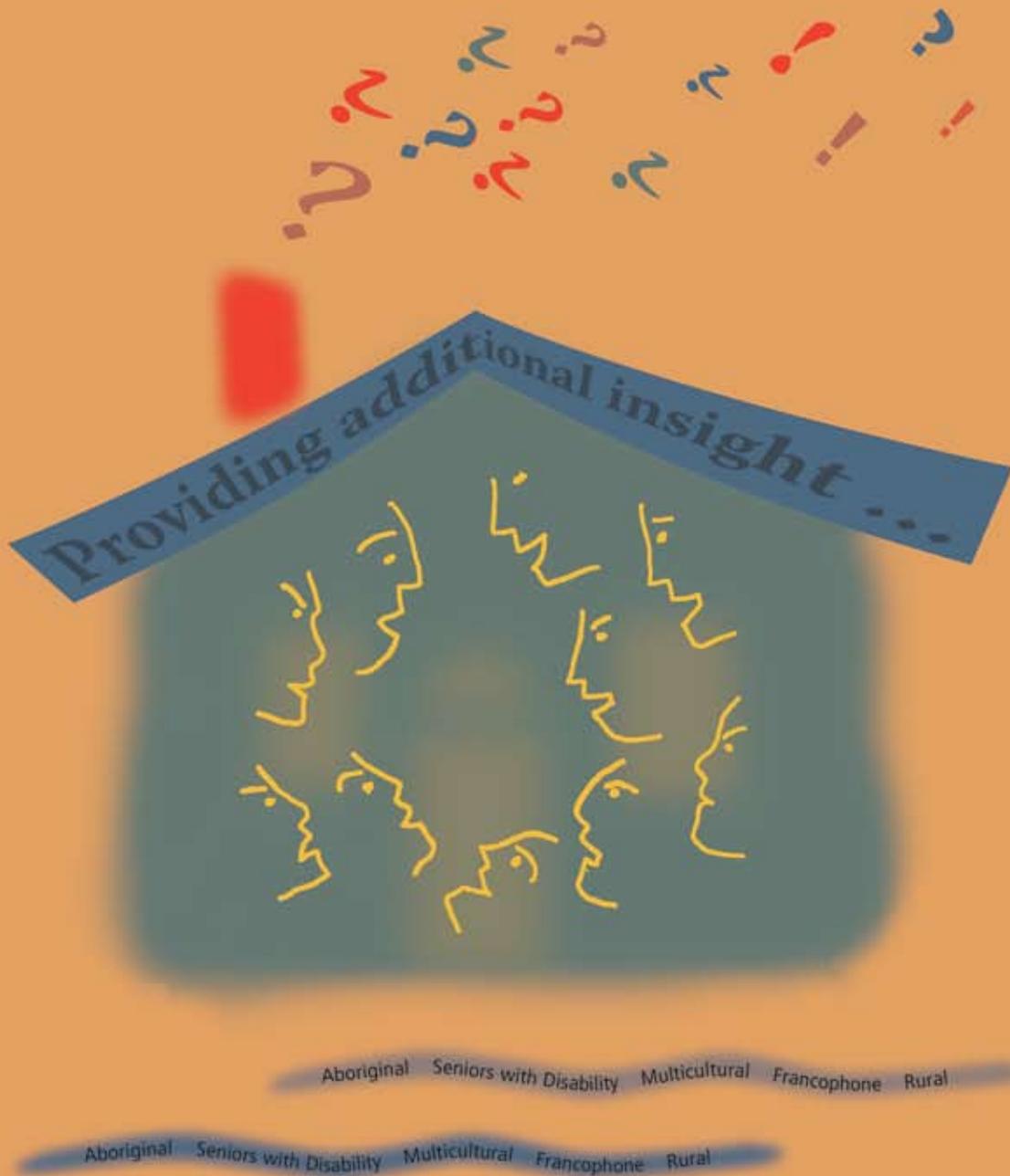


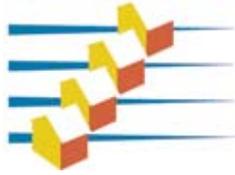
Seniors' Housing in Atlantic Canada:

FOCUS GROUPS

with Distinct and Underrepresented Seniors



A report from the Atlantic Seniors' Housing Research Alliance



Atlantic Seniors Housing
Research Alliance
Alliance pour la recherche
sur le logement des
personnes âgées dans
les provinces de l'Atlantique
www.ashra.ca

Principal Investigator

Dr. Donald Shiner, Associate Professor
Department of Business Administration and
Tourism and Hospitality Management
Mount Saint Vincent University, Halifax, NS

Co-investigators

Ms. Cathy Crouse, Executive Director
Metro Community Housing Authority
Adjunct Professor, Dept. of Family Studies
and Gerontology
Mount Saint Vincent University, Halifax, NS

Dr. Robin Stadnyk, Assistant Professor
School of Occupational Therapy
Faculty of Health Professions
Dalhousie University, Halifax, NS

Dr. Judy-Lynn Richards, Associate Professor
Department of Sociology and Anthropology
University of Prince Edward Island,
Charlottetown, PE

Dr. Patrick Parfrey, University Research
Professor
Clinical Epidemiology Unit
Health Sciences Centre
Memorial University of Newfoundland,
St. John's, NL

Dr. Janice Keefe, Professor and
Canada Research Chair in Aging and
Caregiving Policy
Mount Saint Vincent University, Halifax, NS

Dr. Kathleen Cruttenden, Adjunct Professor
Faculty of Nursing
University of New Brunswick, Fredericton, NB

Dr. Lori Weeks, Associate Professor
Department of Family & Nutritional Sciences
University of Prince Edward Island,
Charlottetown, PE



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Lori E. Weeks
Sue Pottie
Kathleen Cruttenden
Donald V. Shiner

Atlantic Seniors Housing Research Alliance
Halifax Nova Scotia Canada

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Introduction

Researchers associated with the Atlantic Seniors Housing Research Alliance (ASHRA) collected quantitative data from a random sample of 1702 seniors in Atlantic Canada in 2006–2007. The respondents completed a mailed survey, a revised form of the Canadian Mortgage and Housing Corporation's (CMHC) Seniors' Housing and Support Services Survey. The report of the survey findings is located at www.ashra.ca (Shiner, 2007).

Following the completion of the survey, the next phase of this research involved providing additional insight into seniors' housing issues through completing focus groups in each Atlantic province in both urban and rural areas. The focus group working group (FGWG) was created in October 2006 to make decisions regarding the design, advancement, and implementation of the focus groups, including identifying questions to ask the participants. FGWG members included the Principal Investigator, the Project Coordinator, Co-investigators, graduate students, and community partners and collaborators from each of the Atlantic provinces. Additionally, new members were invited to be involved in the ASHRA project due to their networking and experience with the populations of interest.

It had been intended that the survey results would inform the research questions guiding the focus group component of the study in order to complement and enhance the data already collected. After completing a preliminary analysis of the survey data, ASHRA researchers identified the following more specific research question to guide the focus group phase of the study: What factors influence the housing options of distinct and underrepresented seniors in Atlantic Canada?

While the procedures used in collecting the survey data resulted in generalizable data, we learned little about certain populations of seniors in Atlantic Canada due to their relatively small numbers in the survey. It was decided that the participants in the focus groups would comprise specific groups that were underrepresented in the survey when compared to the general population. The FGWG identified the following groups of seniors to enlist for the focus groups: Aboriginal, seniors with a Disability (cognitive or physical), Multicultural, and those from very small or isolated rural communities, both English- and French-speaking.

Methodology

Focus groups offer an avenue of communication with their participants, to listen and to gain knowledge from them (Morgan 1998a). Using Morgan's research design (1998b), community groups were organized for the discussion of topics, questions, and gaps that had arisen from the survey data.

The FGWG determined that focus group Moderators should be from the province where each focus group was held and be in some way linked to the population identified for each focus group. They were selected based on the following qualifications: understanding of group process, curiosity, communication skills, friendliness, sense of humour, interest in the topic of seniors' housing, openness to new ideas, and listening skills. A total of thirteen Moderators received a \$200 honorarium for each focus group completed. One Moderator completed two focus groups, and one Moderator from a partner organization conducted a focus group, resulting in a total of 15 focus groups completed.

The focus group Facilitators were two graduate students chosen for their ability to be observant, their interest in the focus group topic, and their ability to assist and support the Moderator. Unlike the Moderators, who generally lived in the immediate area where the focus group was taking place, the Facilitators travelled from Halifax to the focus group location. One of the students was responsible for the provinces of Nova Scotia and Prince Edward Island where the other student facilitated the focus groups in Newfoundland and New Brunswick.

The Facilitator provided the Moderator with required support during the focus group session and assisted the Moderator in keeping the outlined time schedule. The Facilitators also tape-recorded the sessions and wrote in-depth field notes during the focus group. The Facilitator and Moderator met briefly at the end of the focus group to provide the Moderator with an opportunity to offer further insight into the data collected. (Traulsen, Almarsdóttir, & Björnsdóttir, 2004).

In order to ensure consistency in the manner in which the focus group data was collected, ASHRA researchers developed and distributed a Moderator's reference guide that discussed project background information, the focus group goals, Moderator and Facilitator roles and responsibilities, a sample introduction, the focus group questions, techniques for encouraging and controlling discussion, and an approximate time line for the group.

For the focus groups in Newfoundland and Labrador, concerns were raised about the anticipated literacy levels of potential participants. In

response to these concerns, community partners requested that a verbal script be developed that could be read to potential participants over the phone in order to obtain their agreement to participate.

The researchers obtained the required research ethics board certificates from Mount Saint Vincent University, the Memorial University of Newfoundland, the University of Prince Edward Island, and the University of New Brunswick. Prior to each focus group, potential participants received an information letter about the study (Appendix A), and they signed a consent form before the focus group began (Appendices B and C). If necessary due to low literacy levels, the information letter and consent form were read aloud before the participants signed the consent form. The Moderators asked a total of eight focus group questions (Appendix D). In addition, participants completed a demographic survey (Appendix E). The focus groups lasted approximately two hours.

After defining which groups of seniors the FGWG wished to include in the focus groups, community partners in each of the four provinces aided ASHRA researchers in organizing the focus groups. This entailed a community partner choosing the location for the focus group, identifying an appropriate Moderator, and recruiting the participants.

Persons volunteering to participate were self-identified as being seniors. This resulted in over 1 in 3 participants being under 65. Other researchers have found a younger population (under 65) identified by their community as seniors. For example, Dumont-Smith (2002) identified aboriginal seniors as 55 and older in her study, "Aboriginal Elder Abuse in Canada." In other literature about self-identification as a senior, a wide range of ages is included under the label of senior (Thompson & Zinser, 2006).

The focus groups occurred in places such as schools, seniors' centres, or resource centres that the participants were familiar with and that facilitated the comfort and needs of the participants. For example, they were as centrally located as possible and were accessible as needed. To additionally make the participants feel comfortable and at ease, the Moderators chosen were either familiar to the participants and/or identified with the participants as they lived in the local area and were seniors themselves. Each participant received a \$25.00 honorarium, reimbursement for any travel expenses, and refreshments during the focus group.

A total of 123 seniors participated in 15 focus groups throughout Atlantic Canada in May and June 2007. These focus groups included participants from five different groups: Aboriginal, Disability, Francophone, Multicultural, and Rural.

Aboriginal: A total of 25 aboriginal seniors participated in three focus groups in three provinces. These seniors lived both on and off reserve. For one of the Aboriginal focus groups, a partnership was formed with another organization completing a study on a similar topic at the same time in the same geographic location. The other organization included our questions in a group they organized and conducted, and they sent ASHRA researchers a transcript of the responses to these questions.

Disability: A total of 34 seniors with disabilities formed four focus groups in three provinces. Each group included seniors with these characteristics: physical or cognitive disabilities, mental health issues, developmental disability, and physical disabilities. In addition, some caregivers of seniors with cognitive disabilities participated.

Francophone: Twenty-one francophone seniors from three provinces living in smaller rural communities participated in three focus groups.

Multicultural: The multicultural group included a total of 25 seniors who participated in three focus groups in three provinces. The focus groups included three different populations: immigrants to Canada from various countries, Black Nova Scotians, and members of a multicultural organization. Several participants who did not speak English utilized a translator in order to contribute to the focus group.

Rural: The rural focus groups included 18 seniors in one province who participated in two focus groups. These seniors lived in very small and isolated rural areas. While we identified the seniors in these two groups as Rural, the Aboriginal and Francophone groups included predominantly Rural seniors as well. In addition, some participants in the Rural group also belonged to other groups in our study, such as Francophone or Aboriginal. Thus, while we have grouped the participants into five different groups, there is some overlap in the results between groups.

The two Facilitators and an additional four research assistants transcribed 14 tape recordings, and one was transcribed by a partner organization who conducted one of the aboriginal focus groups. Three of the groups were initially transcribed in French, as the groups had been conducted in French. The French transcripts were sent to a professional translator who translated them into English. One focus group was not tape-recorded due to the group's cultural belief regarding capturing voices on tape. In this case, an additional note-taker was hired, and a record of the focus group was

achieved by compiling the detailed notes of the Facilitator and the outside note-taker.

In accordance with Krueger (1998b), the Facilitator thoroughly reviewed the transcripts and compared them to the audio tape for accuracy. By recording pauses, overlaps, and the exact way each participant spoke at the focus group and including this information in the transcripts, analysis is bolstered and data reliability is strengthened (Silverman, 2005). Also, comparing the transcripts to the field notes strengthened reliability further (Silverman, 2005). The analysis incorporated the Facilitator's observations and field notes along with the notes taken from end-discussions with each Moderator.

After the completion of the transcription process, a Co-investigator first identified codes for the responses to the eight focus group questions. The second iteration of the coding tree involved organizing the data into two main branches: housing-related text and non-housing-related text. Then, in a face-to-face meeting, the two focus group Facilitators and two project Co-investigators further refined the coding tree. The next iteration of the coding tree involved the following six main branches with subcategories for each:

- 1) participant characteristics;
- 2) housing situation, history, plans, and preferences;
- 3) community-related issues;
- 4) relationships; social networks and social roles;
- 5) structural and regulatory systems; and
- 6) other issues.

After several iterations of refining the subcategories of the main branches, the coding tree was used to begin coding the transcripts. The two graduate students independently coded each transcript on paper. Then the codes were compared and any discrepancies were eliminated by consensus or upon consultation with one or both of the Co-investigators.

During the coding process, several minor changes were made to the coding tree to produce the final coding tree in Appendix F. Upon completing the hand-coding process, a graduate student added codes to the transcripts, using the quantitative statistical program N6 from Qualitative Solutions and Research. The results presented in this report are a summary of the most salient themes related to seniors' housing.

Participant characteristics

Comparison of Focus Group and Survey Participants

Both the survey and the focus groups overrepresented women relative to the overall population. The focus group participants were more disproportionately female.

The age range of the focus group participants was 47–90, with the average age 66 years. The focus group participants were not required to be over a specified age, but were identified, or identified themselves, as a senior. When compared to the survey participants, the focus group participants were younger, with many more under 65.

Fewer focus group participants (42.5%) were married than survey participants (64.2%), and more focus group participants were separated/divorced or never married, than survey participants.

Over 60% of both the focus group and survey participants reported their health to be good or excellent.

Over 30% of the focus group participants had completed a university degree, compared to only 17.2% of survey participants.

A greater portion of focus group participants worked either part time or full time (23.6%) compared to survey participants (7.4%). Most likely, this reflects the younger age of the focus group participants. The past or present occupations of the participants varied greatly.

Several focus group participants with disabilities participated in a government program designed to encourage inclusion for individuals who have disabilities.

Many focus group participants (20.3%) and survey participants (10.7%) chose not to indicate their current annual income. However, for those who did answer this question, focus group participants indicated in much greater proportion than survey participants (28.5% to 9.8%) that they had less than \$15,000 income annually.

