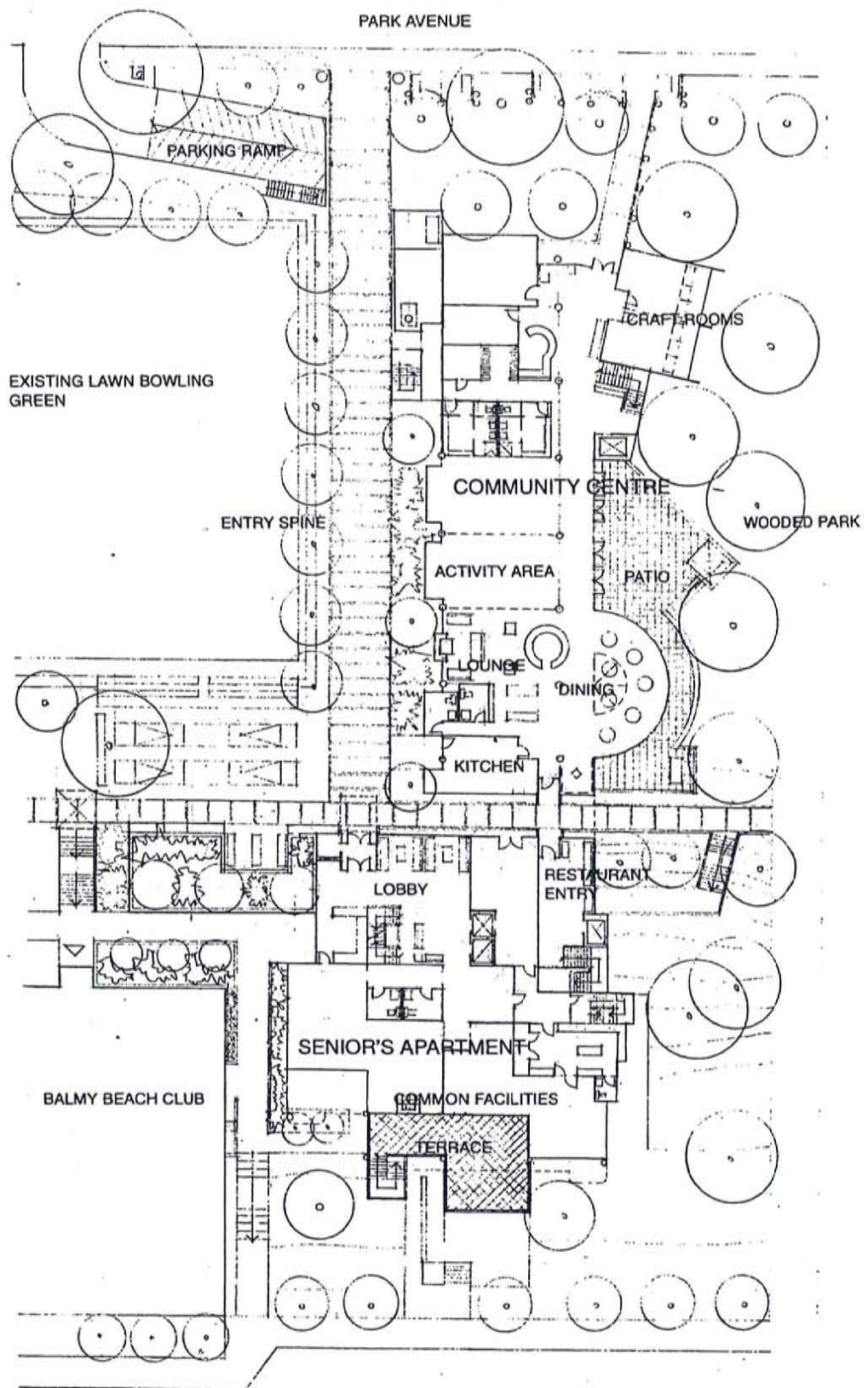
ACCOMMODATION SCHEDULE

TWO BEDROOM	6 UNITS
ONE BEDROOM + DEN	23 UNITS
ONE BEDROOM	3 UNITS
ONE BEDROOM + DEN HANDICAP CONV.	7 UNITS
TOTAL	39 UNITS