Fewer focus group participants (62.6%) than survey participants (87.1%) spoke English at home. More focus group participants spoke French or other languages at home than survey participants. In addition, fewer focus group participants spoke English as a child than survey participants.

The living arrangements differed between the seniors in the focus groups

and those in the survey. More seniors in the focus groups lived alone and fewer lived with a spouse or partner. In addition, more focus group participants lived with other family members and with non-family members than survey participants.

More survey participants (58.6%) than focus group participants (41.5%) lived with one other person. In addition, focus group participants more frequently lived in larger households with four or more people.

In sum, the focus group participants differed from the survey participants on various key variables. In particular, the focus groups included higher proportions of seniors

- under age 65 who identified themselves, or were identified, as a senior in their community
- separated, divorced, or never married
- employed either full or part time
- with less access to financial resources
- who spoke a language other than English
- living alone or living with people other than a spouse or partner
- living in larger households

For a numerical table of the data summarized above, see Appendix G, Table 1.

Comparison of Focus Group Participant Characteristics by Group

ABORIGINAL

- 25 seniors participated in three focus groups
- Ethnic or cultural group membership included Mi'kmaq, Metis, Inuit, Mohawk, Six Nations, and Cree
- Three-quarters female
- 92% under 75
- Most either married (44%) or widowed (36%)
- Poorest self-reported health status of the five groups
- Lowest educational attainment of the groups, although many participants did not answer this question
- 40% worked full or part time
- High proportion did not indicate annual income or level of satisfaction with income
- While most spoke English only (68%), many spoke another language or a

- combination of languages (24%)
- Relatively few lived alone
- 16% lived in households with four or more people

DISABILITY

- 34 seniors participated in four focus groups
- Ethnic or cultural group membership included English/British, Canadian (including Black African Nova Scotian), Scottish, Irish, German, Dutch, Acadian, French, Greek, Aboriginal, and Jewish.
- About three-quarters female
- 88% under 75
- Highest proportion never married (44%)
- 70% reported good or excellent health
- Average educational attainment compared to the other groups
- 18% worked full or part time
- Highest proportion of income below \$15,000 per year (53%), although 47% felt their income was at least adequate
- Almost all spoke English only
- Large proportion (35.3%) compared to the other groups, lived with people other than family members
- Most lived alone or with one other person (82%)

MULTICULTURAL

- 25 seniors participated in three focus groups
- Ethnicity or cultural group membership included Black African Nova Scotian, East Indian, European, African, Indo-Canadian, and Latin American
- 80% female
- 28% age 75 or older
- Many widowed (36%) or separated/divorced (20%)
- Most in fair or good health (76%)
- Higher educational attainment compared to the other groups, with 64% earning a college diploma or university degree
- No one worked full time, and 8% worked part time
- High proportion received less than \$15,000 per year (28%)
- 48% spoke a language other than English or French or spoke a combination of languages
- High proportion lived with family members other than (or in addition to) a spouse or partner
- 20% lived in households with four or more people

FRANCOPHONE

- 21 seniors participated in three focus groups
- Ethnicity or cultural group membership included Acadian and French
- Highest proportion of male participants (43%)
- Most under 75 (91%)
- High proportion married (57%); 29% separated or divorced
- Three-quarters in good or excellent health
- High educational attainment compared to the other groups with 57% earning a college diploma or university degree
- 43% worked full or part time
- Comparatively high income level with one-third receiving \$50,000 or more annually
- Over 90% spoke only French at home, all spoke French in their childhood
- High proportion lived with a spouse or partner (61.9%)
- Most lived alone or with one other person (71%)

RURAL

- 18 seniors participated in two focus groups
- Ethnicity or cultural group membership included French, English, Inuit, Labrador Metis, and Aboriginal
- 72% female
- 22% age 75 or over
- High proportion married (56%) or widowed (33%)
- Almost three-quarters in good or excellent health
- Relatively low educational attainment compared to the other groups with 17% completing a university degree
- 11% worked full or part time
- Only 6% received \$35,000 or more annually
- Spoke either English (83%) or French (17%) at home
- High proportion lived with a spouse or partner (61.1%)
- Almost all lived with three or fewer people in the household

For complete numerical data see Appendix G, Table 2.

Summary of the Findings

Participant Characteristics

Under this heading we included results related to financial issues, physical and mental health, language and culture, and religion and spirituality.

The participants frequently discussed the difficulty they experienced in paying the direct costs of housing including maintenance, utilities, taxes, rent, and insurance. Many of the seniors in this study described the high direct costs of housing and the high cost of other necessary expenses, such as medications and food, in relation to limited financial resources. This combination resulted in many participants reporting that they would have to move from their home at some point in the future.

The most frequently discussed theme in this study was the physical and mental health of participants. For many participants, their home and immediate environment had a negative impact on their physical health, including space that is too small, homes that are not accessible, lack of exercise facilities, poor temperature regulation, and toxic substances in the environment.

For some participants, deterioration of physical health made it difficult to maintain their homes and ultimately remain living in their homes. Changes in health status also meant some seniors could not drive any longer. Many seniors discussed how housing influenced mental health both positively and negatively. Some factors identified that affected mental health included the amount of space, availability of housing, getting along with neighbours, levels of light, and independence.

Many seniors in this study, especially those in the Multicultural, Aboriginal, and Francophone groups discussed language and culture in relation to housing. Many discussed how the current forms of housing in Atlantic Canada did not meet their needs, such as homes that can not accommodate large family groups or being in housing where others do not speak the same language. Others felt that the obligation of children to look after older parents is weakening, and that other forms of support will be necessary in the future. Certain groups felt strong connections to particular locations, often in rural areas with limited housing options. Finally, the ability to continue to participate in religious activities either in or near housing was important to many seniors.

Current Housing Situation, Plans, and Preferences

This topic includes information related to various aspects of the physical structure of the seniors' current homes and issues related to future housing plans and preferences.

Aspects of the physical structure important to the seniors in this study included size of the home, accessibility, difficulty with home maintenance, health and comfort, and safety and security. Many participants discussed how the size of their current home met their needs. In general, the participants shared that homes designed for seniors, such as seniors' apartments, were too small and did not allow adequate space for social activities or to accommodate their possessions. Conversely, many seniors live in a family home that is too large for one or two people after their children have left home. Many of the seniors in this study lived in homes that included features that did not adequately allow them to move around their home easily and safely. Unfortunately, it was often not possible to modify the dwelling or they did not have the financial means to make the necessary modifications.

Many seniors, especially in the Francophone group, discussed the difficulty they encountered in maintaining their homes. This topic emerged for both homeowners and renters. The combined issues of changing health status, limited or no access to assistance provided by family members or friends, difficulties in hiring people, limited financial resources, and few or no publicly funded home maintenance programs created stressful situations for many seniors who wish to remain living in their homes.

Many of the seniors in this study lived in environmental conditions not conducive to their optimal health and comfort, including problems of temperature, air quality, and humidity. In addition, seniors in all the groups in this study discussed how they did not always feel safe and secure in their homes. They felt particularly vulnerable when they were alone with no system of calling for help or in instances of power or utility interruptions. Few participants had access to the financial resources needed to add safety features to their home.

The participants also discussed their future housing plans and preferences, including aging in place, relocation plans, and issues related to independence. Many, other than those in the Multicultural group, discussed their desire to remain in their homes, or if that was not possible, to stay in their community. They identified many reasons for desiring to age in place, including being attached to a home after a long-term residence there, enjoying the physical setting of the home, and wishing to continue relationships formed in their communities.

However, many seniors, especially those in the Rural and Disability groups, discussed plans or preferences for changing their housing. They anticipated moving for various reasons including not wanting to live alone, seeking housing that provided various types of services, moving to be near public transit, and needing more accessible housing. At the same time, many seniors appeared concerned that appropriate housing would not be available in the future and that even if it was, it would not be affordable.

In discussing future housing preferences, many seniors indicated that they wished to live as independently as possible, and that independence could best be maintained by living in their own homes as opposed to congregate housing.

Community-Related Issues

The key community issues related to seniors housing included services provided in the community, availability of appropriate housing in the community, seasonal and climate issues, location, mobility outside the home, and safety in the community.

Especially for the seniors in the Rural and Disability groups, transportation services emerged as an important issue. Access to public transit emerged as an important factor in deciding where to live. If public transit is not available, family and friends often provide assistance with transportation.

Not surprisingly, as many seniors discussed issues related to their health, current and future access to health care services near their home was a concern, especially for the participants in the Rural groups. In addition to transportation and health care, the participants identified other services in the community such as exercise and recreation activities, nutrition programs, and stores that had an impact on current and future housing locations.

Some seniors in this study felt that they did not have housing options to choose from; in some cases, they were not aware of various options available to them. In some instances, the participants believed the existing options would not meet their needs for reasons such as the size of the dwelling or its undesirable location. Others knew of housing options but felt that there would not be an opening when the time came to move. The seniors in the Aboriginal and Disability groups appeared to have particular difficulty gaining access to preferred forms of housing.

Not surprisingly, given the climate in Atlantic Canada, many participants, and the Francophone and Rural groups in particular, discussed how their current housing and future housing choices are influenced by seasonal

and climate issues such as winter weather conditions and maintaining a home and property in the summer. The combined issues of declining health and the high cost of hiring people to help created situations where many seniors in the focus groups chose to move to a different location where they were not responsible for these activities. As for many other Canadians, some participants in this study found that relocation during certain times of the year provided a viable solution to dealing with seasonal and climate issues.

The participants discussed issues related to the physical surroundings of their home and how this influenced their housing preferences. These included the view, gardens, noise level, or green space. While many seniors were content with their current home location, others wished to change some aspects of their location. While accessibility and mobility within the home are important, these factors are also important outside the home, and appeared to be especially important for seniors in the Disability, Multicultural, and Aboriginal groups. The seniors identified features such as sidewalks and crosswalks that influence mobility. While some seniors in this study felt safe and secure in their neighbourhoods, others feared for their safety.

Relationships and Social Networks

Relationship and social network issues that related to housing included relationships with family and friends, receiving care and support from others, pets, and independence.

For some participants in this study, living with family members was a positive experience and a source of various types of support. For others, living with family members was negative and resulted in overcrowding and a lack of privacy. Many expressed that the ideal living arrangement would be to live near, but not with, their family members. For some participants, relationships with friends and neighbours influenced satisfaction with their home.

Many of the seniors in this study received unpaid care from family members and friends that often allowed them to remain in their homes. Others experienced difficulties because they did not have family or friends to provide support. Many respondents indicated that they felt that seniors receive less support from family members than in the past.

Pets was not a frequently discussed topic, but for many participants with pets, the ability to remain living with them influenced current and future housing options.

Although many of the seniors in this study received support from family members and friends, many participants expressed the wish not to be a

burden in either the present or the future. They thus feared having to give up their independence by having to move into a care facility.

Structural and Regulatory Systems

The participants identified issues with housing policy and regulations enforced by landlords and the government. Seniors in the Multicultural groups felt that landlords were too restrictive by, for instance, not allowing visitors to stay overnight. Many seniors, and those in the Disability groups in particular, identified several difficulties related to policies and regulations of various levels of government including low levels of funding provided through various government programs, cuts to assistance programs, and costs to comply with government regulations in maintaining a home.

That seniors should be consulted before housing is developed was a theme asserted by seniors in all the groups in this study. Many spoke passionately about how a lack of consultation in the past had resulted in less than optimal forms of housing being developed.

Comparison of Focus Group and Survey Results

The information the seniors provided in the focus groups complemented and enhanced the results of the ASHRA survey. We learned a great deal about the current housing situation and influences on future housing preferences of five specific groups of seniors in Atlantic Canada who were underrepresented in the survey data. Below we compare and contrast the focus group and survey results.

INCOME

Income levels of focus group participants are clearly less than those of survey participants. Thus, it is not surprising that financial issues were discussed frequently in the focus groups, especially in the Francophone, Rural, and Multicultural groups. Many of the differences in the findings between the survey and the focus groups may stem from differences in access to financial resources.

HEALTH

The survey and focus group participants have similar self-reported health status, with most being in at least fair health. However, while almost three-quarters of the survey participants indicated that they have no problem with doing chores around their dwelling, difficulty maintaining a home was a frequent topic of discussion for the focus group participants and for the Francophone participants in particular. Many participants had moved or foresaw a move due to home maintenance difficulties.

The focus group results also highlighted the linkages between mental health and housing, for which data were not collected in the survey.

RELOCATION

While relocation plans were a frequent topic of discussion in the focus groups, especially in the Rural and Disability groups, only 12.5% of the survey respondents indicated having plans to move at some point in the future. The large number of rural participants in the focus groups, including many seniors in the Francophone and Aboriginal groups, may account for the frequent discussion of relocation plans. Many Rural seniors discussed having few or no housing options to choose from in their communities.

Those in the Disability group also often discussed relocation, although they tended to live in urban areas. They often had issues with current housing such as affordability and meeting their specific physical and mental health requirements.

SUPPORT FROM FAMILY AND FRIENDS

The ability of seniors to age in place often depends on access to support from family members and friends. In the ASHRA survey, family members most frequently provided this support, although the majority also indicated willingness to pay for these services. Many seniors in the focus groups had little access to current or future support from family members, especially those in the Multicultural, Rural, and Aboriginal groups. Also, lack of financial resources in order to pay for assistance was apparent for many of the focus group participants.

In the ASHRA survey results, it is evident that very few seniors wished to live with their children or other family members in the future, although many would choose a specific location in order to live near family members. Some focus group participants preferred to live with family members, but others did not. As in the survey results, many indicated that they wished to live near, but not with, their family members.

TRANSPORTATION

The focus group results indicated that various community-based services, such as transportation, are linked to assisting seniors to remain live in their homes or preferring a particular location. Access to affordable transportation was important to all the focus groups, and for the Rural and Disability groups in particular. In contrast, the results of the survey showed that almost 80% of respondents did not have a problem getting where they wanted to go. It appears that the groups of seniors represented in the focus groups experienced more transportation issues than those in the survey.

FUTURE HOUSING PREFERENCES

In contrast to the survey results, in which the respondents indicated from a list the types of housing they would consider in the future (e.g., senior citizens' housing, apartment, mobile home), the focus group participants identified the characteristics of housing they would like to have in the future. These characteristics included accessibility, appropriate size, living near or with people with a similar cultural heritage, independence, social and rec-

reational opportunities, and safety features. The focus group results suggest that housing designed for seniors should possess key basic characteristics in order to meet the needs of as many seniors as possible.

Many focus group participants felt there would be few, if any, housing options for them to choose from in the future.

ACCESSIBILITY

Over 90% of the survey participants indicated that their current dwelling met their needs, and almost one-third had made some form of modification to their home to make it more accessible. In the focus groups, accessibility was a frequently discussed topic, especially in the Disability group. However, the focus groups results show little evidence that these seniors had made modifications to their homes. They did discuss how a lack of financial resources impaired their ability to make their home more accessible.

This comparison of the results of the ASHRA survey of the general senior population in Atlantic Canada with the focus group results indicated that the Aboriginal, Disabled, Francophone, Multicultural, and Rural seniors have specific issues and concerns related to seniors' housing. Targeting programs and resources to these groups will be advantageous in alleviating concerns related to housing for these seniors and positively influencing their quality of life.

Conclusions

This report of the focus group findings represents a qualitative extension of earlier quantitative research by survey into the housing and support needs of aging Atlantic Canadians. The survey and the focus groups are components of a larger Community University Research Alliance (CURA) project.

In the quantitative stage, we showed that Atlantic Canadian seniors unequivocally want to age in place, to stay both in their homes and in the communities where many have lived for the past thirty to fifty years. In the survey, we were told that Atlantic Canada's seniors are doing everything they can to help themselves age in place but that they are at risk of not being able to afford the very homes they live in and may not be able to stay in the communities that they treasure. Recognizing that the quantitative results somewhat limited our ability to hear from seniors in a number of specific groups of seniors that were underrepresented in the survey, the focus group stage of the research was undertaken to ensure we understood the similarities and differences between these groups and the broader, representative results obtained from our survey.