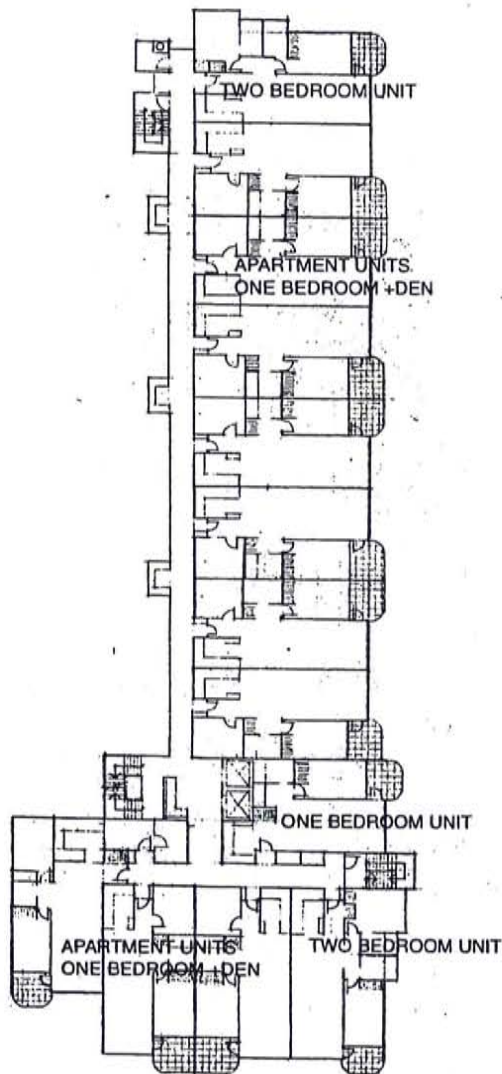
LOWER FLOOR PLAN



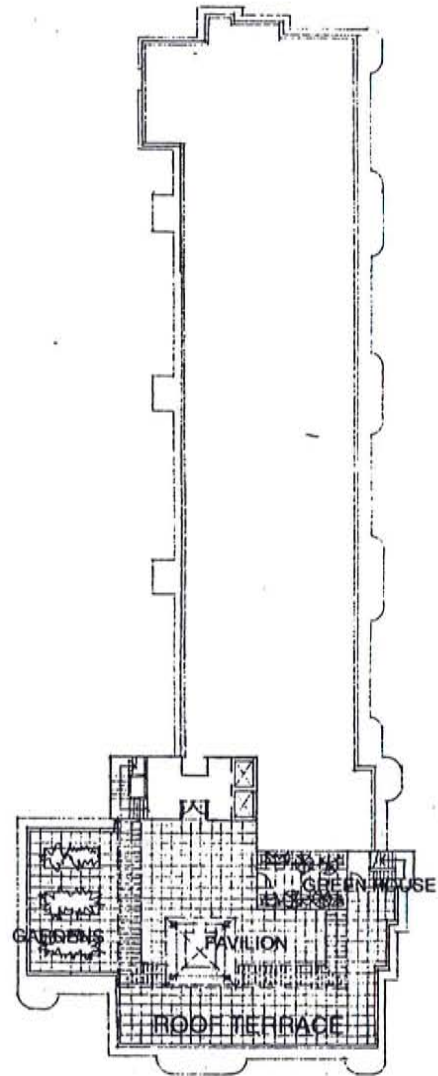


SITE AND FIRST FLOOR PLAN

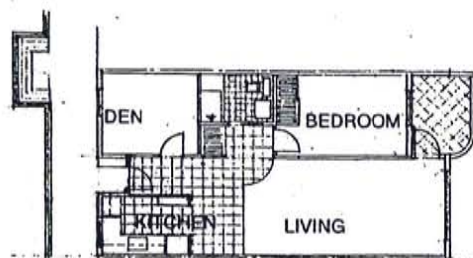




TYPICAL FLOOR PLAN



ROOF PLAN

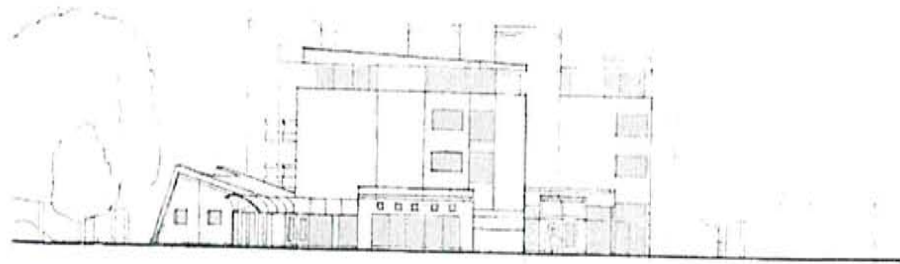


ONE BEDROOM + DEN

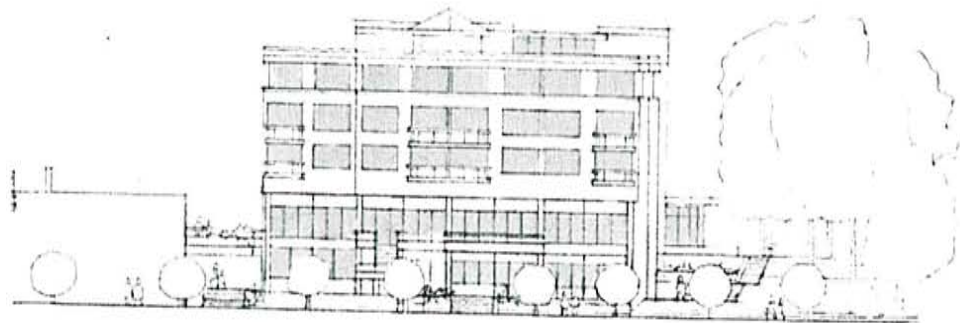
UNIT PLANS



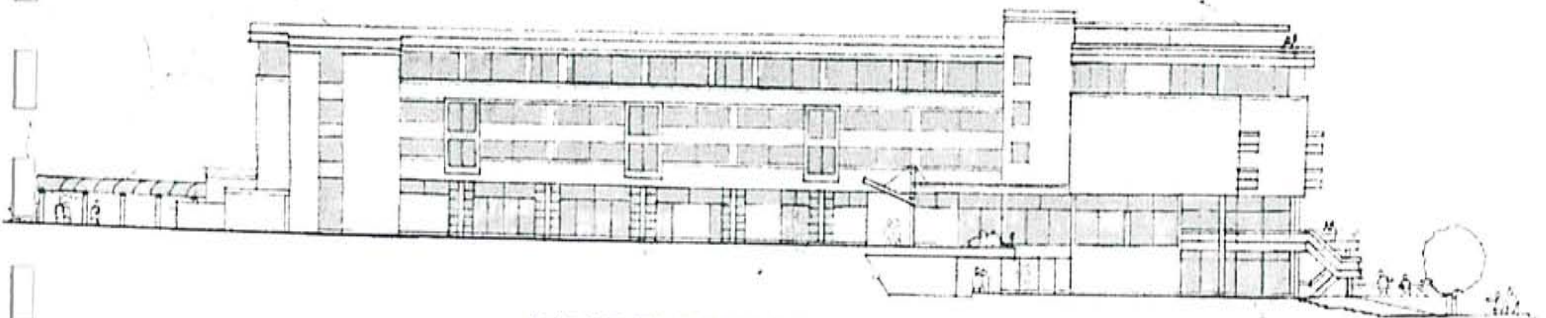
TWO BEDROOM



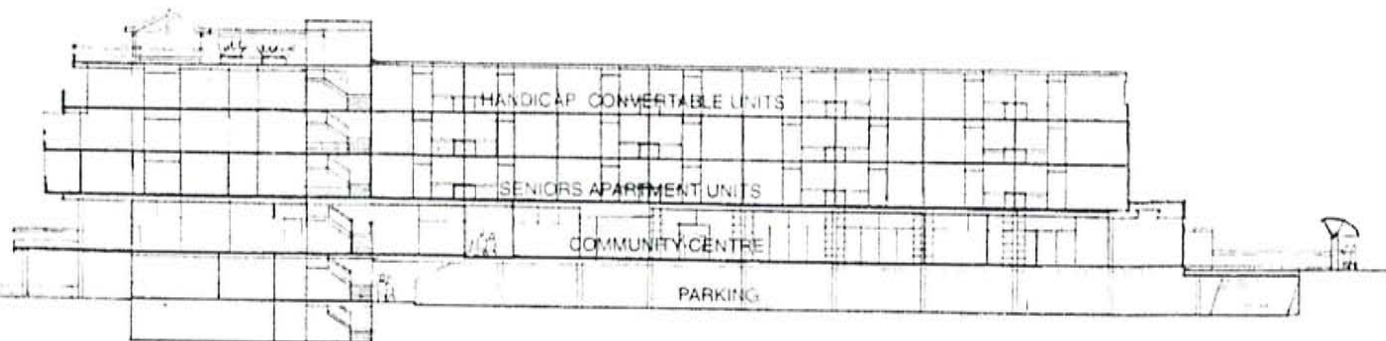
NORTH ELEVATION



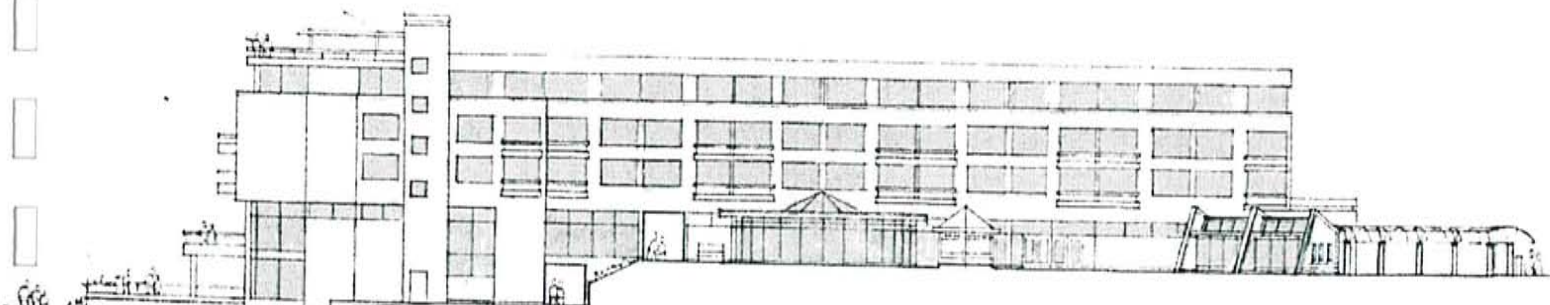
SOUTH ELEVATION



WEST ELEVATION



NORTH SOUTH SECTION



EAST ELEVATION

SITE F

SENIORS SEGREGATED APARTMENT

Site G - Congregate Infill Housing

RESEARCH CONCLUSIONS

- David Foot envisages the revival of the main street and the resurgence of small local speciality shops as Boomers age and demand quality and service. The trip across town to malls and megastores to find bargains will be less important as the affluent Boomer will want to shop locally where the merchant staff know his or her name.
- The introduction of a small cafeteria-type restaurant facility to a lounge would promote social exchange at dinner time, which according to the evidence is the most difficult time for those who are isolated. For the elderly it would mean relief from planning and preparing at least one meal, as well as a way of hosting friends and family. The introduction of a bar to a lounge facility would also promote social interchange and reinforce the idea of the lounge as an extension of one's living area.

CONCEPT

Site G illustrates an innovative seniors development within the central fabric of an existing community. The site is situated on Queen Street, the main shopping strip of the Beach community. It incorporates a small retail/residential development of four retail stores, a large underutilized parking facility and an older frame building.

The concept includes the replacement of the frame structure, the modification of the existing retail and residential elements and the development of a new three storey seniors congregate facility around a central atrium.

The existing apartments are proposed to be modified to function as a part of the seniors development. The second floor will contain dining and other amenity facilities and the site of the former frame structure to include the main entrances, vertical transportation and other building facilities.

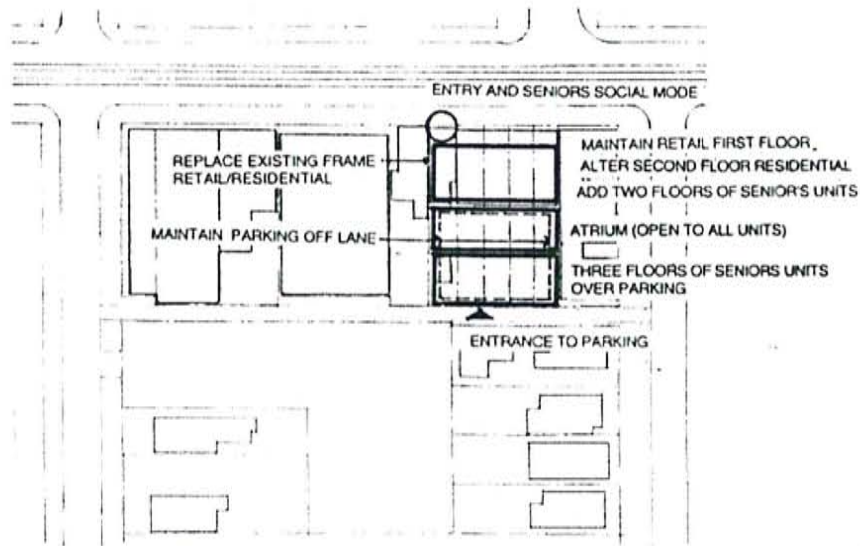
Site G - Congregate Infill Housing

As the entrance fronts the Beaches' main shopping strip, it is proposed to include an alcove with seating for seniors to rest and socialize. Exercise and craft facilities within the development are designed to accommodate seniors within the community.

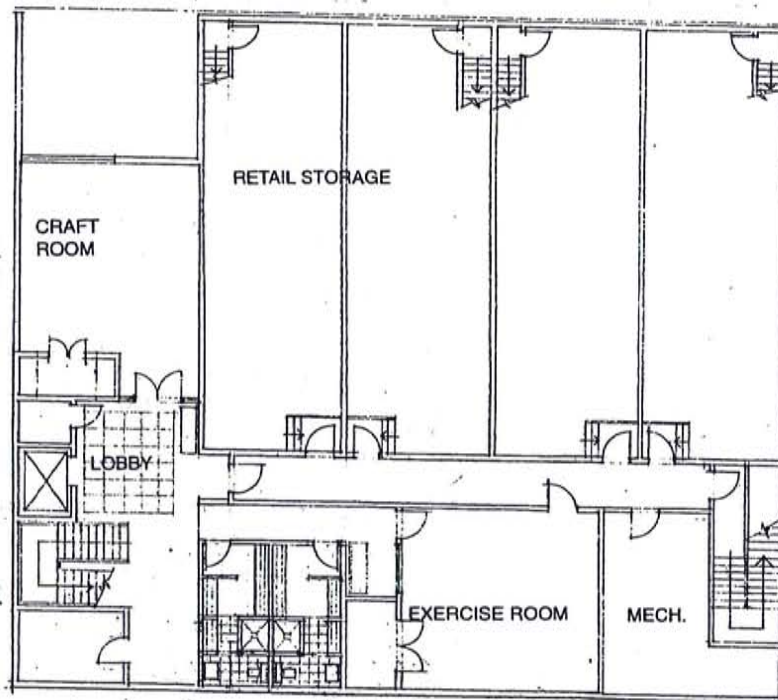
A variety of units are proposed providing single, handicapped and double occupancy. All units are self contained and open both physically and visually into the central atrium and its activities.