After hearing from a wide range of seniors targeted for inclusion in 15 focus groups across four provinces, the key conclusion reached is that these seniors want the same things as other seniors: that is the ability to age in place in the homes and communities they are sustained by. These seniors face similar challenges as they try to make this happen. As one participant said:

One of the things that makes me want to stay here, every time I think about moving away, going someplace else, I think [that] my heart is here. I'm a volunteer in a lot of aspects of our community, and I would like to continue that while I can. (Rural)

While the basic conclusion is that the focus group seniors have the same fundamental hopes and desires about where and how they want to live as the larger population of Atlantic Canadian seniors, our research also informed us that the challenges and issues faced by many of focus group participants are in many ways much greater. The intensity of feelings and emotions expressed in the focus groups reinforced this conclusion. Factors such as isolation in remote communities, physical and cognitive challenges, language and ethnicity, all appear to make the challenges of having and keeping safe, secure and

affordable housing as we age even greater.

The key issues that the seniors identified often spanned several of the themes identified in this study including home maintenance, physical health, mental health, family issues, housing options, and additional services.

PARTICIPANT CHARACTERISTICS

Direct and indirect financial issues were a real concern for most participants. Participants from most groups spoke frequently about the difficult challenges they faced every day as a result of their financial situation.

When a woman ends up alone, when her husband dies, or when the husband ends up alone, how can they manage to maintain their home and pay their taxes, their insurance, feed themselves? And on top of this, there are prescription drugs that are added to that. (Francophone)

Although other group participants had disabilities, over half of the disabilities group had an income of less than \$15,000 per year. For the least well-off, housing is a significant issue with little income left for utilities, food, clothing and transportation.

See now they only allow me \$450 to live on, Community Services, and then the \$185 has to come out of that, automatically to pay the rent. And then, after that, I have to consider my phone and my lights and then the rest is all mine ... maybe I get \$90 left for spending money, for groceries, or if I want to get a new dress or blouse or something, and that's it. (Disability)

Participants discussed their health concerns more than any other theme. They discussed the extent to which their housing situation met their physical needs or how housing influenced their physical health, and how their health would influence their housing preferences in the future. Disabled participants are challenged by space issues in current seniors' housing since some require an assortment of assistive devices including walkers, wheelchairs, and scooters to move about and remain physically safe and mentally well. As one participant told us:

So, I guess my biggest challenges right now are I need to keep doing the things that I love doing, to make, to keep my mind healthy and to feel good about my life and myself and about

living and about being in the world. And it's very, it's so difficult to do these things in this little space, that I'm only doing just the smallest portions, fraction, bit of what I could do if I could move around more, more safely. (Disability)

CURRENT HOUSING SITUATIONS

It was clear that many of the seniors in this study were living in housing that was not ideal or was not meeting their physical needs. Often due to financial reasons, they were not able to change their housing situation, e.g., by moving to one level or improving temperature, air quality, or humidity levels. Issues related to severe winter weather and power outages presented unsafe conditions for some seniors to live in. Possibly because the current housing situation was often not ideal, many participants in this study already were making relocation plans, especially those in the Rural and Disability groups.

It's good when you are not sick, but when you become sick, it is not good. There is nobody who can come and be with you because you have one bedroom. (Multicultural)

It was so small that there was no room for a wheelchair. There was no room in the kitchen for a chair. There was no room in the bedroom for a bed. (Disability)

I've got four-bedroom house At one time there wasn't enough because there were ten children. Ten children ... there were thirteen of us. Now I'm all alone see. One time that house was too big, was too small, [and] right now it's too big. (Rural)

These experiences show the need for seniors' involvement in future housing planning that addresses seniors' physical limitations and housing regulations that promote short-term family or friend visits and the presence of caregivers.

Many seniors in this study faced challenges in maintaining a home and property. Factors affecting them included changes in their physical health and abilities to perform maintenance tasks, a lack of low-cost maintenance services, and difficulties in hiring people to help with maintenance. The ability to maintain one's home was a key factor in the ability to continue to live at home. Although this emerged as a key issue, there appeared to be essentially no home maintenance assistance provided to the seniors in this study.

The linkages found in this study between housing and mental health are also important. While planners emphasize designing housing to meet seniors' physical needs, mental health issues have been relatively neglected. Not all seniors wish to live in a form of congregate housing, especially when their personal living space is very small. The amount of light, noise level, and the space around the home are also important to the mental health of seniors.

Housing for seniors is often thought of as an individual issue and the social context of seniors is often not considered. The participants in this study identified various ways in which housing and family are linked. For instance, some housing specifically designed for seniors is not large enough to accommodate a family caregiver or even to allow family members to visit comfortably. Several seniors in the multicultural groups required housing that accommodated a large family group. Some seniors preferred to live with family members such as children or grandchildren; however, others preferred to live near, but not with, family members. For some participants, the cultural expectations placed on family members to provide housing and support to older parents are changing, and this caused concern for the future.

In addition to family, friends and neighbours often provided support that in some cases allowed seniors to remain in their own homes, while others did not have access to support from family, friends, or neighbours. Independence, however, was highly valued by participants and they hoped to retain it as they aged and eventually required seniors' housing.

It's physical self-sufficiency, moral self-sufficiency, financial self-sufficiency. (Francophone)

She's not looking for something to give away. She's looking for a place where she's going to live as a human ... because we want to be useful, you know. We want to work. We want to do stuff for ourselves. (Multicultural)

How long am I going to live on my own? I live alone, I have got a son and a daughter out [at] the Bay, but I don't want to be a burden to them, you know. (Rural)

We need housing that progresses from one stage to another, and I think everybody feels that way. I know I certainly do, because I feel like a lot of the seniors, I don't want to be a burden to my children. (Rural)

Issues related to family, friends, and neighbours need to be taken into consideration in planning future housing for seniors.

The results show that there are few options for alternative types of housing currently available to the seniors in this study. For many, especially those in the Rural and Aboriginal groups, there was simply nothing available. Long waiting lists existed in some areas. That seniors have an important contribution to make in the planning of any new housing options in their communities emerged very clearly.

The results of this study clearly show various types of other services are important to consider in developing housing for seniors. The housing needs of seniors should not be considered in isolation of other services important to seniors. The respondents pointed out that services such as transportation, health care, exercise and recreational facilities, and stores need to be available, affordable, and accessible in or near housing for seniors.

The seniors in this study were from groups underrepresented in the general population and underrepresented in prior research on seniors' housing. It is clear that they face specific housing challenges that are often due to limited financial resources, limited community resources, physical and mental health issues, cultural norms, climate issues, and living in rural and isolated areas. The needs of these specific groups of seniors need to be taken into consideration in supporting them to live in their homes and in developing new forms of seniors' housing in Atlantic Canada.

Through analyzing the information provided by seniors who participated in this study, we identified recommendations, many of which related to providing supports to allow seniors to remain living in their homes and communities safely and comfortably, with greater access to financial resources and increased access to appropriate housing options.

Recommendations

Through analyzing the information provided by seniors who participated in this study, we identified the following recommendations. Many relate to the key cross-cutting themes of availability, accessibility, and affordability of seniors' housing.

- Provide low- or no-cost home maintenance services to seniors, such as moving snow, cutting grass, and completing repairs, especially for seniors who have a low income and/or health problems.
- Increase the amount of money allocated to seniors through programs such as Old Age Security, Guaranteed Income Supplement, Canada Pension Plan, programs for disabled people, and programs for aboriginal seniors.
- Include features in homes and in communities that can have a positive impact on health, including physical structures (e.g., grab bars, exercise facilities) and appropriate environmental conditions (e.g., temperature, air quality, humidity).
- Build homes for seniors that are on one level only (e.g., on ground level or accessible by elevator) and that are fully accessible for those with disabilities.
- Ensure that adequate and affordable services such as transportation and health care services are made available to seniors, especially those living in rural areas and those who do not have support provided by family members and friends.
- Create a wide variety of affordable housing options that take into consideration factors such as size of the dwelling, location, language, and religious activities in order to meet the diverse needs of seniors.
- Provide appropriate and adequately maintained features encouraging mobility outside the home, such as well-maintained sidewalks and crosswalks.

- Accommodate seniors who wish to furnish their home and bring other items to personalize their environment.
- Allow pets.
- Develop housing that includes a wide variety of services that can be tailored to the individual needs of seniors in order to provide the necessary supports yet also encourage independence.
- Provide feasible options to seniors who prefer to remain living in a large family home.
- For seniors living alone, or those periodically living alone, provide a mechanism for summoning assistance at any time, including during power and phone interruptions.
- Provide education to seniors on the housing options available to them.
- Provide safety features outside the home such as fences, gates with locks, outdoor lighting, increased police presence, and controls on loitering.
- Allow seniors to have overnight guests or provide overnight guest accommodations in the dwelling.
- Provide support to families caring for seniors at home.
- Consult extensively with local seniors before housing is developed in a particular location.

Limitations of the Study

Although our purpose in this qualitative study was to examine underrepresented groups of seniors and to build on the knowledge gained in the survey results, we had to limit the specific populations to the five groups included in this analysis. Additional research is also warranted on other groups of underrepresented seniors.

Focus group methodology gave the respondents the opportunity to share their concerns with the group. Often this methodology can spark ideas that would not have emerged using other methodologies. However, not all participants may have been comfortable sharing their concerns with others present. Other methodologies, such as face-to-face interviews or anonymous surveys may provide additional information on sensitive topics.

Through utilizing local focus group Moderators, we may have increased the participation level of some seniors in the focus groups. However, because several different Moderators participated in this study, there were variations among the focus groups. It may have been more effective for us to have one or two trained Moderators conduct the focus groups with the assistance of a local community member.

Appendix A

Information for potential focus group participants

Cover letter sent with information about the project

Dear Resident,

Atlantic Canada has many senior citizens. This number will continue to grow as people live longer and baby boomers pass retirement age. Will they (and you) find the kind of housing and support services they need?

The Atlantic Seniors Housing Research Alliance (ASHRA) is looking at these issues. Our group is led by a research team from five universities and community groups across the region.

So far, we have surveyed about 2400 seniors from Atlantic Canada. Now, we need your help to collect even more information. We would like you to take part in a focus group to be held in your area. Your ideas and opinions are important and will help us to get a picture of what the housing needs are in different areas and how best to meet these needs.

By sharing your needs, wishes, and concerns about housing, you will help us to understand better the day-to-day experiences of seniors in your area. The focus group will be fairly informal. A moderator from your region will lead the discussion by asking a series of questions about seniors' housing in your area.

Please, take this chance to express your values and thoughts about the housing needs of seniors in Atlantic Canada!

The focus group may take up to three hours, including a break. The discussion will be recorded only if everyone agrees ahead of time. Taking part in the focus group is voluntary. You may decide not to take part or may leave at any time.

The focus group will occur in a public setting, so the privacy of anything shared within the group cannot be guaranteed. However, your name will never appear on any written report that comes from the focus group.

The information shared at the focus group will be used to understand better the housing needs and living choices of seniors in Atlantic Canada. The focus group findings will be combined with information from the ASHRA housing survey. A report will be produced that will include suggestions about how to improve policy and housing options for seniors.

Group results from the focus groups and survey will be made public by April 2007 through our community partners, reports, newsletters, media coverage, local presentations, and the ASHRA website at <http://www.ashra.ca>. To protect your privacy, individual results will not be reported in any format.

If you have any questions about this focus group meeting, please contact any of the following ASHRA team members:

University Researchers:

Dr. Don Shiner, Chief Investigator [contact information for a Co-Investigator
Mount Saint Vincent University from the recipient's province]
902-457-6398

If you would like to discuss the project in general please contact Rebecca Koeller, ASHRA Project Coordinator, at 902-457-6561.

If you have questions about how this study is being conducted and wish to speak with someone who is not directly involved, you may contact the Research Ethics Board at your local university or at the principal research site, Mount Saint Vincent University, in Halifax:

Chair of University Research Ethics Board
Mount Saint Vincent University
MSVU Research and International Office
Phone: (902) 457-6350, Email: research@msvu.ca

One of our ASHRA research team members will be in touch with you soon to see if you would like to join a focus group and to make plans for when and where it will be held. We thank you for taking time to consider our request.

Sincerely,

Dr. Donald Shiner , Associate Professor
Department of Business Administration, Tourism and Hospitality Management
Mount Saint Vincent University
166 Bedford Highway
Halifax, Nova Scotia, B3M 2J6

[name and contact information for a Co-Investigator from the recipient's province]

Information enclosed with cover letter

**“Projecting the Housing Needs of Aging Atlantic Canadians”:
A Community-University Research Project**

What is this research about?

Housing for seniors is a growing concern across Atlantic Canada, a concern that will continue to grow over the next 20 years as baby boomers pass retirement age. Our community-university research alliance is currently exploring housing and support service needs and preferences for older persons in all four Atlantic Provinces. We are collaborating with community organizations across the region to hear from as many seniors as possible.

This field research is part of a five-year project funded by the Social Sciences and Humanities Research Council of Canada. A detailed description of our goals and a list of partner organizations are available on our web site at www.ashra.ca.

We recently surveyed over 1600 seniors, asking them about what they want and need in terms of their housing and other services. This will give us a general picture of seniors’ housing issues across the region. Because participants were selected randomly, however, some groups may not be as well represented as others. We feel it is important that we hear from certain groups and communities in particular (e.g., Aboriginal elders, immigrant seniors, older persons with disabilities) to ensure we represent their unique issues and concerns. To do this local organizations are helping us to organize group interviews with older adults to learn more about their experiences and ideas.

Why should seniors in your community participate?

Hearing from seniors about what is going well and what they think needs to be improved with respect to housing in their communities will provide us with valuable information. It will allow us to make appropriate recommendations to policy-makers and provide accurate information to organizations and communities working to improve housing for seniors.

Participation in group interviews, or focus groups, will provide seniors and others in their community with the opportunity to reflect on housing, transportation, support services, and other issues as they plan for the future. There will be information available at the focus group sessions about programs and resources that are available in each province that might be of interest to participants as well.

What will happen at the Focus Group?

The focus group will be held at a location and time determined in collaboration with the community partner coordinator. It will be held somewhere that participants can get to easily and where they feel comfortable. The groups will be fairly informal. A moderator from the local community or collaborating organization will lead the discussion by asking a series of questions about seniors' housing in your area. A member of our university research team will also be there to take notes.

The focus group may take up to three hours, including a break with refreshments provided. The discussion will be recorded. Taking part in the focus group is voluntary. A senior may decide not to take part or may leave at any time. The focus group will occur in a public setting, so the privacy of anything shared within the group cannot be completely guaranteed. However, individual names will never appear on any written report that comes from the focus group (pseudonyms will be used).

Participants will be provided with an honorarium in appreciation for their time and contribution to the discussion. Any travel expenses will be reimbursed.

How will the information provided be used?

The information shared at the focus group will be used to understand better the housing needs and living choices of seniors in Atlantic Canada. The focus group findings will be combined with information from the ASHRA housing survey. A report will be produced that will include suggestions about how to improve policy and housing options for seniors.

Results from the focus groups and survey will be made public by September 2007 through our community partners, reports, newsletters, media coverage, local presentations, and the ASHRA web site at www.ashra.ca. To protect the privacy of the participants, pseudonyms will be used and all identifying information will be removed before comments are included in a report.

How can I find out more information?