EXISTING CONDITIONS



CONCEPT

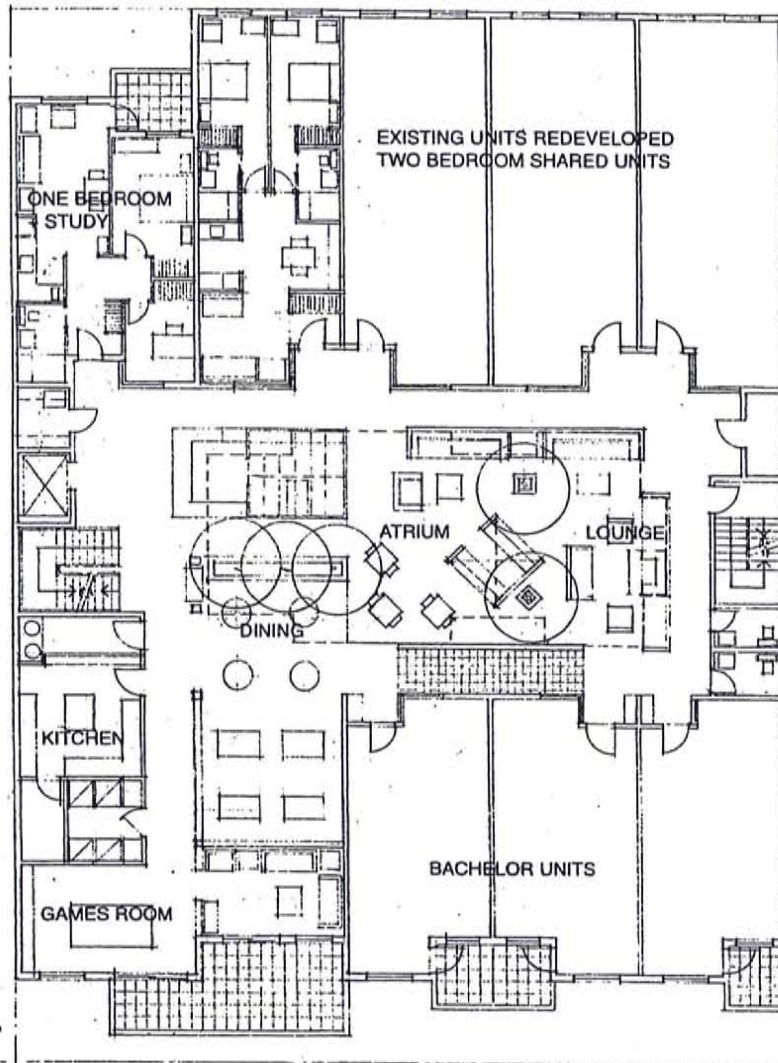


BASEMENT PLAN

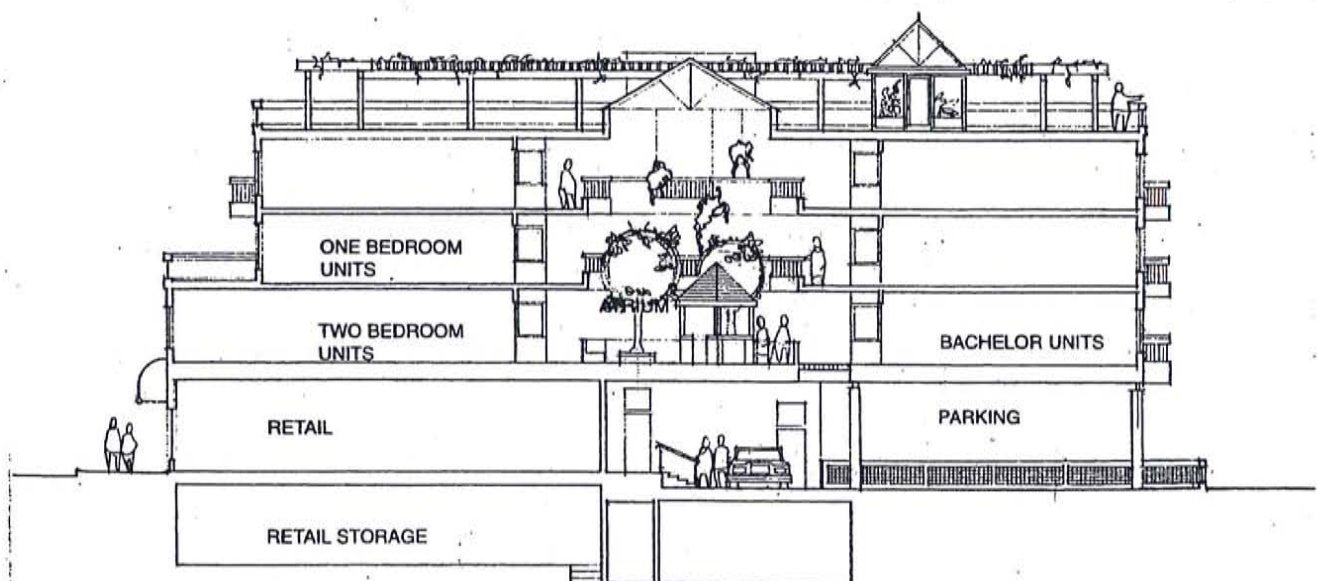


ACCOMMODATION SCHEDULE

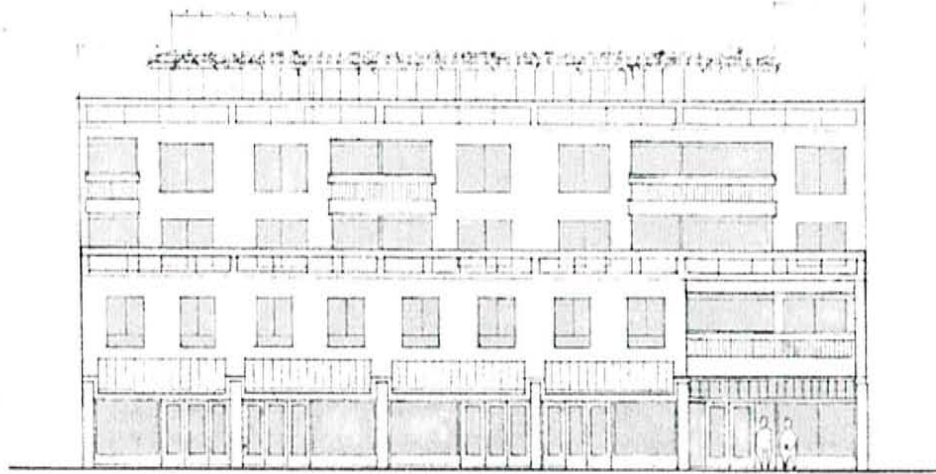
TWO BEDROOM SHARED	4 UNITS
ONE BEDROOM + DEN	10 UNITS
BACHELOR	11 UNITS
HANDICAPPED	3 UNITS
TOTAL	28 UNITS



SECOND FLOOR PLAN

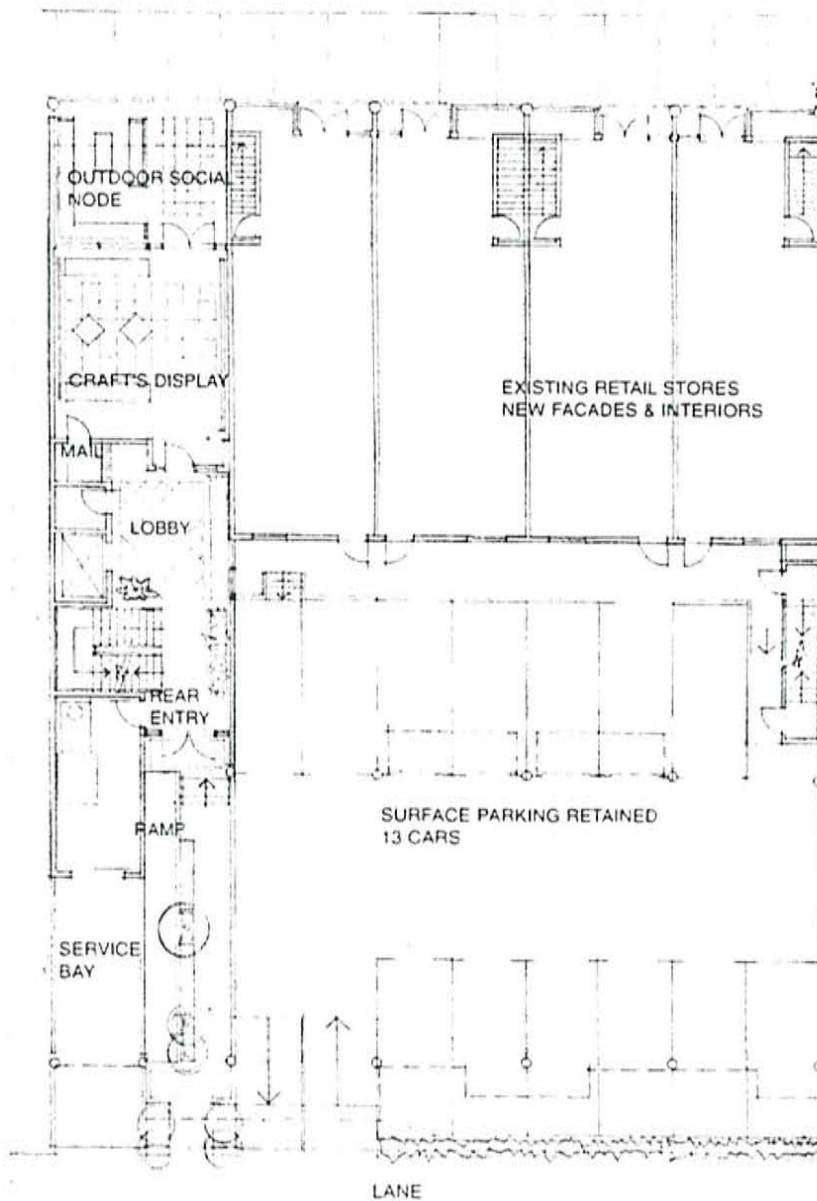


SECTION THROUGH ATRIUM



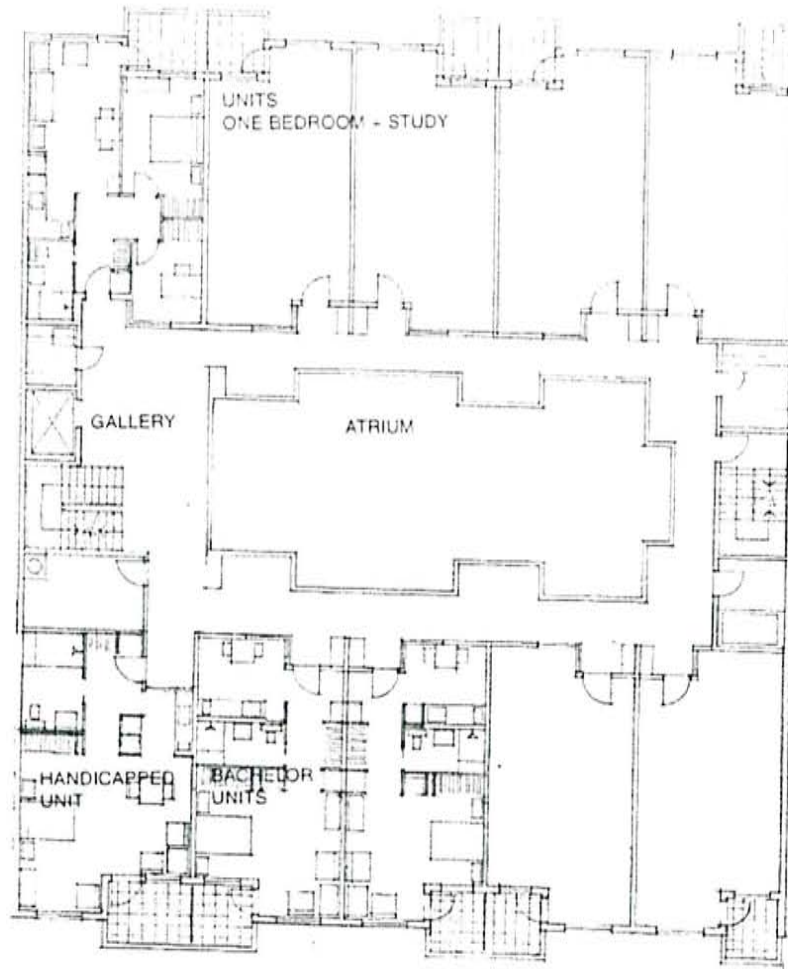
NORTH ELEVATION

QUEEN STREET

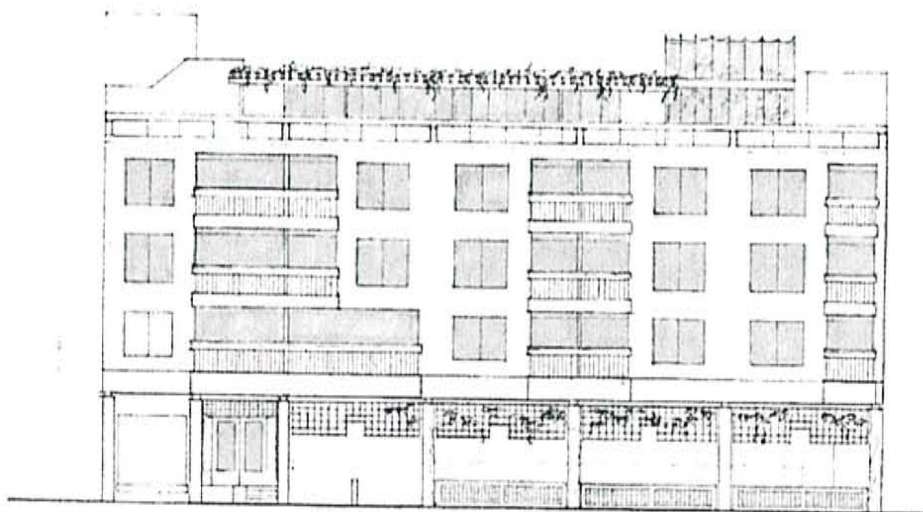


GROUND FLOOR PLAN





THIRD AND FOURTH FLOOR PLANS



SOUTH ELEVATION

Site H - Community Institutional Housing

RESEARCH CONCLUSIONS

Bertrand Desjardins, as researcher with Statistics Canada, when analyzing present living arrangement statistics, concludes "that *the survivor of an aged couple lives alone as long as possible after the spouse's death before moving into an institution*". McPherson also elaborates that elderly couples living in homes are not likely to alter their living conditions to facilitate their declining health and special needs, on the basis that their short life expectancy does not warrant the expense of renovating. When they no longer are able to cope with the difficulties, they then move to more prosthetic environments. David Foot acknowledges that affluent retired Boomers may reside in retirement communities which resemble luxury hotels with a variety of recreational facilities, but concedes that later in life they will likely move to nursing homes.