If you have any questions about the focus group research or any other aspect of this study, please contact Rebecca Koeller, ASHRA Project Coordinator, at 902-457-6561 (or outside the Halifax area toll free at 1-866-405-1804) or rebecca.koeller@msvu.ca. You may also contact one of the following co-investigators or community research team members in your province:

Nova Scotia:
 Don Shiner, Principal investigator,
 Mount Saint Vincent University
 (902-457-6561)

or
 Cathy Crouse, Director,
 Metro Community Housing Association
 (902-453-6444)

New Brunswick:
 Jo-Ann Fellows, President,
 Third Age Centre (506-452-0526)

or
 Kathleen Cruttenden, Co-Investigator,
 University of New Brunswick
 (506-458-7627)

Prince Edward Island:
 Irene Larkin, Executive Director,
 PEI Senior Citizens' Federation (902-368-9008)

or
 Lori Weeks, Co-Investigator,
 University of PEI (902-566-0528)

Newfoundland and Labrador:
 Rosemary Lester,
 Executive Director, Seniors Resource Centre Association of NL
 (1-800-563-5599)

or
 Jackie McDonald, RN,
 Health Sciences Centre,
 Memorial University
 (709-777-8039)

If you have questions about how this study is being conducted and wish to speak with someone who is not directly involved, you may contact the Research Ethics Board at your local university or at the principal research site, Mount Saint Vincent University in Halifax:

Chair of University Research Ethics Board,
 Mount Saint Vincent University,
 MSVU Research and International Office,
 902-457-6350
 research@msvu.ca

Appendix B Consent form

Study Title: Projecting the Housing Needs of Aging Atlantic Canadians

What is this research about?

Housing for seniors is a growing concern across Atlantic Canada. This concern will grow over the next 20 years. Our community-university research project is working to explore what seniors need and prefer in terms of housing and support services on Prince Edward Island. We are working with organizations like **[local organization]** to hear from seniors in your community.

In a recent survey we asked over 1600 seniors what they want and need in terms of housing and other services. Their responses will give us a general picture of seniors' housing issues across the region. Because participants were chosen at random, some groups may not always be well represented. We feel it is important that we hear from **[name(s) of underrepresented group(s)]** in particular. This will help us to understand their unique issues and concerns. To do this, **[local organization]** is helping us to plan focus groups (group interviews) in your community. By hearing from older adults like you, we hope to learn more about your experiences and ideas.

Why should I participate?

You can provide us with valuable information by telling us what you think about:

- Positive aspects of housing and other services in your community
- Areas you think need to be improved

Your input will help us make recommendations to policy-makers. It will also help community groups that work to improve housing for seniors.

By taking part in the focus group, you and other community members will have the chance to discuss many issues that are important to you. At the focus group session we can provide you with information about programs and resources in your province.

What will happen at the focus group?

The focus group will be held at [location] on [date]. A volunteer from your region will lead the discussion. They will ask the group questions about seniors' housing in your area. A

member of our research team will also be there to take notes.

The focus group will take two hours plus a break for food and drinks. The discussion will be tape-recorded. Taking part in the focus group is voluntary. You may decide not to take part or leave at any time. The focus group will be held in a public setting, so the privacy of anything shared within the group cannot be guaranteed. However, we ask that participants agree **not to share** details about others who are also in the session. Also, your name **will never appear** on any report that comes from the focus group.

How will the information be used?

The data from the focus group will be used to better understand the housing needs and living choices of seniors in the region. The results will be combined with findings from the ASHRA housing survey. We will write a report that will include ideas about how to improve policy and housing options for seniors.

Results from the focus groups and survey will be made public by October 2007.

You will be able to access the report at the ASHRA web site at www.ashra.ca or through a local member of our research team.

Where can I get more information?

If you have any questions about this study, please contact either the project leader, Don Shiner, at 902-457-6561 or a local member of our research team [local contact information]

If you have questions about how this study is being conducted and wish to speak with someone who is not directly involved, you may contact the Research Ethics Board at your local university or at the principal research site, Mount Saint Vincent University, in Halifax:

Chair of University Research Ethics Board
Mount Saint Vincent University, MSVU Research and International Office
Phone: (902) 457-6350, email: research@msvu.ca

or

[contact information for local university research Ethics Board]

Consent to participate in the research study.

I _____ agree to participate in the focus group and consent to the recording of the session.

I _____ agree to keep details about other focus group participants, and information that is shared during the session confidential.

Signature of Participant _____ Date _____

Thank you for your assistance in this research.

Appendix C

Script for verbal consent to be read to potential participant*

Study Title: Projecting the Housing Needs of Aging Atlantic Canadians

Hi, my name is _____, and I am working with the Seniors Resource Centre and Atlantic Seniors' Housing Research Alliance (ASHRA). Our research project is trying to learn more about what seniors need and prefer in terms of housing and support services in Newfoundland and Labrador.

We are planning a focus group in your community. A moderator from your local area will ask a number of questions about your experiences related to housing and support services. You can provide us with valuable information by telling us what you think about positive aspects of housing and other services in your community as well as areas you think need to be improved. Your input will help ASHRA make recommendations to policy-makers. It will also help community groups that work to improve housing for seniors.

It is totally up to you to decide whether or not you wish to participate. You may decide not to take part or leave at any time. You will not benefit from participating. On the other hand, you will also not lose any of our services to you if you choose not to participate.

The focus group will be held at [location] on [date]. A volunteer from your region will lead the discussion. A member of our research team will also be there to take notes. The focus group will take two hours including a break for food and drinks. The discussion will be tape-recorded. Travel expenses to/from the meeting site will be reimbursed and an honorarium of \$25 will be provided to compensate you for your time.

The focus group will be held in a public setting, so the privacy of anything shared within the group cannot be guaranteed. Confidentiality also cannot be guaranteed in the case of reported or suspected elder abuse. We ask that participants agree not to share details about others who are also in the session. Also, your name will never appear on any report that comes from the focus group.

Results from the focus groups will be made public by October 2007. You will be able to access the report at the ASHRA web site at www.ashra.ca or through the Seniors Resource Centre.

If you would like more information about the study, you can contact Rosemary Lester at the Seniors Resource Centre at 1-800-563-5599 or Jackie McDonald at the Patient Research Centre at Memorial University at (709) 777-8039. The proposal for this study has been approved by the Office of Human Investigation Committee at Memorial University. Should you have ethical concerns about this research that are not dealt with by the researcher, please contact their office at (709) 777-6974.

*Used in Newfoundland and Labrador only.

Do you agree to participate in the focus group and consent to the recording of the session?

Do you agree to keep details about other focus group participants, and information that is shared during the session confidential?

...

I would like to thank you for your assistance in this research.

I will send you a package with some information about our project and details of the date, time, and location of the focus group.

Appendix D

Guide for focus group moderators

1. Please tell us your name, where you live, and how long you've lived there.
2. As you age, what is becoming more important to you?
3. How does where you live impact your well-being?

Prompts:

 - Affordability
 - Accessibility
 - Appropriateness (suitability, e.g., crowding, maintenance)
 - Availability
 - Discrimination
4. Tell us why you live where you live now.

Prompt:

When you decided to move where you live now, were there other options?
If yes, what were the reasons for your choice, including difficulties you faced?
5. Earlier we discussed the impact your housing situation has on your well-being/how you feel. Now we'd like to ask about the future. In the future, what would you like to change about your housing situation/where you live?

Prompts:

 - Condition of home/repairs needed
 - Social/cultural aspects
 - Location in community
 - Community/region
6. What influences your ability to make the changes you mentioned above?
7. If you could make a recommendation to the government and others responsible for housing and other services, what would you like to see done to improve housing for aging adults in your community?
8. Is there anything else you'd like to add?

Appendix E

Post-Focus Group Survey

1. Are you male or female?

- male
 female

2. What is your current marital status?

- married/common-law/same-sex union
 separated or divorced
 widowed
 never married

3. What is your date of birth?

_____ day _____ month _____ year

4. If you have a spouse/partner, what is his or her date of birth?

_____ day _____ month _____ year

5. What language do you speak most often at home?

6. What is the language that you first learned at home in childhood?

7. To which ethnic or cultural group(s) do your ancestors belong?

Specify as many groups as applicable:

8. a) Including yourself, how many people live in your dwelling? _____

b) Who lives with you in your dwelling? Check all that apply.

- No one, I live alone

- my spouse/partner
 - my children/grandchildren
 - my brother(s)/sisters(s)
 - my parent(s)
 - my friend(s)
 - my landlord
 - my boarder/lodger/tenant
 - my housekeeper/helper
 - pet(s)
 - other (Specify) _____
9. Do you presently do any paid work?
- no
 - I work part time
 - I work full time
10. What kind of work have you done most of your adult life?
- _____
11. What was the highest level of formal education you completed?
- no formal education
 - some elementary school
 - elementary school
 - junior high school
 - some high school
 - high school graduation
 - some technical or trade school/college/university
 - technical or trade school diploma/certificate
 - college or university degree
12. How would you rate your overall health at the present time?
- very poor poor fair good excellent
13. How well does your income satisfy your household's needs?
- very well
 - adequately
 - with some difficulty
 - not very well
 - totally inadequate
 - don't know

14. What was your household's total income last year? Include your income and that of all your relatives (15 years or older) who live in your dwelling.
- under \$15,000
 - \$15,000–\$24,999
 - \$25,000–\$34,999
 - \$35,000–\$49,999
 - \$50,000–\$74,999
 - More than \$75,000

Appendix F

Final Coding Tree

1. PARTICIPANT BACKGROUND CHARACTERISTICS

1. Finances	1. Direct costs of housing: The house I live in now and costs related to it. Cost of housing, amount/proportion of income spent on housing and housing-related costs (e.g., utilities, property taxes), cost of repairs, subsidized housing.
	2. Indirect costs of housing: I'm too poor to own/rent a house, can't afford to move, inadequate income, not being able to afford necessities, pensions, increasing expenses with age, other financial issues, costs of medications.
2. Physical and mental health	1. Participants: falls resulting in injury, worry about medical conditions, frustration
	2. Family members and friends
3. Language and culture	Language barriers, communication problems, discrimination, racism
4. Religion, spirituality	Church, death and dying issues
5. Other	Hobbies (non-social)

2. HOUSING SITUATION/HISTORY AND PLANS/PREFERENCES

1. Description of current and past housing	How long they have lived in current home, moving in the past, type of house lived in, housing history/story, extent to which current housing situation meets current needs	
2. Physical structure	1. Space	1. Too small: not enough room for visitors or caregivers to stay overnight, not enough space, privacy concerns with small space
		2. Too large: prefer/need to live in a smaller home
		3. Just right
	2. Accessibility: stairs, ramps; safety features such as grab bars; size of doorways, kitchens and bathrooms; impact on health; elevators; falls due to home environment	
	3. Difficulty with maintaining a home: indoor or outdoor, difficulty in maintaining a home, need help from others, problems with hiring help, problems getting a landlord to maintain an apartment	
	4. Health and comfort: furniture, temperature, impact of housing on health, air quality, dampness, mould, light	
	5. Safety and security: issues in the home, security features of the home, emergency call bells, access to a phone, visits/calls by someone regularly	
6. Other		

3. Future housing	1. Aging in place (I'm staying here): lack of plans to move; prefer to remain living in own home or community forever, often a long-term residence/town (e.g., born there, moved there for employment, raised family there)
	2. Relocation: Plans to move at some point in the future
	3. Independence: not wanting to move to a nursing home or other facility, remaining in own home, self-determination, ability to make own decisions in a home
4. Other	4. Other

3. COMMUNITY-RELATED ISSUES

1. Services	1. Transportation: availability, affordability, accessibility in or near housing
	2. Health care services: availability, affordability, accessibility in or near housing (e.g., staffing issues, training/education, health care service issues, home care, physicians, hospital issues)
	3. Other services: availability, affordability, accessibility in or near housing (e.g., food/nutrition, recreation, activities, shopping, laundry)
2. Housing options, waiting lists	I have housing options in my area, I don't have housing options, housing options don't exist, I'm not aware of housing options, housing options will not meet my needs (e.g., design, culturally appropriate), choice or options available, waiting lists to get into a specific type of housing or housing on a reserve
3. Seasonal and climate issues	Winter concerns, shovelling snow, ice, winter driving, grass, mowing, raking leaves, gardening, problems with hiring help to deal with seasonal issues, move to different location during certain times of the year
4. Location	Physical surroundings (e.g., view, gardens, green space), isolated location, location on a hill, current and future
5. Mobility	Issues with mobility outside of the home, sidewalk condition
6. Safety	Safety and security outside the home, safety concerns in the neighbourhood
7. Pollution	Pollution in the environment, litter, water quality
8. Other	

4. RELATIONSHIPS, SOCIAL NETWORKS, SOCIAL ROLES

1. Family and friends	1. Housing-related: relationship issues, living <i>with</i> or <i>near</i> family members and friends, multiple-generation households/housing complexes/neighbourhoods, support provided by family and friends, intimacy at a distance, lack of social network
	2. Non-housing-related: social opportunities, <i>loneliness</i> , maintain social network, church family, relationships with young people
2. Social roles	Employment, volunteering, helping others, having productive roles in society, past employment, hobbies (social)

3. Caregiving (unpaid)	1. Receiving care: family and friends, availability of caregivers
	2. Providing care to others: family and friends
4. Pets	Importance to seniors
5. Independence	Not wanting to rely on others for help, not wanting to be a burden, <i>worry about being able to care for self</i>
6. Other	

5. STRUCTURAL AND REGULATORY SYSTEMS

1. Housing policies and regulations	1. Landlords: not allowing pets, not allowing overnight visitors
	2. Government: government program rules, government inaction
2. Housing consultation and input of seniors	Lack of consultation with seniors before developing housing, opinions of seniors need to be respected by government, influencing government policy, suggestions for housing design, educate builders, housing grants
3. Bureaucracy (non- housing)	Red tape, government programs, difficult to get things done
4. Action related to this study	Make sure that the results of this study are used to influence change, we do not want the report to sit on a shelf, comments on how the study is being conducted
5. Ageism	Lack of respect for seniors, advocacy needed for seniors
6. Freedom	Freedom of owning a home in this country.
7. Other	

OTHER ISSUES

1. Aging population	Growing number of seniors, aging baby boomers, more focus needs to be on seniors, people living longer, types or categories of seniors
2. Youth	Discipline problems, behaviour, parenting changes
3. Living off the land	
4. Other	

Appendix G

Participant Characteristics

Table 1 contains a comparison of the characteristics of the 123 participants in the focus groups with the characteristics of the 1,702 participants who completed the ASHRA survey, while Table 2 presents the same information by type of group.