CONCEPT

The evidence suggests that the senior population is more successfully remaining independent in the community. However, for many seniors who require full time care relocating to a nursing home will be their only choice.

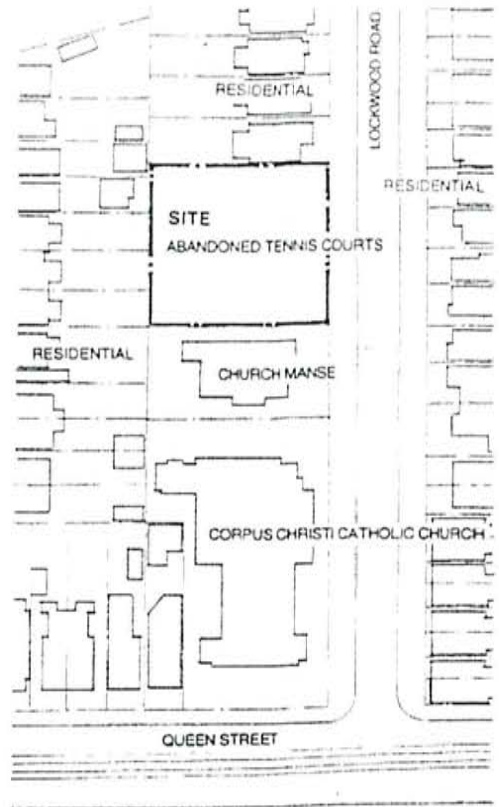
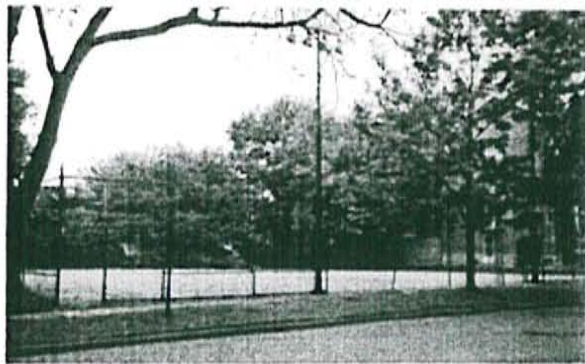
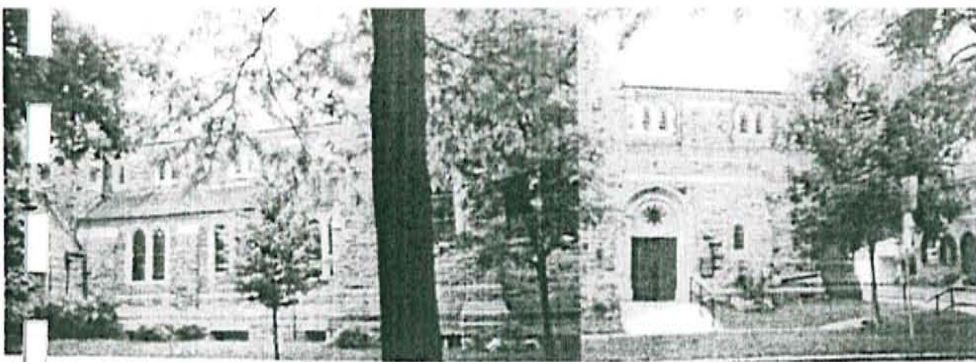
The concept of the community institution facility will enable seniors to remain in the community and receive care in a more residential environment. The smaller scale is intended to encourage local charitable organizations to participate in sponsoring institutional programmes.

Site H is presently an abandoned tennis facility presently used as a part time parking lot by the Corpus Christi Catholic church. The concept retains the parking component in an underground facility, while developing an institutional complex of approximately forty-two beds.

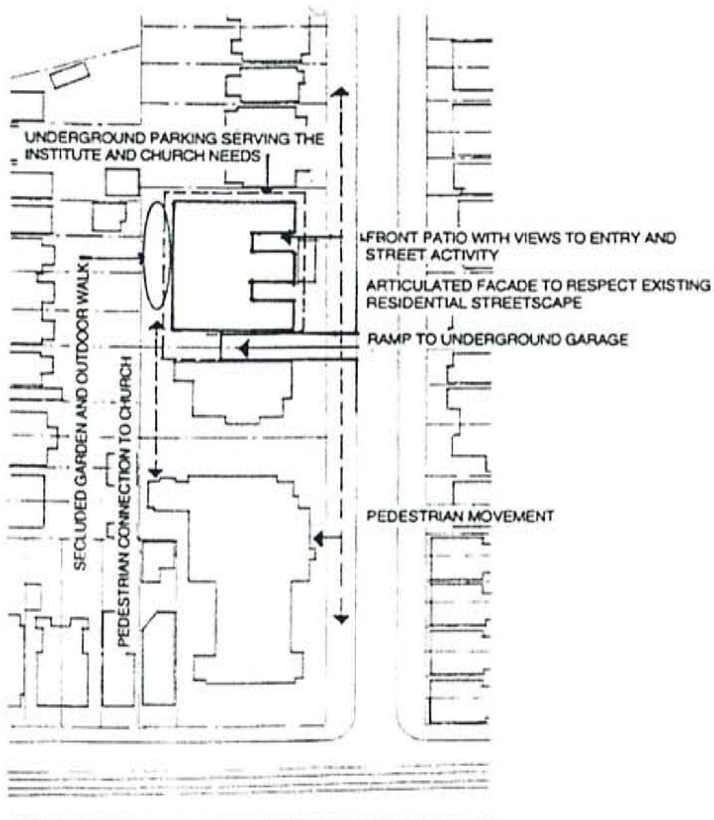
Situated on a residential street, the massing of the development has been articulated to conform to the scale and character of the street. Elements such as the front walkways, the protective