Table 1: Comparison of Focus Group and Survey Participant Characteristics

	Focus Group Participants		Survey Participants	
	n=123	%	n=1702	%
Sex				
Male	34	27.7	701	41.2
Female	87	70.7	980	57.6
No response	2	1.6	21	1.2
Marital status				
Married/partner	51	41.5	1093	64.2
Widowed	33	26.9	433	25.4
Separated/divorced	18	14.6	105	6.2
Never married	17	13.8	53	3.1
No response	4	3.2	18	1.1
Age of respondent				
Under 65	44	35.8	30	1.7
65–74	52	42.3	995	58.5
75–84	17	13.8	501	29.4
85–94	1	0.8	115	6.8
95 and over	-	-	8	0.5
No response	9	7.3	53	3.1

Language at home

English only	77	62.6	1483	87.1
French only	23	18.7	119	7.0
Other/combination	21	17.1	84	4.9
No response	2	1.6	16	1.0

Language in childhood

English only	65	52.8	1406	82.6
French only	27	22.0	193	11.3
Other/combination	28	22.8	64	3.8
No response	3	2.4	39	2.3

Number of people respondent lives with

One	40	32.5	488	28.7
Two	51	41.5	998	58.6
Three	12	9.7	119	7.0
Four or five	8	6.5	51	3.0
Six or more	7	5.7	17	1.0
No response	5	4.1	29	1.7

Living arrangements (seniors could select more than one answer)

I live alone	41	33.3	445	26.1
Spouse/partner	52	42.3	1076	63.2
Other family	31	25.2	265	15.6
Non-family	14	11.4	57	3.3
No response	3	2.4	32	1.9

Paid Work

No	93	75.6	1532	90.0
Part time	15	12.2	107	6.3
Full time	14	11.4	19	1.1
No response	1	0.8	44	2.6

Education

No formal education	1	0.8	28	1.6
Some elementary	4	3.2	-	-
Elementary	8	6.5	147	8.6
Junior high school	9	7.3	152	9.0
Some high school	15	12.2	285	16.8
High school graduate	12	9.8	274	16.1
Some technical/ trade/university	10	8.2	222	13.0
Trade diploma	14	11.4	255	15.0
University degree	39	31.7	293	17.2
No response	11	8.9	46	2.7

Health

Very poor	3	2.4	31	1.8
Poor	6	4.9	71	4.2
Fair	27	22.0	437	25.7
Good	57	46.3	953	56.0
Excellent	17	13.8	184	10.8
No response	13	10.6	26	1.5

Income

Less than \$15,000	35	28.5	166	9.8
\$15,000–\$24,999	17	13.8	402	23.6
\$25,000–\$49,999	29	23.6	639	37.5
More than \$50,000	17	13.8	313	18.4
No response	25	20.3	182	10.7

Table 2: Comparison of Focus Group Participant Characteristics by Type of Group

	Aboriginal		Disability		Multicultural		Francophone		Rural	
	n=25	%	n=34	%	n=25	%	n=21	%	n=18	%
Sex										
Male	6	24.0	9	26.4	5	20.0	9	42.9	5	27.8
Female	19	76.0	25	73.6	20	80.0	12	57.1	13	72.2
Marital Status										
Married/partner	11	44.0	8	23.5	10	40.0	12	57.1	10	55.6
Widowed	9	36.0	6	17.6	9	36.0	3	14.3	6	33.3
Separated/divorced	3	12.0	4	11.8	5	20.0	6	28.6	-	-
Never married	1	4.0	15	44.1	1	4.0	-	-	-	-
No response	1	4.0	1	3.0	-	-	-	-	2	11.1
Age of Respondent										
Under 65	9	36.0	17	50.0	5	20.0	10	47.6	7	38.9
65–74	14	56.0	13	38.2	11	44.0	9	42.9	6	33.3
75–84	2	8.0	3	8.8	7	28.0	2	9.5	4	22.2
85–94	-	-	1	3.0	-	-	-	-	-	-
No response	-	-	-	-	2	8.0	-	-	1	5.6
Language at Home										
English only	17	68.0	32	94.0	13	52.0	-	-	15	83.3
French only	1	4.0	1	3.0	-	-	19	90.5	3	16.7
Other/combination	6	24.0	-	-	12	48.0	2	9.5	-	-
No response	1	4.0	1	3.0	-	-	-	-	-	-
Language in Childhood										
English only	12	48.0	30	88.2	10	40.0	-	-	13	72.2
French only	1	4.0	-	-	-	-	21	100.0	5	27.8
Other/combination	11	44.0	2	5.9	15	60.0	-	-	-	-
No response	1	4.0	2	5.9	-	-	-	-	-	-

Aboriginal		Disability		Multicultural		Francophone		Rural	
n=25	%	n=34	%	n=25	%	n=21	%	n=18	%

Number of People Respondent Lives With

One	6	24.0	14	41.1	10	40.0	4	19.0	6	33.3
Two	11	44.0	14	41.1	8	32.0	11	52.4	7	38.9
Three	1	4.0	4	11.8	1	4.0	2	9.5	4	22.2
Four or five	1	4.0	1	3.0	3	12.0	2	9.5	1	5.6
Six or more	3	12.0	1	3.0	2	8.0	1	4.8	-	-
No response	3	12.0	-	-	1	4.0	1	4.8	-	-

Living Arrangements (seniors could select more than one response)

I live alone	6	24.0	14	41.1	10	40.0	4	19.0	7	38.9
Spouse/partner	10	40.0	8	23.5	10	40.0	13	61.9	11	61.1
Other family	7	28.0	4	11.8	9	36.0	5	23.8	6	33.3
Non-family	1	4.0	12	35.3	-	-	1	4.8	-	-
No response	2	8.0	-	-	1	4.0	-	-	-	-

Paid Work

No	15	60.0	27	79.4	23	92.0	12	57.1	16	88.8
Part time	3	12.0	3	8.8	2	8.0	6	28.6	1	5.6
Full time	7	28.0	3	8.8	-	-	3	14.3	1	5.6
No response	-	-	1	3.0	-	-	-	-	-	-

Education

No formal	-	-	1	3.0	-	-	-	-	-	-
Some elementary	-	-	3	8.8	-	-	1	4.8	-	-
Elementary	1	4.0	3	8.8	1	4.0	2	9.5	1	5.5
Junior high	1	4.0	3	8.8	2	8.0	1	4.8	2	11.1
Some high	6	24.0	2	5.9	2	8.0	1	4.8	4	22.2
High school graduate	-	-	7	20.6	3	12.0	-	-	2	11.1
Some technical/trade/university	-	-	3	8.8	1	4.0	4	19.0	2	11.1

	Aboriginal		Disability		Multicultural		Francophone		Rural	
	n=25	%	n=34	%	n=25	%	n=21	%	n=18	%
Diploma	4	16.0	2	5.9	3	12.0	2	9.5	3	16.7
Degree	4	16.0	9	26.4	13	52.0	10	47.6	3	16.7
No response	9	36.0	1	3.0	-	-	-	-	1	5.6

Health

Very poor	2	8.0	-	-	1	4.0	-	-	-	-
Poor	-	-	4	11.8	1	4.0	1	4.8	-	-
Fair	3	12.0	6	17.6	10	40.0	4	19.0	4	22.2
Good	8	32.0	17	50.0	9	36.0	14	66.7	9	50.0
Excellent	2	8.0	7	20.6	2	8.0	2	9.5	4	22.2
No response	10	40.0	-	-	2	8.0	-	-	1	5.6

Income Satisfaction

Totally inadequate	-	-	-	-	3	12.0	-	-	-	-
Not very well	2	8.0	6	17.6	3	12.0	2	9.5	1	5.6
With some difficulty	5	20.0	10	29.4	5	20.0	6	28.6	8	44.3
Adequately	4	16.0	10	29.4	8	32.0	12	57.1	7	38.9
Very well	3	12.0	6	17.6	3	12.0	1	4.8	1	5.6
No response	11	44.0	2	6.0	3	12.0	-	-	1	5.6

Income

Less than \$15,000	3	12.0	18	53.0	7	28.0	3	14.3	4	22.2
\$15,000–\$24,999	4	16.0	2	5.9	2	8.0	3	14.3	6	33.3
\$25,000–\$34,999	1	4.0	2	5.9	4	16.0	7	33.2	4	22.2
\$35,000–\$49,999	1	4.0	6	17.6	2	8.0	1	4.8	1	5.6
\$50,000–\$74,999	4	16.0	3	8.8	1	4.0	4	19.1	-	-
More than \$75,000	-	-	-	-	2	8.0	3	14.3	-	-
No response	12	48.0	3	8.8	7	28.0	-	-	3	16.7

Appendix H

Findings

The data in Table 3 report average number of times each theme and subtopic (as identified in the Final Coding Tree, Appendix F) is referred to in each of the five types of focus group. Because these are averages, the numbers can be compared across and within groups. For example, the four Disability focus groups discussed the direct cost of housing an average of 6.5 times per group. This information is useful in helping to identify key issues for each of the five types of group included in this study.

Table 3: Mean number of times each code is referred to by each type of focus group

	Disability Francophone	Multicultural Aboriginal	Rural	
1. Participant characteristics	4 groups	3 groups	3 groups	2 groups
1.1 Financial issues				
1.1.1 Direct costs of housing	6.5	14.0	9.0	5.0
1.1.2 Indirect costs of housing	7.0	6.3	8.0	2.3
1.2 Physical and mental health				
1.2.1 Participants' own health concerns	19.3	9.0	10.3	10.7
1.2.2 Health of family members and friends	3.5	2.3	1.0	1.0
1.3 Language and culture	0.5	3.7	5.7	5.0
1.4 Religion and spirituality	1.5	1.0	1.0	0.7
				-
2. Current housing situation, plans, and preferences				
2.1 Physical structure				
2.1.1 Space				
2.1.1.1 Too small	2.0	-	3.0	2.3
2.1.1.2 Too large	-	0.3	1.7	2.0
2.1.2 Accessibility	8.3	4.3	4.3	5.0
2.1.3 Difficulty with maintaining a home	3.8	8.0	4.3	4.0
2.1.4 Health and comfort	2.8	0.7	2.3	2.0
2.1.5 Safety and security	2.3	1.7	2.0	2.3
2.2 Future housing				

	Disability Francophone 4 groups	Multicultural Aboriginal 3 groups	3 groups	Rural 2 groups	
2.2.1 Aging in place	6.3	6.3	1.3	3.0	5.5
2.2.2 Relocation plans	6.0	4.7	3.3	3.0	8.5
2.2.3 Independence	2.0	3.3	0.3	0.3	1.0
3. Community-related issues					
3.1 Services					
3.1.1 Transportation	6.0	4.3	4.7	3.3	9.5
3.1.2 Health care services	5.8	5.7	3.7	2.3	10.5
3.1.3 Other services	11.0	6.3	6.7	3.7	5.5
3.2 Housing options, waiting lists	8.8	8.3	5.3	9.3	11.5
3.3 Seasonal and climate issues	2.5	7.7	4.0	2.7	8.0
3.4 Location	3.3	4.0	2.0	2.3	2.5
3.5 Mobility	0.8	-	0.7	0.3	-
3.6 Safety	1.8	0.7	1.3	0.7	0.5
4. Relationships and social networks					
4.1 Relationships with family and friends	9.8	7.0	11.3	11.0	12.0
4.2 Receiving care and support from others	2.0	3.3	5.3	2.7	3.5
4.3 Pets	2.0	0.3	0.7	1.7	-
4.4 Independence	1.8	1.3	2.7	4.0	3.5
5. Structural and regulatory systems					
5.1 Housing policies and regulations					
5.1.1 Landlords	-	-	3.0	-	-
5.1.2 Government	4.5	1.0	2.3	1.0	1.5
5.2 Housing consultation and input of seniors	3.8	5.3	7.0	4.7	6.5

Note: The numbers reported in this table are to be interpreted as an indication only of the importance of each theme to each group in this study and are not to be used for further statistical analysis.

The results below are organized by theme as identified in Table 3. This analysis includes the results on the most salient themes related to seniors and housing. Thus, there are more codes listed in the final coding tree in Appendix F than are reported here. For each theme, illustrative quotes are used to provide insight into the issues identified by the participants across the five types of groups.

Theme 1: Participant Characteristics

1.1 Financial issues: direct and indirect costs of housing

In all of the 15 focus groups, participants discussed the direct cost of housing and housing-related expenses like repairs and utilities, and indirect costs of housing, such as their limited financial resources and other necessary expenses. When examining this issue across the five types of groups, seniors in the Francophone, Rural, and Multicultural groups in particular frequently discussed financial issues related to housing.

Many focus group participants who owned their homes discussed the high cost of housing and the expenses associated with it. In particular, few participants had the resources to make necessary repairs. If they could not complete the repairs themselves, many could not afford to hire someone to help them.

My husband died almost nine years ago and I don't have anybody around to do much work for me, you know, and the house needs attention and I need windows and things like that, and I can't afford to, I can only afford to keep my house running with heat and things like that. (Rural)

We can't do all the things that we could when we were younger, so we have to get people to do it, so in turn that's costing more, right. To maintain our homes they're costing more. Because we're not young enough to keep these things going where we could do them before, now we have to pay people to do it. (Rural)

Several participants explained the financial decisions they made in order to afford to stay in their own homes.

I supplement the heat with a woodstove while I can still get wood. Like I say, I can still get the wood and it helps with the light bill. [In] another few years I may not be able to go in the woods like I do now and cut wood. (Aboriginal)

Right now I am changing my windows because I know that in 10 years' time I may not have the financial means to change them. (Francophone)

Many of the participants realized that due to financial concerns, they would have to move at some point in the future.

I've been in my home right now, and I know I'm not going to be there for too much longer, because I just, I can't afford to keep up with grass cutting, with snow removal, with the taxes the way they're going, it's just getting ridiculous. Like she said you know, the cost of housing, like she could live in a cardboard box. I may be with you. (Disability)

If I get to my pension at age 65 and I am alone with my [one person's] pension, I won't be able to maintain my house. So, whether I want it or not, I will have to leave. I won't have a choice. (Francophone)

When a woman ends up alone, when her husband dies, or when the husband ends up alone, how can they manage to maintain their home and pay their taxes, their insurance, feed themselves? And on top of this, there are prescription drugs that are added to that. (Francophone)

Participants who rented also had concerns about the high cost of housing.

The rent goes up and up and up, and this is the first year that it hasn't been raised, so I'm kind of really happy. (Disability)

And when you look at what's being built, it's all high-end housing and we just can't afford, most of us can't afford to live in high-end. Even what they're starting to call middle-end is pretty high too. (Disability)

Several participants identified various government programs and policies that had an impact on their financial status and in turn influenced housing. Others made suggestions for improvement to government programs and policies.

I think I'd like to see the government take some initiative to ensure that seniors can stay in their own homes. [To] provide some sort of loans or grants to make modifications [so] that their homes are accessible. (Disability)

See now they only allow me \$450 to live on, Community Services, and then the \$185 has to come out of that automatically to pay the rent. And then, after that, I have to consider

my phone and my lights and then the rest is all mine ... maybe I get \$90 left for spending money, for groceries or if I want to get a new dress or blouse or something, and that's it. (Disability)

Not everybody has RRSPs or company pension plans or anything like that. We have to rely on our regular seniors' Canada Pension or whatever, and that's all we have to rely on. (Aboriginal)

Even if we get the money, we need continuous funding for mowing lawns and things to keep it going. Saskatchewan and Manitoba have a high number of elders who live off-reserve. They have good programs. (Aboriginal)

1.2 Physical and mental health

1.2.1 Participants' own health concerns

Of all the themes identified, the focus group participants discussed issues related to their own physical and mental health most frequently, ranging from an average of 9 (Franco-phone) to 19 (Disability) times per focus group. For many participants, they discussed the extent to which their housing situation met their physical needs or how housing influenced their physical health, and how their health related to their housing situation or preferences for the future.

So, I guess my biggest challenges right now are I need to keep doing the things that I love doing, to make, to keep my mind healthy and to feel good about my life and myself and about living and about being in the world. And it's very, it's so difficult to do these things in this little space, that I'm only doing just the smallest portions, fraction, bit of what I could do if I could move around more, more safely. (Disability)

Because if I didn't have to worry about the walker, if I were more balanced then the space would be fine, I'd make it do. (Disability)

What I would like to see is a few treadmills and stationary bikes. A few bikes. Sort of a place we can go to exercise. (Francophone)

I need a scooter, but Indian Affairs called it a recreational vehicle so they won't cover it. I can't go to the garden, I can barely get around on my own. I can hardly walk. I'm not having a surgery. Ramps are very important for seniors' housing. (Aboriginal)

Before I lived where I live now, I lived in a place with me upstairs and Mom downstairs. Mom died, but I was still upstairs. The stairs were getting harder all the time; I was falling up and down the stairs. The kids were all gone, and I was falling, so I moved to a new place that was a first floor ... I'm still falling, though, especially going in and out of the house. I've broken ribs. My legs went out from out of me. (Aboriginal)

One thing that I find about these buttons that you push for the door to open, alright. The button is on the left hand side and you're there turning the button on, and the door comes and you're behind it. If it were on this side you could go. I got slammed two or three times. (Disability)

Back in the '60s they give us houses ... people now are dying of cancer. That's the way with our seniors, you know. What is to be done about the seniors and the decent housing? ... Something called asbestos, I think. (Disability)

In many cases, physical health influenced participants' ability to maintain their homes, and they thus often had to move, or may have to move, in the future.