Site H - Community Institutional Housing

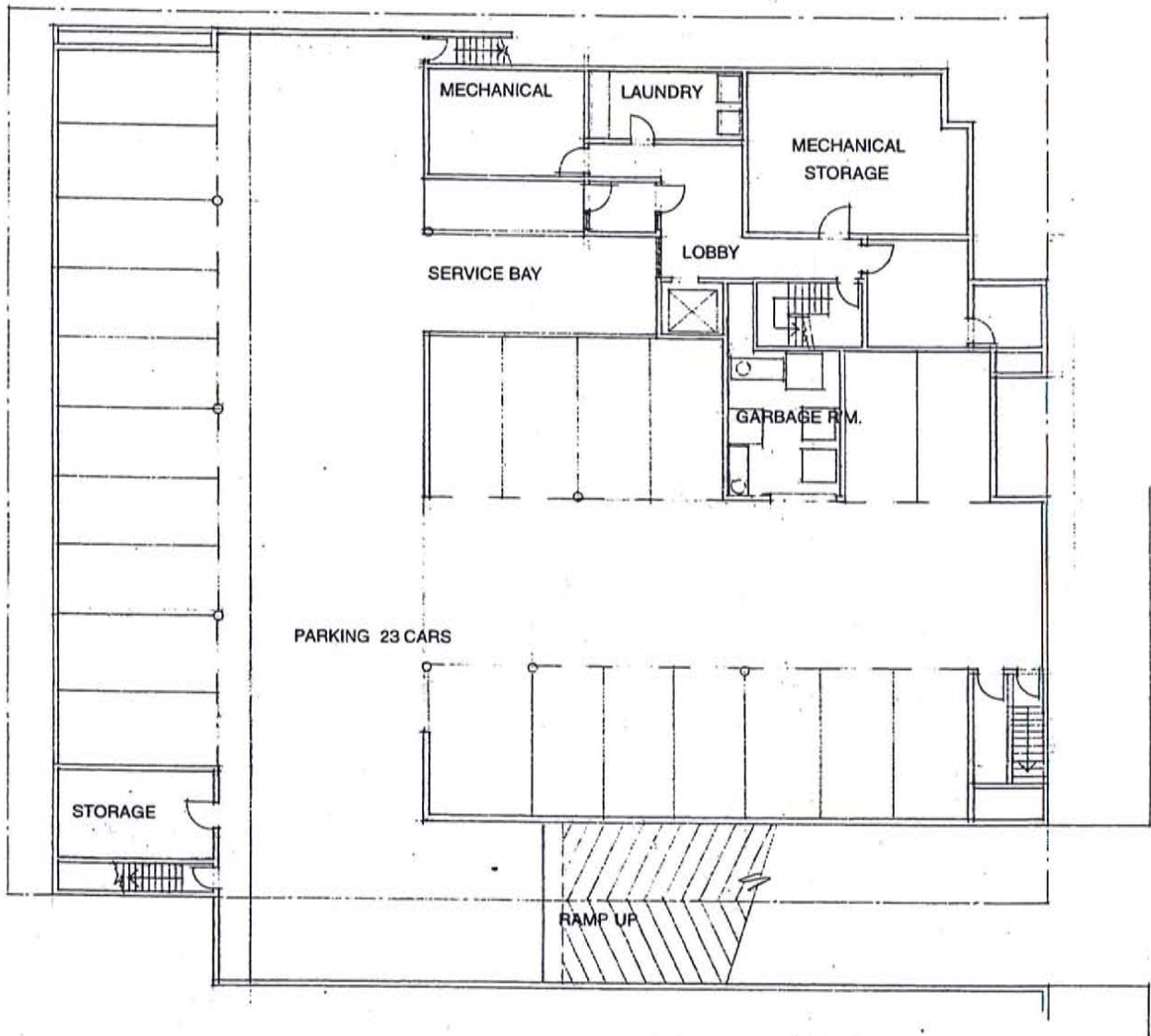
canopies and the front patio are designed to provide the tenants contact with the community and street activity.