Yeah. My hand broke three months ago. Right now it's not so good. I live alone. I can't cook. I can't wash dishes. I can't go somewhere. (Multicultural)

We have to move elsewhere because I can't keep a house up. I have arthritis, severe arthritis. It's not bad now, but it's painful, and I can't lift and rake and do any of that, so we hire people to do this. (Disability)

We currently have our own home but that, because of my health, is not going to be able to be kept in three years' time, because it's getting harder and harder. (Disability)

I moved to take care of my mother and when she died a year later, I bought the house. I like it, but it worries me a lot because I realize that I have more problems now. I don't have any help. I am alone. (Francophone)

In addition, many participants discussed how their housing situation influenced their mental health. For many, their housing situation influenced their mental health in a negative way.

Well, the thing is that, about that building, it really is very congested and very narrow, almost suffocating. (Multicultural)

The other thing about having to move, we left [town] with a home that had six bedrooms you know, two bathrooms, a big living room and so on, and we came and the first year we stayed in [town] in an apartment, and I cried the whole first year because I felt like I was choking. (Aboriginal)

I know my oldest son says, don't worry about that, you know, you don't have to worry, but you do have to worry about it, that there won't be a place for you, but you worry about that stuff. (Rural)

It was very difficult for me because I couldn't bring all the things I was used to having around me, and I guess I shed a lot of tears, didn't sleep good. I had to adjust to other sounds and noises around me and other people's way of living. It's a whole impact of different difficulties and getting used to a different environment entirely. (Aboriginal)

I think my housing is causing a lot of problems with my health and well-being. For the last four to five months, I've been going through a serious depression and experiencing very high anxiety, and I think part of it is I'm a very independent, private person, and now I have to start questioning whether living alone is the best plan for me. (Disability)

The sun comes around and it gets boiling hot around, you know, five o'clock, something like that, and the other people who have enjoyed the whole day, right? It's cheerful and everything to go and visit them, and you know, you come back to my place and it's just the doldrums. It's really ... I think it really affects my health ... It does, and that way the people who have had the sunshine all day, that's why everyone who ever moved in, moved in there. Nobody I know is happy with the dark side. (Disability)

I don't like it there. And I'm not happy there, I'm not happy because there's a lot of people in that building and they are very, especially this one on the first floor, and she always asking me and ___ to do things for her, like go to Shopper's and get her medications, and we say no, but she won't leave us alone. (Disability)

Other participants described how their housing situation had a positive influence on their mental health.

Breathe. I need to breathe... I go for a walk on my property and I reach the river. I need the earth and I need the water. (Francophone)

I just want to live in peace for the rest of my time and to have a place, just for me. And to live in peace and keep writing, and in freedom. Freedom. We like very much freedom, you know ... Even in great wealth, many times that doesn't matter. If we like it, that's what counts. It's the very thing. All what I want, it's enough, no? (Multicultural)

I feel like I'm just like everybody else. I can come and go, you know, I got my own key. I feel like everybody else. (Disability)

But right now where I live, I, I'm happy where I am, and I've got my grandchildren, my choice, and near my family, and I'm not getting old, I'm getting younger. Right now, yeah, I'm fine where I am. But there'll be a day when I won't be able to do all this. (Aboriginal)

I like where I'm living, quite happy. There are six apartments in it. We're all great friends. We sit out all the summer and carry on. It's a great time. Close to church and close to stores. (Disability)

1.2.2 Health of family members and friends

In 14 of the 15 focus groups, participants discussed the physical and mental health of family members and friends. For some seniors, they were concerned about the housing situation of family members they did not live with and how it influenced them. For other participants, the health of other family members influenced their own housing situation.

My mom can hardly turn around in her room with her walker ... so there are some drawbacks there, you know what I mean, and I think about having to leave my home and go to a place like that. (Disability)

I told my sister that if you would like to come out and live in the home that you're welcome to it, but you're responsible for everything, maintenance and everything. Well she moved out and that, the maintenance and that, seemed like it all fell on me. (Multicultural)

It's just myself and my husband and ... disabled granddaughter living with us. And we don't know how long, much longer we got to last because of my husband. We're taking one day at a time. He's got two aneurisms and they're keeping a close watch. (Rural)

1.3 Language and culture

In 13 of the 15 focus groups, participants discussed issues related to language, culture, and housing. Participants in the Multicultural, Aboriginal, and Francophone groups discussed this topic more frequently than in the other groups. Many of these participants grew up with different types of housing and living arrangements and were not comfortable with the norms and regulations surrounding housing in Atlantic Canada. Others did not feel that the housing available met their specific needs.

And they just don't feel right about it. It's like she thinks that like, when they tell people they all live together, there are people here that find it weird. It's less common. In Europe it's fine. (Multicultural)*

* A translator assisted some members of the Multicultural group, and the translator used "she" where the person she was assisting would have said "I."

I've got families that left for that reason because they had a big family, four or five children. They couldn't find a place more than three bedrooms and they say, "No, you have four children, you cannot live in three bedrooms because you have to have that many, number of bedrooms," and who can afford that? (Multicultural)

As an Acadian, I knew a pretty little neighbour who was taken to the ___ Manor 15 or 20 years ago ... She did not speak a word of English. What a tragedy to put her in such a situation. (Francophone)

For some participants, the cultural expectations placed on family members to provide housing and support to older parents are changing, and this caused concern for the future.

If my mother came, it was my responsibility to take care of her, or any of the parents. Now the parents are coming, so we take full responsibility. We do not want them to live separate. This is a part of our culture ... but now when we are getting older, our children left this town. They are in Toronto and Vancouver and New York and England some of them. So now we are looking for ourselves. How are we going to manage? (Multicultural)

But now you see that it's changing a bit towards the other direction. Children don't feel so much ... obligated to their parents and they put them in the home or they pay someone to come in and look after them. That's the way things are changing. (Aboriginal)

For other participants, it was not the particular type of housing that was a concern. The issue was that the home was not in the location that they would prefer.

This group of people here, we all came from somewhere else, and that somewhere else is probably the dwelling place of our heart and soul, and we got to get back there, and I think that's really important for us, this particular group of people ... We love it here but it's not home. (Aboriginal)

We've always gone back to the coast as children. It's important that we go there now, so you know it's younger people as well because that's our history. That's our culture. That's who we are. We're people of two places. (Aboriginal)

1.4 Religion, spirituality

In 8 of the 15 focus groups, participants discussed issues related to religion and spirituality. One concern related to housing was that seniors would be able to continue to participate in religious activities, either in or near their home.

We are not looking that they should build a mosque or a temple ... but a central place. In some of the seniors' homes, they make it too far, so it's away from these facilities. (Multicultural)

I don't plan to move until I have to, to go to a seniors' home, kind of like the one I mentioned there in [place name]. It's like living in the [hotel], everything is supplied. They have their own chapel and hairdressing facilities. (Francophone)

Theme 2: Current housing situation, plans, and preferences

2.1 Physical structure

The majority of participants lived in their own private homes, particularly those living in rural areas. However, there was a wide range of living situations including seniors' complexes, living with family members, renting a room from a non-family member(s), or renting an apartment. Many participants were not specific as to how long they had lived in their current home, but for those who were, the time ranged from a few months to 57 years. The majority of homeowners stated that they had lived in their homes long-term, while the majority of renters were more short-term.

2.1.1 Space

Many respondents discussed the extent to which the space in their housing met their current needs. Many participants discussed how their current housing was either too small or too large.

2.1.1.2 Too small

In nine of the focus groups, participants discussed how their current housing was too small. This issue was not discussed at all in the Francophone groups. Participants from all other groups wished to have more space for a variety of reasons, including their own personal comfort and safety, to allow room for visitors, for people to stay with them on occasion, or for others to live with them. Many who lived in apartments were not allowed to have additional people stay overnight with them. Many felt there was a lack of living space available in care facilities that they might need in the future. Finally, several who moved were not able to take important personal possessions with them because of a lack of space.

It's good when you are not sick, but when you become sick, it is no good. There is nobody who can come and be with you because you have one bedroom. (Multicultural)

I want my son to come to visit me, but I just have one bedroom, and so I don't have enough space to have someone with me. (Multicultural)

So I guess my biggest challenges right now are I need to keep doing the things that I love doing, to make, to keep my mind healthy and to feel good about my life and myself and about living and about being in the world. It's so difficult to do these things in this little space, that I'm only doing just the smallest portions, fraction, bit of what I could do if I could move around more safely. (Disability)

It was so small that there was no room for a wheelchair. There was no room in the kitchen for a chair. There was no room in the bedroom for a bed. (Disability)

But my biggest fear is that the housing that they're building is not really housing, it's prisons. I mean seniors lived in their homes all their life, they had lots of room. Now they're expected to go into a private home or a seniors' home and spend their time in this little square room ... I know some day I'm going to be in one. They're all like cooped up, I'd like to have room. You like to have in a friend, to sit and talk and if you're two people in a room and you've got your friends in, nobody is comfortable, you know, and it's, it's just not right. (Rural)

It was very difficult for me because I couldn't bring all the things I was used to having around me, and I guess I shed a lot of tears – didn't sleep good. (Aboriginal)

2.1.1.2 Too large

In seven of the focus groups, participants discussed how their current housing was too large and they preferred or needed to live in a small home. This issue was not discussed at all in the Disability groups. For many participants, a larger home was necessary in the past, but was not needed at the present time.

I've got four-bedroom house ... At one time there wasn't enough because there were ten children. Ten children ... there were thirteen of us. Now I'm all alone, see. One time that house was too big, was too small, [and] right now it's too big. (Rural)

I bought my home 20 years ago and it is big, for all the kids. Now I'm going to sell it. I need a place for when I'm older. I'm downsizing. I need something on one level, smaller, no basement and a smaller lot. (Aboriginal)

The only thing is the house is way too big for us now. It was too small when all the kids were home, but now it's too big that it's just [spouse] and I, and so I would like to get a smaller house and maybe move out of the big one for a bigger family, but it's a shore lot, and I don't really want to give it up. (Aboriginal)

2.1.2 Accessibility

In 13 of the focus groups, participants discussed accessibility concerns related to housing. This was a frequently discussed topic in the Disability groups in particular, but also in the Aboriginal, Francophone and Multicultural groups. Many of the accessibility issues were related to problems using stairs as many homes were on more than one level. In addition, other accessibility issues were related to safety features such as grab bars, the size of doorways, and design of doorknobs, kitchens, and bathrooms. Several participants discussed how accessibility issues adversely affected their health. For many participants, the lack of financial resources impaired their ability to make their home accessible.

I don't like going up the steps like that. Because I feel every time I go up the steps, my legs feel kind of weak sometimes ... but the steps really hurt my leg pretty bad too. Yeah, that's not good for me. (Disability)

And also the scooter, I have to be considerate about. Wherever I go, I have to have a place to park that. And it has to be indoors and it has to be accessible and easy to get out and in. (Disability)

I think of people in wheelchairs. I think that they need the stoves, instead of having your buttons up top, where they are normally, they need to be down. (Disability)

The width of the doors and the washroom design are important. I see my Mom requiring these things now, so it's important to think of those things for myself. The washer and dryer should be on the same level too. (Aboriginal)

I need one that is all ground level, but not a basement because it's too cold for arthritis. A house with an elevator or not steps would be good ... I need something in the kitchen that comes out from the lower cupboard to use as a step up. If your heart is bad, it's not good to be reaching for the cupboards ... It would be nice to have round bathtubs, like those advertised on TV, with walk-in entry. Washrooms should all have a seat in the shower. It's hard to afford it. The housing situation is harder for Natives. (Aboriginal)

My washer and dryer are downstairs, and I have to work my foot over the bathtub, you know, and stuff like that. And I'd like, well they're going to get me a walk-in shower, so that's a start. (Aboriginal)

There is someone who came to our house in a wheelchair the other day. They could come in only from one place. They could not get it through and the person was trapped in the wheelchair. (Francophone)

Wheelchairs don't go through at all. I had the experience with my husband. It did not work. I used to grab the wheelchair, and then I folded it to pass it through. Now, what worries me the most is my bathroom. I don't have a handrail. (Francophone)

I find it hard to go up and down stairs. Usually, if I come downstairs in the morning I stay downstairs until bedtime. I don't like to walk the stairs. (Multicultural)

Maybe there's more people out there in our community that still have the turn knobs, that have the arthritis in their hands and that are not aware that there are these handles that you can just push down on and off you go. (Rural)

2.1.3 Difficulty with maintaining a home

In 14 of the focus groups, participants discussed problems they had with maintaining their home. This was a frequent topic of discussion in all the types of groups, especially the Francophone groups. These issues included both indoor and outdoor maintenance concerns. For many participants, the difficulty they had maintaining their home related to their health. Others did not have family members available to help them any longer. Many participants faced financial barriers in attempting to maintain their home or in hiring others to help them. Several participants felt that seniors were taken advantage of when hiring someone to help them with maintenance issues. Some seniors were not able to find people to help them with maintenance of their homes. Others felt there was too little government support. Still others had difficulty having a landlord respond to maintenance issues.

There is no one to paint your porch, there is no one who will repair the broken ramp, there is no one who will shovel the snow off your entrance. (Francophone)

There was a project from the provincial government here, for seniors. They were cutting grass, they were painting fences and other such things. Do they do that nowadays? Why is it that we have been neglected for five or six years? Someone that would come and help you. (Francophone)

It's the same with the raking and the mowing and any of the housework. All those things that I can do now, or my Mom can do now. I guess she doesn't shovel and rake, but there are a lot of added costs to aging that I don't think are always taken into consideration, as we try to stay in our own homes. (Disability)

All these years you're too proud, and you do it all on your own. And you realize now you do need assistance, but not everybody here would know what's all available which will help your needs, so access to information. (Disability)

I'd like to have a beautiful garden, but I don't like working in the garden, and I find it a struggle every summer trying to find someone to do my gardening because I want my home to look as well as everybody else's in the community, and I like to have a nice garden, but even when you have the finances, it's difficult to find the individual to do the work for you. (Multicultural)

I am intimidated to stand up to the authorities, but they should guarantee that they will upkeep small things in the housing units, like changing light bulbs. (Aboriginal)

Considering senior citizens like that, a lot of people try to take advantage of you because they look at your age. "Oh they don't really know how much that would cost" or something like that, see. So a lot of people are being taken advantage of, more or less, you know. (Multicultural)

2.1.4 Health and comfort

In 12 of the focus groups, participants discussed how housing influenced their health or level of comfort in their own home. Many of the participants discussed issues related to temperature, air quality, and humidity levels.

And I [am living on the] ground floor, and I have arthritis, and it bothers me ... , but I am using lots of heat, but it's no help to me. It's still cold. (Multicultural)

I live downstairs, but the only problem downstairs is it gets quite damp, cold, and it's cold while yet the upstairs is warm, so she doesn't put the heat on, but I'm freezing downstairs. (Aboriginal)

And I don't care for summer, I find summer really, especially in the apartment I'm in, it's almost horrible it's so hot. (Disability)

Well, I think a lot of the houses have really, really poor air quality in their homes. Really, really poor ... The problem is coming from the ground, you see. Most of these homes are built with no basement so all the humidity that's underneath the ground, and because they won't vent ... and they won't open any windows because they can't afford to open their windows because it's too cold. (Rural)

There's something that I want, though, it's kind of stupid. I keep thinking to myself that some day I'm going to have a fireplace in my apartment. It's something that I've wanted for years and never had. (Disability)

2.1.5 Safety and security

In 12 of the focus groups, participants discussed the extent to which they felt safe and secure within their home. Influences on safety and security included access to a phone or an emergency call bell system. In addition, some participants discussed having someone to visit or check in on them regularly. For many participants, they mentioned the financial cost of adding safety or security features to their home.