EXISTING CONDITIONS



CONCEPT

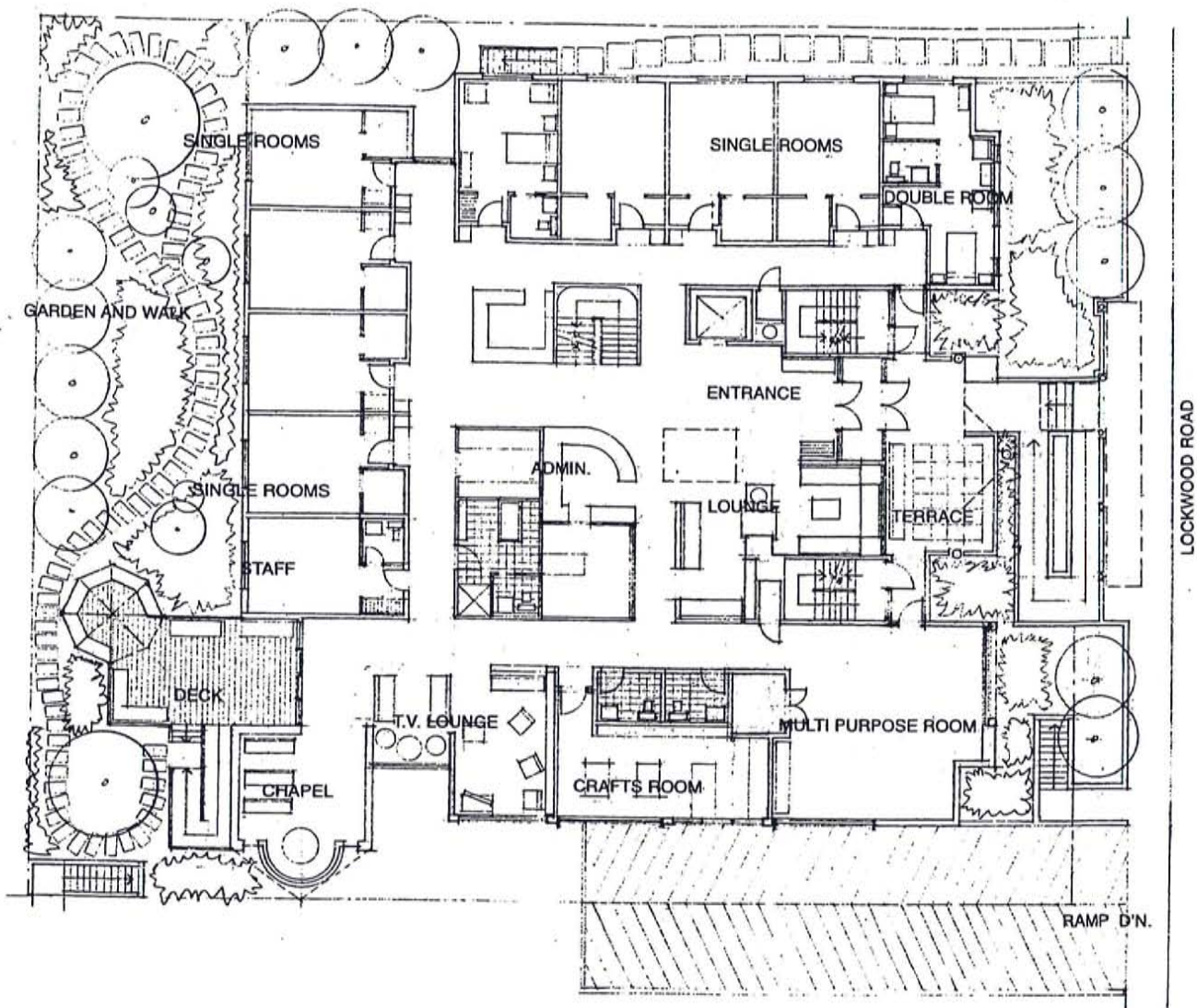


LOWER FLOOR PLAN



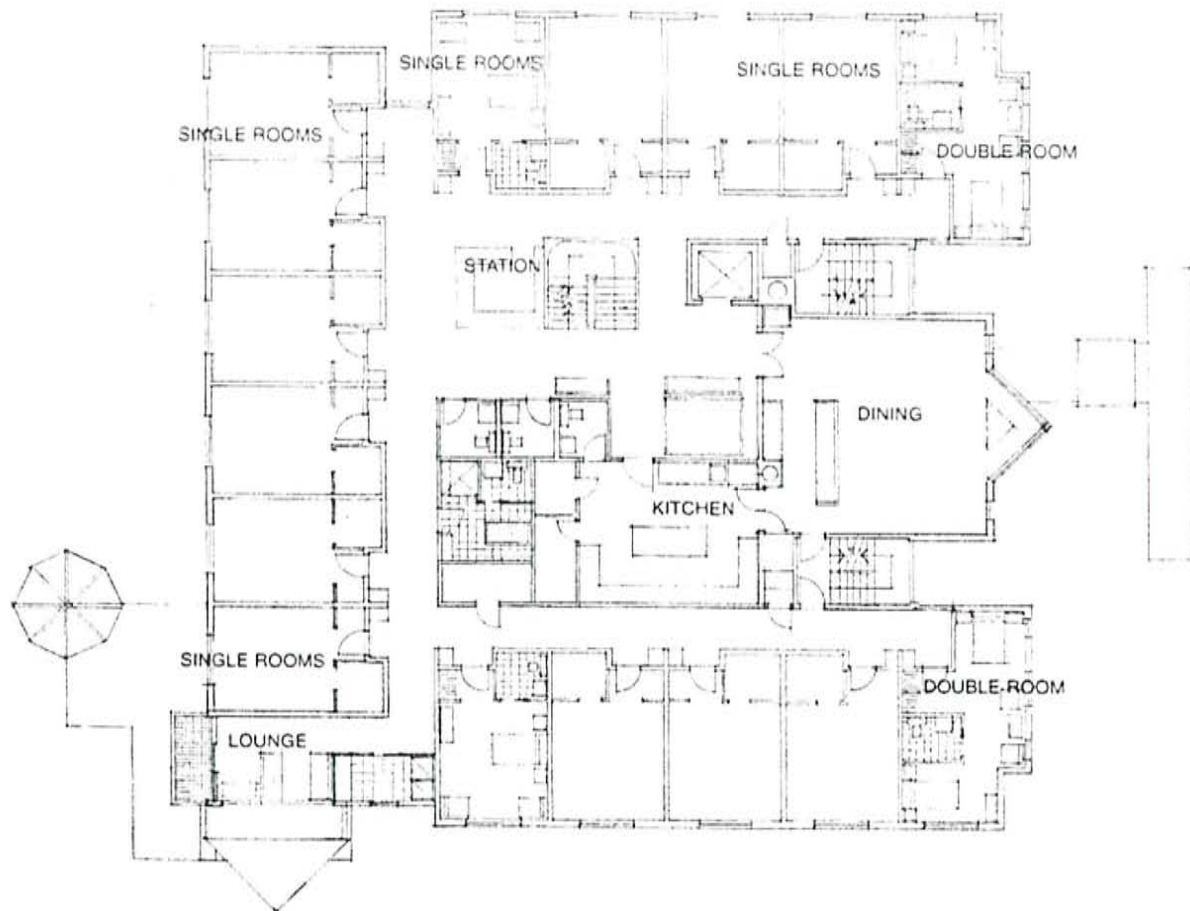
ACCOMMODATION SCHEDULE

SINGLE	32 ROOMS
LARGE SINGLE	4 ROOMS
DOUBLE	3 ROOMS
TOTAL	39 ROOMS



FIRST FLOOR PLAN *

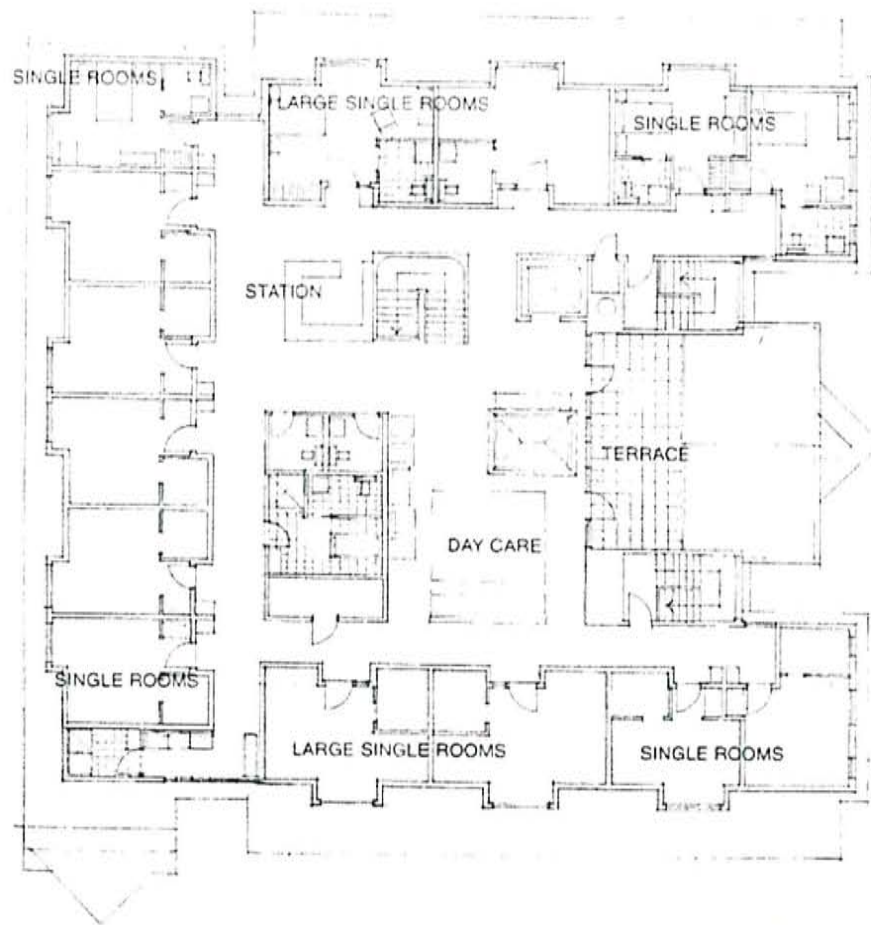




SECOND FLOOR PLAN



EAST ELEVATION



THIRD FLOOR PLAN



SOUTH ELEVATION

Appendix

BEACH DEMOGRAPHICS

Areas

Tract 021 Queen Street East

Tract 022 Balsam Avenue to Victoria Park

Tract 023 Lee Avenue to Balsam Avenue

Tract 024 Triangle + Lee Avenue Kingston Road North

AREA POPULATION					
Area	Total Pop.	Male		Female	
		0-64	65+	0-64	65+
021	5,195	2,320	190	3,100	315
022	3,855	1,755	130	1,750	225
023	3,180	1,365	150	1,420	240
024	6,630	2,915	255	3,015	450
TOTAL	18,860	8,355	725	9,285	1,230

Total 0-64 = 17,640

Total 65+ = 1,955 = 11%

Comparison

- Total East Toronto 11.5%
- City of Toronto 13.3%
- Female 63%
- Male 37%

Population 75+					
Area	021	022	023	024	Total
Male	70	40	60	100	270
Female	155	105	105	220	585

Appendix

POPULATION CHARACTERISTICS

Population Characteristics Areas 021, 022, 023, 24 Ward 26 (Beach)

1991	Canadian Statistics	Area 021	Area 022	Area 023	Area 024	Total Beach
0-19	27.7%	17.0%	24.0%	25.0%	20.0%	21.5%
20-64	60.7%	73.3%	66.8%	62.8%	69.4%	68.0%
64-74	6.9%	5.4%	5.4%	7.0%	5.8%	5.9%
75+	4.7%	4.3%	3.8%	5.2%	4.8%	4.5%

Comparison with Canadian Statistics

0-19	Down approximately 6% points
20-64	Up approximately 7% points
64-74	Down 1% point
75+	Almost identical

Dwelling Characteristics

Areas	021	022	023	024	TOTAL	
Total Population	5,195	3,655	3,180	6,630	18,860	
Number of Dwelling Units	2,525	1,530	1,245	2,860		
Average Number of Rooms	5.3	6.2	6.5	5.8		
Number of Persons per Room	.4	.4	.4	.4		
Structural Type						
Houses (D, S.D, RH, Dup)	1,160	1,180	990	2,045	5,375	
Apartments	1,370	340	250	815	2,775	
					8,150	
Structural Type Breakdown						
(D, S.D, RH)	975	1,115	905	1,900	4,895	59.5%
Duplex Apartments	185	80	85	145	495	6%
Apt. Less than 5 Storeys	1,360	335	245	655	2,595	31.5%
Apt. More than 5 Storeys	10	15	5	160	190	2%
Institutional	84				84	1%
Total					8,259	

Appendix

Projected Demographics¹

	0-19	20-64	65-74		75+		Total
			Male	Female	Male	Female	
1991	3,950	12,955	455	645	270	585	18,860
Total Seniors Population			1,955				
2036	3,120	11,724	688	1,019	662	1,433	18,646
Total Seniors Population			3,802				
% Change	-21%	-9.5%	+51.2%	+58%	+145%	+145%	

- Total seniors in 1991 = 1,955 or 11%
- Total seniors in 2036 = 3,802 or 21%
- Canadian Statistics - Seniors 25%

GENDER DISTRIBUTION

- Male 31.5%
- Female 68.5%²

Calculation of Projections of Population of Houses (2036)

Population	11,724		707							
Age	0-19(.7) ³	20-64(.7)	65-74(.685)				75+ (.505)			
			Male		Female		Male		Female	
2036	2,184	8,207	427		698		334		724	
Number of Houses										
Age	0-64		65-74				75+			
			Male		Female		Male		Female	
			2P	1P	2P	1P	2P	1P	2P	1P
2036	4,103(2.5) ⁴		205	62	240	216	137	60	217	290

Ratio of Seniors

- In 1991, (754 in 5,390) = 14%
- In 2036 (1,427 in 5,530) = 26% (30%) - almost double

¹ - Based on Statistics Canada projections

² - Similar to Canadian statistics

³ - Factor living in houses - Statistics Canada

⁴ - Average people per dwelling

Appendix

HOUSING

Beach Population Living in Houses Using Statistics Canada

% Population Living in Private Households	70% of Total Pop.		68.5% of Total Pop.	50.5% of Total Pop.
Age	0-19	20-64	65-74	75+
Population	3,950	12,955	1,100	855
1991	2,765	9,068	754	432
	(11,833)			

Based on actual Beach housing statistics, the calculated number of houses is with 2% of actual number of Beach houses.