I am suggesting that especially the seniors who are living alone, there has to be some system established so that maybe twice a day, in the building where they are living. I think the caretaker should be given instruction, or somebody go and check with them, or the neighbours make sure. (Multicultural)

I have a good man at home, and he's pretty good with me, but he's got to have a life too and I need my life, but different people said I should be wearing a lifeline. (Disability)

One of the gentlemen at the Alzheimer's Society ... has this device that he brought in the States that's \$50 or \$60, it's under \$100 anyway, and it's a one-time thing, and you can program your neighbour's numbers or whatever, and no matter where you are. I'm really considering getting one in case something happens to me in the middle of the night. It's better than calling 911. (Disability)

We want a secure place. A place where all I have to do is push a button for the ambulance to get to my place. (Francophone)

I am afraid [living on the] ground floor because it's big windows and sometimes one guy, one time tried to look [in] my windows, and I call police but I am still afraid when I am alone. (Multicultural)

I fell in my bathtub awhile back. I was stuck for 45 minutes and hit my head. I was so scared. I had no phone there and no one to come. I got a cordless phone now. (Aboriginal)

Some respondents felt less safe or secure at certain times. This could occur during winter storms or at other times when there are power or utility interruptions.

I'd like to have a little place to go where I haven't got to worry about the power going and no water and no communication. (Rural)

That's another thing if the phone line is down. Her phone line was down, they told her 24 hours before they could do anything, so she had no other connection for 24 hours. (Multicultural)

I pray every night for no hurricanes, tornadoes, or storms. It would be nice to have a sort of intercom system so that if someone needed to be calmed down in a situation they could get ahold of someone quickly. (Aboriginal)

2.2 Future housing

2.2.1 Aging in place

In 14 of the focus groups, participants discussed the desire to age in place, or to remain living where they are. This topic was discussed frequently in all the groups except the Multicultural groups. Many participants discussed their lack of desire to even think about leaving their home and moving to another home, and they often had lived in their homes for a long period of time. Several seniors mentioned not only their homes, but also the physical setting of their homes that made them want to remain living in their homes.

I don't want to move out of my house. I fell in love with that house years and years ago, and it was a small little house modified to meet my needs. It is in a community setting, the nice nature setting, and I'm not too crazy about leaving there. (Disability)

It's a great place to be. I wasn't born here, but I love it here. We retired out here, and we built our home, and I couldn't live anywhere else, well if I had to. It's just the thought that I have to go someplace, but right now, as much as I can, I want to stay there. I love it. (Rural)

That's really important to me, that you have your own space, your own piece of land ... to my way of thinking anyway. I'm going to stay there until they drag me out. I don't want to go anywhere else. (Aboriginal)

I live in a house that was built by my father in 1932. I always lived there, and I intend to stay there as long as possible. (Francophone)

For many participants, aging in place meant continuing to live in their home, but if that was not possible, several participants indicated that they would prefer to remain living in their

community. For many, they felt that moving out of their community would interfere with relationships with friends and neighbours and interrupt their community contributions.

[My father] does not want to be uprooted. That's when I realized how important it is to have low-cost housing in small villages, because for him, to have to leave his house would be bad enough. (Francophone)

I have good neighbours and lots of friends, and I'm involved in lots of things in the community. So I don't see any reason, not right now, to move. (Rural)

We moved back and my husband and I retired and we built a community life. We love the freedom, and just being out and knowing your neighbours ... I practically know everyone, so that's the difference. And people care, they care about what happens to you here. (Rural)

One of the things that makes me want to stay here, every time I think about moving away, going someplace else, I think [that] my heart is here. I'm a volunteer in a lot of aspects of our community, and I would like to continue that while I can. (Rural)

Usually my thoughts are with Mom because she is the one that, I know she does not want to leave the reserve, and I respect her for her ways of thinking, and I think that whatever wishes that she tells me that I will follow through with them to the best of my abilities. (Aboriginal)

2.2.2 Relocation plans

In all of the focus groups, the participants discussed issues around making actual plans or thinking about characteristics of a home they would like to have in the future. In particular, participants in the Rural and Disability groups discussed the issue of relocation frequently.

Sometimes, I think when I'm sitting down alone in the evening, and there's not a sound of anybody coming and going, I think, "Am I crazy?" I should be in an apartment. There should be some people around. (Disability)

I want to move into town so I'm closer to things. I can take the bus and go up the university. And you know, if I can't drive I can take the bus out. So when I move into town, I have to make sure I go to a place that has a bus route. (Disability)

I think I'll go to assisted living. I'm sick of cooking and I eat the same damn old thing all the time. (Disability)

I think we would need a one-storey place, everything on the one floor and a really simple layout so you have plain wide hallways and not a lot of little rooms going off in all directions but some spaciousness so you can see what's going on. (Disability)

Many participants discussed barriers to relocation including the availability and cost of acceptable housing.

So I guess, looking down the road, you're thinking about it and you're wondering well, okay, what happens the day when we can no longer live in your own home. Where do we go, and [town] like many places around the province certainly doesn't have a whole lot to offer, and even if it did, then what happens if you can't pay your way? (Rural)

In a few years, you know, where will we be and what will we do? There's not a place for us to go, no cottages, everything is filled and you know sometimes I wonder if relocating is not going to be an option for us. (Rural)

I'm looking at different apartments as they are built, to see what their accessibility is. So, I am beginning to think ahead, but I guess to be honest about it, at the price of them ... I don't like this idea of having to move and that you have to move tomorrow and then you're pushed into an area that is not really suitable. So, I like to be able to plan ahead a little bit. (Disability)

2.2.3 Independence

In eight of the focus groups, participants discussed the issue of independence in relation to future housing. They wanted to remain living in their own home so that they could continue to make their own decisions and to not have to rely on others for help. In general, the participants felt that a lack of independence would adversely affect them.

It's physical self-sufficiency, moral self-sufficiency, financial self-sufficiency. (Francophone)

If I can make it on my own, and get my own self a cup of tea or whatever, I think I will be doing just that. If I can do that much and pay my bills, I don't see the point in going into a home. (Rural)

There's a hospital complex, and there's a geriatric ward in there, and I'm very apprehensive that I might end up there myself some day. (Disability)

I would never want to change where I live. I always like to be independent and be free. (Disability)

Like, you know, and so that's why people are afraid to go because once they're there, they give up because they're going to die there. (Aboriginal)

Theme 3: Community-related issues

3.1 Services

3.1.1 Transportation

In all of the focus groups, participants discussed transportation concerns, and the Rural and Disability groups identified this issue more frequently than the other groups. Most of the transportation concerns identified in the focus groups centred around the themes of availability, affordability, and accessibility of transportation near their home. In some instances, participants discussed how transportation concerns influenced where they lived. Some seniors in this study had already moved, or planned to move in the future, in order to alleviate transportation concerns.

I moved from a two-bedroom in there, and I sold and gave away, and I downsized. And I still have wall-to-wall furniture. And again, on a bus route, near a grocery store, that kind of thing. (Disability)

In our rural communities, if you haven't got a driver's license, then you're barred in. I mean, you're locked in and there's nothing you can do. No matter what goes on in the community or around it, you can't get there, you can't do nothing. (Rural)

There's no possibility of having any type of transportation from where I live to get into town, so that will not be my final place. (Disability)

So when I move into town, I have to make sure I go to a place that has a bus route so that it's close by. (Disability)

I was living in the country, but I can't drive any more. My new place is close to the ferry and everything. (Aboriginal)

And then, like where I am, what I like about it [is] everything is close, the hospital, the doctors and everything, then I don't have to worry about transportation either. Transportation is an awful thing. (Aboriginal)

Several participants highlighted that any homes designed for seniors need to have transportation available.

When you are put in an independent living home, you still need to get your groceries. You still need to go to the hairdresser. You still need to go to the bank. (Francophone)

When you're talking about housing, housing has to be such that there is accessible transportation from that doorstep to where they're going to go. (Disability)

For many participants who could no longer drive, family members and friends drove them and this helped to allow them to remain in their homes.

We have no transit system, no bus system in the town, so we're really at a disadvantage if you don't drive or if you can't drive ... In most towns of a good size there's a bus service or something like that. So you're really at the mercy of your friends or relatives or whoever, if you want to get somewhere. (Aboriginal)

I live with my son and getting around is not a big problem because he drives. I can't drive anymore because I have arthritis in various spots that kind of stop me from driving very much. (Aboriginal)

Because we are a small community, we know each other to get drives. I have done that all my life. (Francophone)

I was almost in tears by the time I got there. But to find out that the whole day wasted and I have to get a neighbour to drive me in because it takes too long to get a taxi ... \$120 for a taxi ... \$60 each way. And I have to go back again. And if you have to get a private car, that's \$50. (Rural)

3.1.2 Health care services

Health care services were discussed in all of the focus groups, and were discussed most frequently in the Rural groups. The discussion often centred around the themes of availability, affordability and accessibility. Many participants discussed how appropriate health care services should be provided in their home or nearby in the community.

We're seniors. We're going to need a hospital. We need doctors. We need home care. We need nurses, and this should be where it is. (Rural)

A support system [is] as important as a house. So it has to be a mixture of it. Where the seniors [are] living, they should make sure the nurse or somebody is here. Even if you pay

them a little bit extra for this service, but it has to be there. That's what I need in our community. That's what we feel. (Multicultural)

Meals and medications would probably be the kind of assistance I would see seniors needing to stay in their own home. (Disability)

I'm struggling right now to stay in my own home, but I'm doing okay with the financial assistance out there. I'll get to the point where I'm looking for more of a 24-hour on-call service, you know, even if that's the only reason why I would be moving, I think right now, for somebody at my beck and call, but not necessarily living with me. (Disability)

Maybe if you had to have your sugar checked or your medications ... services available handier to where we are. (Disability)

Eighty percent of people who would need a little bit of help to be able to remain self-sufficient longer don't have access to it because they don't meet the eligibility criteria, which are so heavy, so they have to wait until they have lost all their autonomy to have access to assistance services. (Francophone)

In addition, the participants were concerned that long-term care facilities would not be available when they needed them.

I could, God forbid, have a stroke tomorrow, and there's not a place for me to go right now. Everything's filled and there's a waiting list. If something like that happens, what do you do? (Rural)

When people are no longer sufficiently autonomous to stay there, they end up in a nursing home. There should be something in between. They don't need nursing care. It costs money. (Francophone)

In some instances, participants discussed how health care services influenced where they lived or that the distance to health care services from their current home was a concern for them.

So we are also looking because when we are not able to drive, so we are looking for good public transportation. Close to the hospital and doctor's office and the drug store, and grocery store, and whatever the basic needs [are]. (Multicultural)

We're not handy [to] any hospitals, the nearest is fifteen miles away, but I still like it. (Disability)

I left [in] my car from home in a snowstorm. In my car, I phoned 911 and the ambulance picked me up halfway. Had I not done that, I wouldn't be here. So I was living too far [away]. (Francophone)

3.1.3 Other services

The participants in each focus group discussed other services that they felt should be available to them in or near their homes, in addition to transportation and health care services. The Disability groups in particular frequently discussed this topic. These services could influence their ability to remain in their homes or influence future housing choices. Many participants discussed various kinds of exercise and recreational activities that they felt should be provided in or near housing for seniors.

The other thing is provide recreational services as well. As we age we stiffen up. We need to be able to improve our balance, improve our flexibility, that sort of thing, so we can continually live in our home, so there needs to be more focus around keeping people active as well. We need more seniors' centres. (Disability)

About half of the tenants there, they are walking the hallways, and this is, I think, one of the benefits of having this type of an apartment, that you've got the long hallways. You can exercise, and you [can] do this no matter what the weather's like outside. (Disability)

I like that place better because they have more things going on down there. (Disability)

Makes me feel good because they have all kinds of activities. Well, tonight is bingo night ... They have crafts on Tuesday afternoons, and tomorrow night they're having what they call karaoke night. (Disability)

Sometimes I wish I could get out more. I wish I could learn how to do things more. I wish I had more money, and also be able to go bowling maybe, or to a movie, you know. Somewhere. I just feel trapped. (Disability)

Something for the physical exercise whether it's an exercise room or walking passages, you know. All those things I think should be there. (Multicultural)

Where I live at the moment, it's really good for my well-being because it's close to the swimming pool. (Multicultural)

I need some stimulation and easy access to everything. A lively place. (Francophone)

The participants also pointed to the importance of maintaining good nutrition. They identified Meals on Wheels as a program to assist seniors to remain living in their own homes. The Multicultural group desired to have access to food that is ethnically appropriate. Other participants desired to live where they could have meals provided.

My friend was doing Meals on Wheels. In many places, they went into homes and the women were saying, "Put it in the fridge," and they would open the door and there was one quart of milk. That's all there was. People are not aware of that, but it's a shame. (Francophone)

Meals on Wheels don't take into account the cultural differences, but they don't provide ethnic foods. (Multicultural)

So, if I can't cook any more, I want to be able to go down the hall to get my meals down there. (Disability)

In addition, the participants named many other types of services in the community that have an influence on where people live and the quality of their life. These included work or volunteering, grocery stores, laundry facilities, hair salons, libraries, and seniors' centres.

I like being where I am because it's maybe only a little over a mile each way to go for my blood work, or to go to do my [work], you know, and to go to church and the Pharmasave and Sobey's, so I'm very fortunate there to have all those things there for me. (Disability)

The negative is you can go any time of the day or night to do laundry, and you'll be coming back two or three or four times. There's six washers for 125 residents, which gets really frustrating. (Disability)

Like for those alone, general help such as laundry, grocery, self-care like bathing, washing hair stuff like that. (Rural)

Close to the library, close to the stores, close to the seniors' resource centre. It's an excellent location! (Multicultural)

Yes, for me, it's the first time I am staying in a room with access to services so close, and I never had it so good. (Francophone)

We are so close to each other. Yet we are different cultures, but we have no facilities to come together and enjoy ourselves. (Multicultural)

3.2 Housing options, waiting lists

In all 15 focus groups, participants discussed issues related to housing options that were available to them. Across the five group types, this was a frequently discussed topic. The discussion focused on various themes including the extent to which they felt they had housing options or were even aware of housing options.

There are two options. Living here, at least we have our own community here, a little network, or, go in the strange city, up into the big cities because our children mainly are in big cities, and go stay near the children. (Multicultural)

It would be nice to have more in the rural areas, more available in the rural areas so we don't have to all move into the city. (Disability)

I'm terrified to sell my home and move into an apartment, because once you turn that house money into an asset, the government can change and take it next year. (Disability)

Those three communities don't have a thing there for older people. Not a thing. You know, there's no housing there for all those seniors to go [to], if they wanted to. (Rural)

There's no place, no complex like [a] senior complex where if you want to have a little cottage or something like that, you can't do it there. (Rural)

We don't have available houses for elders with special needs. We need to be able to access special funding so we can accommodate people with special needs. The trust fund the federal government has for off-reserve housing – how will it be used? It's being discussed now. It should be used to build complexes so elders can help each other. (Aboriginal)

Since I've left the reserve, I did own a home which we had to sell, and now I've been renting ever since, and it just seems like the older you get after you're alone, it seems like you're just moving from house to house. It's just, there's no stable, there's nothing stable for me anymore, because I'm moving from one child to another. With the income that you do get, it's just not enough to help you provide ... and I had applied to be accepted back on the reservation and it hasn't happened, and I've been applying for over twenty-some years, and I did ask for housing. I wrote a few letters and never even got an answer. (Aboriginal)

In addition, many participants discussed how the housing options available would meet their needs.