Number of Beach Houses and Occupancy

0-64		65-74				75+			
		Male		Female		Male		Female	
		2P	1P	2P	1P	2P	1P	2P	1P
5,288	2.6 av.	136	40	153	137	56	25	89	118

Projected Number of Houses Required in 2036

	0-64		Seniors				Total
		Occup.	65-74		75+		
			2P	1P	2P	1P	
1991	4,636	(2.6)	289	177	145	143	5,390
2036	4,103	(2.5)	445	278	354	350	5,530

- Total increase in homes 140 or 2.6%
- Senior increase 754 to 1,427 or 673 units 90% ⁵
- In the demographic model, 100% increase

⁵ - The 2% difference 102 population has been added to the 0-64 population

Appendix

INSTITUTIONS

Institutional Population Projections (Based on past statistics)

	65-74		75+		
	Male 3.1% ⁶	Female 3.4%	Male 12.7%	Female 21.8%	Total
1991	14	22	31	114	181
2036	21	35	84	312	453

- Increase in population of 272 (150%)

Institutional Population (Based on alternative solutions)

	65-74		75+		
	Male 1.75% ⁷	Female 1.85%	Male 8.75%	Female 12.3%	Total
2036	12	19	58	176	265

- Increase in population of 84 (46%)

Need for Alternative Accommodation (Population)

65-74		75+	
Male	Female	Male	Female
9	16	26	136

Existing Institutions in the Beach

		Beach Population	Units		Total Units
			1P	2P	
Beach Arms Lodge	84	84	68	8	76
The Atrium	25% of 114	28	22	3	25
Versa Care Centre	25% of 150	37	31	3	34
Totals		121	14		135

- **Using alternative projections**

New institutional population 265

Existing 135

New population 130 population

Year	Single Room	Double Room	Total Rooms
2036	106	12	118

⁶ - Percentage of total senior populations (historically)

⁷ - Percentage of total senior population (when alternatives are available)

Appendix

- If projects were done based on historic statistics:**

New population	453
Existing population	<u>135</u>
New population	318

Year	Single Room	Double Room	Total Rooms
2036	260	29	289

- Using the actual calculations alternative accommodation for 188 population is required in shared, congregate or modified home or apartment accommodation.
- Breakdown of alternative accommodation 152 women, 36 men for a total of 188.
- Projected total number of 1 person housing in 2036

Age	Female	Male	Total
65-74	216	62	278
75+	<u>290</u>	<u>60</u>	<u>350</u>
Total	628 '1 P' houses		628 (11.4% of actual houses)

All the alternative accommodation could be accommodated in the single family houses using 23% or 1/4 of houses for this scenario.

- * 94 people are housed in 59 single family homes
59 is only 7.3% of seniors houses which are singly occupied.
- This is only 4% of all senior housing, and only 1% of all housing

Ways of accommodating the alternative population

If 10% single family housing took in 1 or 2 additional (1.5) people, that would accommodate 94 people or 50% of the 188 people not accommodated by institutions. This could be divided between duplex dwelling and large single family houses.

- Duplex dwellings - 24 additional seniors (1 per duplex) = 24 duplexes
- Single family homes - 70 people (2 per dwelling) = 35 single family houses

This leaves 94 people to be accommodated in congregate housing facilities.

Appendix

APARTMENTS

In 1991, 5,390 units were occupied by 13,019 people.

Total population of area = 18,860, leaving 5,841 people in apartments.

Total number of apartments in Beach = 2,595 + 190 = 2,785 at an average of 2.1 people per apartment.

Apartment Occupancy (Reciprocal of Housing)

	Apartment Occupancy (reciprocal of housing)						
	30% ⁸		31.5%		49.5%		Total
	0-19	20-64	65-74		75+		
			Male	Female	Male	Female	
1991	1,185	3,886	143	203	134	290	5,841
2036	936	3,517	217	321	328	709	6,028
Change	-21%	-9%	+48%	+58%	+144%	+145%	+3.2%

Apartment Occupancy

Apartment Occupancy											
	Apartments		65-74				75+				Total
			Male		Female		Male		Female		
			1P	2P	1P	2P	1P	2P	1P	2P	
1991	2,242	(2.26)	18	62	63	70	24	55	116	137	2,785

- Projections for 2036 from Statistics Canada indicate
80% of seniors apartment integrated - no space
20% of seniors apartments are segregated
- Calculations living alone from Statistics Canada:

	65-74	75+
Male	13%	18%
Female	31%	40%

Integrated Apartment Population for 2036

	0-19	20-64	65-74		75+		Total
			Male	Female	Male	Female	
2036	936	3,517	175	257	262	567	5,714

⁸ - Percentage of total population of each age group

Appendix

Apartment Population for 2036

	0-64		65-75				75+				Total
			Male		Female		Male		Female		
			1P	2P	1P	2P	1P	2P	1P	2P	
2036	1,970	(2.26)	23	76	80	89	47	108	227	170	2,790

- Total projected increase in age integrated apartment = 5 units.
- 0-64 decrease 272 units (-12%)
- Increase 65+ (275 units) (50%)
- Number of seniors units 820 or 29%

Note: 60 units have already been built (non-senior) since 1991.

- Total increase in apartment units - 50 units
- Already built 60 units
- Projected surplus of integrated apartment units - 55 units
- Decrease in 2.26 family apartment housing:
 $2,242 - 1,970 = 272$ units
- Increase in singly occupied apartments for seniors:
 Male $(5+23) = 28$
 Female $(17+111) = 128$
 Total 156
- There is a surplus of larger former family units.
- The demand for 2036 is for single senior units.

Segregated Apartments

Projected Populations in Age Segregated Apartments for 2036

65-74		75+		Total
Male	Female	Male	Female	
42	64	66	142	314

- Number of units
 Ratio: 25% two bedrooms
 75% one bedrooms

Appendix

Projected Need for Segregated Apartment Units for Seniors (65+)		
1 Bedroom	2 Bedroom	Total
188	63	251

- Use 55 of integrated stock and revise existing facilities
- New units required $251 - 55 = 196$ units
 - 147 one bedroom units
 - 49 two bedroom units

Appendix

PROJECTED SENIORS NEEDS 2036

1. Family Housing

- new housing from tables 140 units
new housing provided after 91 46 units
new housing for 2036 94 units
26% for seniors or 24 units
- Existing housing for seniors
number of senior housing $1,427 - 24 = 1,403$ units
special need for +75: 704 units
350 singly occupied

2. Institutional

Using alternative solutions

Institutional population: 130

Rooms 106 one-person rooms
12 two-person rooms

Total 118 rooms

Alternative Housing as part of alternative solution:

- 14 duplex units to house an additional 14 seniors
- 20 single family houses to house an additional 40 seniors

Total seniors housed in existing facilities:

- Need to provide congregate housing for 134 seniors.

3. Integrated Apartments

- Total increase as per charts 5 units
 - Number of new apartments built since 1991 60 units
- Surplus of 55 units

Appendix

4. Segregated Apartments

Total segregated apartment accommodation required: 251 units

Total segregated population 314

- (1) Use available 55 units from integrated apartments

Revise building to senior requirements

Total of 55 units (25%) two-person units to house 69 seniors.

- (2) Reduced required new segregated units:

$251 - 55 = 196$ units required:

147 one-person units

49 two-person units

Total population 245 in new segregated apartment units.

Appendix

EXISTING HOUSING

Houses Built Since 1991

• Two duplex Kippendavie and Kew Beach:	4 units
• 14 Row houses at foot of Woodbine	14 units
• Hammersmith & Queen 14 stacked row houses	14 units
• Avion Avenue beside Church (under construction)	4 units
• Miscellaneous infill	10 units
Total	46 units
Total required as per calculations:	140 houses
Additional houses	94

- Find percentage of race track houses "Beach bought for seniors"

Possibility

- Take plans of the race track and show alterations to meet the needs of seniors.

Apartments Since 1991

• Apartments at Manor and Hubbard	12 units
• Apartments at Queen St. and Beech:	
1st phase 2371	16 units
2nd phase 2365	16 units
• Apartments	
Supportive Housing Coalition	
2363 Queen	<u>16</u> units
Total Apartment Units	60 units