It's very difficult to find three bedrooms, and if you find that, some of them do not have underground parking. (Multicultural)

In the public housing, it was a very strict rule that if you were a single individual you would not get more than a one-bedroom apartment. Very, very strict rule. (Disability)

Some of them have to move elsewhere because they can no longer stay in their homes ... but the choices are very limited. They have to choose where they want to go, and often, they go to places which are not necessarily their priority, because the choice is very limited. (Francophone)

A chair, a bureau and their bed. That's what you get. That's the extent, and you know it's heartbreaking when you go in. If you brought a friend with you, there's no place for them to sit, and when you think about what they have given to society, and know where they end up. (Rural)

They [gave] me a place, apartment, basement, [in a village] far, far away and I can't choose because [it is a] basement like in hole down, and I have lots of stress like ... I can't chose to, and ... housing [staff] call me two, three times and they always call me ... , I was afraid so they say, "If you don't get this apartment we don't have any more for you." And I was afraid if I can't phone every day I say, "What do I do? I can't go in to that place. I can't go." (Multicultural)

There's getting to be more and more elders and they're getting older, like you say, it's the baby boom, and in about another 5 to 10 years you're going to have a lot of senior citizens that are going to be homeless. (Aboriginal)

There's so many of my neighbours that are still racist, they're very racist. If you go to them for help, you know they want nothing to do with you, so we still have a lot of racism. But you know if I was on the reserve, then I'd have everybody close by, because when I lived down there everybody was nearby, and everybody visited, you know, I miss all those things. (Aboriginal)

Finally, much discussion surrounded the issue of waiting lists to access various housing options.

I put my name in with NB housing, or that's what it was when I first came down, and I was looking for [an] affordable handicapped apartment, and after I bought my mini

home, I got a letter from them asking me if I wanted to keep my name on file. That's 10 years [ago]. (Disability)

Everything is booked and booked up for years from now. (Rural)

Big waiting lists, so you've got to wait until all these people, the ones that are in this home go to somewhere else or die before you got a chance to get your foot in, so that's not good enough for us. (Rural)

But if I had the chance, I would like to move down the [building], but they say it's a two-year waiting list, but I can't wait that long. (Disability)

I've been asking for a house. I told them to put one down. I don't need a driveway all around, half of it's good enough. Just put the house there. I never heard any more from them anymore. I don't know what happened. They forgot me, I guess. (Aboriginal)

But even when he was living, after we got our status back and everything, we thought maybe we would be able to go back to the reserve because they were allowed to move with you, but we have been applying for a house out there and never ever got one. (Aboriginal)

All you have to do is go to your Chief and Council and bring in a request saying that these elders need this. This is the type of place they need, it's time that they start considering elders, and build elders' homes to their satisfaction. Other than that, I don't see anything I can influence on my end. You just send a request. (Aboriginal)

Some seniors indicated suggestions for the development of future housing options that would meet the needs of seniors.

Communal living, only instead of all 16 people living in house, have these lovely, have these little townhouse communities with special services, for special needs people. People that can live alone to a point, they need help to remain independent, be independent with help. I know that would work for me. (Disability)

Instead of being a garden suite, you enter right into the house. You meet the needs of two self-sufficient people of a certain age. You just made them secure, they will share the costs. It could be an approach in rural areas around here. (Francophone)

I like for it to be all under one roof so they have a common room for everybody to go into. But I like for them to have a home ... with a bedroom and a sitting room or perhaps you could call it a little kitchen with a table and chairs or a sofa. Something like that, and

something that they can bring their own furniture in and furnish it themselves and they would be comfortable in their own surroundings. It's almost the same as home. (Rural)

You've got to have it all. It's not only one stage you've got to have, for us to go and live in a little house. But you've got to have something for when I get sick to the point where I can't do for myself, and I've got to move somewhere else. That's what they got to have, because we're not going to get support enough for us to stay in our homes until we die, are we? (Rural)

We need more housing in [town] and areas for seniors such as cottages, apartments, and rooms. Another place similar to [facility] with bigger rooms, a basement to do activities like sewing, crafts, exercising, and gardening, a place for you to do your gardening. (Rural)

There's three things you should plan for your retirement ... that's a steep-roofed house, no basement, and a short driveway. (Aboriginal)

It's a crime to send these people out to a different environment and no family ... You should be able to stay in your own environment in a land that you love. (Aboriginal)

Basically, what it boils down to is there isn't enough affordable housing for seniors, and I think that should be one of the main focuses of the government to change. More affordable housing for seniors. (Disability)

There is a policy that all new housing should, or there were recommendations that when people build a house that they think about tomorrow and make everything accessible ... When you build housing, you think in terms of long-term, about what could happen to you down the road. So that you were building them with doorways that were wide enough, that they had an entrance to get into the house, it was a street-level entrance, those kinds of things. (Disability)

3.3 Seasonal and climate issues

In 12 of the focus groups, participants discussed the seasons and climate related to housing. The Francophone and Rural groups, in particular, discussed this topic frequently. For many seniors in this study, they experienced living in extreme weather conditions.

There is no one who will shovel the snow off your entrance ... when you need to shovel three feet of snow that covers your entire porch ... it's a problem ... they don't have the resources to do that. (Francophone)

A couple a mornings there's lots, five or six in the morning I couldn't open ... my door because [of] the bank of snow against the door. I had to raise the window and pass through the window ... I live below the hill, and the northeast wind shoves the snow against the door. (Rural)

I have a long driveway, and when there's a snowstorm, the plows in our community will not come up. So, last big snowstorm we had, I was back there five days and couldn't get out, and I had to call the police, and the town plow came. (Multicultural)

Season and climate influenced where the seniors in this study currently lived, or wish to live in the future. Many of these concerns related to winter weather conditions, such as shovelling snow, ice, and winter driving. Others discussed issues of maintaining a home and property in the summer. The cost of dealing with seasonal and climate issues also was a concern.

It's so difficult to find a place ... They have to go out, clean the snow in wintertime ... So it's making [it] very difficult, especially for the winter. (Multicultural)

I shovel now. I do all my own shovelling, but it's not going to be that much longer before I have to hire someone to do it. It's the same with the raking and the mowing and any of the housework. All those things that I can do now, or my Mom can do now ... There are a lot of added costs to aging that I don't think are always taken into consideration, and as we try to stay in our own homes. (Disability)

I'm trying to now sell my house and move to a condo where I don't have any snow cleaning or the lawn, garden work, or anything like that. (Multicultural)

I moved to the trailer park because they take care of the grounds. (Aboriginal)

When I was in a mini home, one of the things I found I couldn't do ... was I couldn't cut the grass, and I couldn't shovel the snow, so after I had my surgery, I told my wife we were talking about going into apartment. (Disability)

I've been in my home right now, and I know I'm not going to be there for too much longer, because I just, I can't afford to keep up with grass cutting, with snow removal, with the taxes the way they're going. It's just getting ridiculous. (Disability)

I grew up on the farm, and we lived there. He had ownership of the place for over 60 years, but after he passed away, I couldn't see how I was going to keep three acres of grass cut, which he always kept for our lawn. How was I going to do the lane, which was way, way back? The snow in the winter, so I just decided it was time I got out of there. (Disability)

Why couldn't the government hire a couple of people during the wintertime to go around ... peanuts, when you're talking about the life of seniors that have given back to [their] communities, and they're proud of it ... hire a couple of people to go around and bulldoze someone's driveway, especially, seniors that haven't got anyone to look after it. It doesn't take very much. (Rural)

For some seniors in this study, relocation during certain times of the year was related to climate issues.

I'm to a point now where I don't think I'm going to stay home [in the] wintertime. I was gone last winter for about three months, but I think I'm going to move out for the winter months, get a place of my own for three or four months and then go back in the summertime. Anybody can survive in the summertime up to Christmas around there. (Rural)

He and his wife, they're gone in the winter months, but they come back in the spring. (Rural)

My Mom [who is age] 90 ... they're up on a hill and they didn't even get their road plowed ... brought her down with me this year. I used to make a lot of trips up there, every week. She's down with me since January. (Rural)

3.4 Location

In 13 of the focus groups, the participants discussed issues related to the physical surroundings of their home and how this influenced their housing preferences. This could include the view, gardens, noise level, or green space surrounding their home. Many participants discussed how they were very content with the location of their current housing.

It's a one-bedroom apartment, it's a lovely building and a lovely apartment and the location is, it couldn't be better, it's downtown. (Disability)

So I moved [to] the city, but I had the best of [the] country and the best of [the] city because of the location, that there's quite a bit of land around, and I can go out and put my hands in the dirt if I want to, and my landlord will let me dig wherever I want to plant anything. (Disability)

For me, it's tranquility. It's a choice we made. We did not go live in a city because we wanted peace and quiet. (Francophone)

I need space, and where I am right now, I have space, but mostly, I have access to the sea not far away. I have access to a forest not far away ... Breathe. I need to breathe That's

what it gives me. I go for a walk on my property and I reach the river... I need the earth and I need the water. (Francophone)

I have been in an urban centre, and then I came back ... I get my environment back, my simple environment. I see my friends again, my water, my forest. (Francophone)

What is really very, very important to me and [what] really makes me feel good is to be able to look out the kitchen and be able to see green trees and bushes, and it's in the middle of the city, but it backs on the parking lot, and there are trees around the place, so I see green when I look out. (Multicultural)

I'd like to have a beautiful view from my house, you know. I enjoy and I sit by my window and spend the day, but I know that if I go to a condo or go to an apartment building, I will not have that. (Multicultural)

I have a beautiful view. It's green. Not everything is green, the buds are coming on the trees I have no complaints about the lookout. (Multicultural)

Oh, I love where I [live]. A lot of freedom, you can plant whenever you want, plant your vegetables and stuff like that. Beautiful view, ocean view. (Rural)

Like others I grew up on the water too, and if you put me back amongst a bunch of houses I'd be like a fish out of water ... just too uncomfortable. I can get up anytime and look at the river or look across at the mountains, watch the birds swimming around. (Aboriginal)

Other participants felt there were some aspects of their current housing location that they would wish to change.

I know for myself I would love to live in a more natural sort of setting, maybe on the edge of the city or rurally, because I'm a country girl at heart. (Disability)

There should be flowers around. There should be nice trees around. People [should be able to] go out and sit down in the garden and have a cup of tea if you wanted it. (Rural)

I guess if I was going to make changes to where I live, I would change the location of the seniors' residence building ... Other residents there feel the same. Where we live it's like in a cup, and you don't see nothing except what comes in the driveway. The ___ Home is right in front of us, and that's all we see. If we had to make a change, I would have the building moved out by the riverside or somewhere where you could see some activity going on. (Aboriginal)

It would be nice to have an outside garden. That's part of the well-being for people. (Aboriginal)

I like the ducks and I like the water and I like the scenery, but where I live at, I look out the window, and all I see is cars. I don't like that. I wanted to transfer, but they don't transfer anybody. (Disability)

3.5 Mobility

In six of the focus groups, participants discussed issues in their community related to their mobility outside of their home. Only those participants in the Disability, Multicultural, and Aboriginal groups discussed this issue. Most of this discussion centred on the seniors' ability to walk near their homes.

I would like to see sidewalks on either way going up on ___ Road, because when you're walking, it's kind of hard, if seniors are walking along, walking on uneven ground. (Multicultural)

I'm not gonna walk because I live on a hill. (Multicultural)

The sidewalk [goes] as far as the bus turns, and then they stop it there, so you have to continue on walking on the shoulder of the road. (Multicultural)

The sidewalks are kind of uneven and hard to walk on. (Disability)

Where I live there's been talk of an extra crosswalk, widening the road there ... it'll happen. (Disability)

3.6 Safety

In eight of the focus groups, the participants discussed issues related to the safety and security of their homes and in their neighbourhood. Some participants felt safe and secure in their homes and neighbourhoods.

I do have to say, though, [in] the part of town we live in, we haven't had much trouble. (Aboriginal)

It's crime-free. [We've] got no worries. We can go to bed and leave our doors open. [The] car is never locked, so you know, it's peace of mind too, really, and we enjoy living here.

I've got wonderful neighbours. (Rural)

It's a lovely place, very quiet and security is very good. You can't get in the building unless you're buzzed in. Each apartment has their own intercom. (Aboriginal)

That's one thing we have an advantage of where we live in the seniors' complex. We do have the security, and it's really good there. Most seniors in the community don't have that in their own homes. (Aboriginal)

You trust that you're not going to be attacked, you know. It's a wonderful, wonderful place. I'm very happy. (Disability)

For other participants, they did not always feel safe in their homes and neighbourhoods.

When we moved here when I was a kid, no one ever locked their doors. Nobody ever did one time anywhere, and now you really have to because you don't know what's going to happen, who's going to come by. (Aboriginal)

You hear all the time on the news [that] seniors are the ones who gets attacked, and that's a serious issue. (Aboriginal)

I would say I know what places are safe, but I have to go that way to get home. In those woods, someone could come out and attack you. (Disability)

Many provided information on what would need to be done to make them feel safe.

I tell you what I'd have around my house, if I could, is a fence all around up so high so when people get out and get drinking they wouldn't be banging on my door for a place to lie down. I guess I'm living in the wrong area. (Aboriginal)

I'd have a gate and have it locked ... all the time locked. (Aboriginal)

By my place is very dark, and I wanted a light on the pole, and they told me that I would have to pay \$50 a month to get a light on that pole. (Multicultural)

One thing that I would like to see is police protection. Around the corner ... there's always a bunch of children around, not even children, they're adults. They're out there smoking and [playing] loud music in the nighttime, and you just don't have no peace in your own home ... You don't feel safe anymore. You just don't feel safe, and I also would like to see a real fence around my house, ... because the cars, where they come around the corner sometimes, they go right straight out on the lawn. (Multicultural)

Theme 4: Relationships and Social Networks

4.1 Family and friends

In all of the focus groups, participants discussed their family members and friends, and this was a frequent topic of discussion in all the five types of focus groups. Many seniors discussed issues related to living with family members. For some seniors, this was a positive experience.

I feel secure because my daughter lives upstairs. She is responsible for the house, but not for me because I am still self-sufficient, but still, she lives there and it releases me of the responsibility of maintenance for the house. (Francophone)

For the past two months, I have been in the process of finishing the basement to move downstairs permanently. It's a kind of duplex with a private entrance, the whole kit. My daughter has taken the upstairs for her and her husband. (Francophone)

I live in my own home, me and my son and the dog. (Aboriginal)

If I did not have two of my children with me, I would not eat well at all. (Francophone)

I am in my house, but I have a girl, a granddaughter who lives with me. I have been a widow for a long time, but my children are still around. I feel well in my house, and I will stay there as long as I am able to. (Francophone)

Other seniors in this study talked about living with family members as a negative experience.

She thinks it's nice that her daughter and her grandchildren are there, right, but at the same time, she still feels like they're intruding. (Multicultural)

My grandchildren have moved in on me. Of course, you don't throw them out, and it's kind of hard to live with the young people, and I would like to have a place of my own, or even a seniors' housing on a reserve for aboriginal seniors, which would be nice. (Aboriginal)

Well for me, I just miss my privacy. I'm there with my grandchildren, his wife, great-grandchild and granddaughter. So I miss my privacy. (Aboriginal)

Several participants in this study discussed how they wished to live near, but not with, their family members.

She'd like to be close to her children, but not with them. (Multicultural)

I still live in a three-level house. My next move will be back to Ontario, closer to my kids. (Aboriginal)

I like a little house ... So that I can have my children come to see me all the time freely. (Multicultural)

Well, I'm in my own home. I'm a widow. My son lives next door [for] which I'm very fortunate. My four girls are away. (Rural)

The family didn't want me to be out there all alone, and I have a daughter in here. She wanted me to come with her, but I didn't want to, and the family, so she got me this beautiful apartment. (Multicultural)

Nobody wants to live with their kids. They rather live in their own homes. (Aboriginal)

I have people all around too, a brother, sister, Mom and Dad, thank God, are still around and happy and healthy. (Aboriginal)

I have a family of six children. Five of them are married and gone, but it's the place where everybody meets. We still have our home. Not a day passes without one of them stopping by, and they are ready to help us if we need it. Sometimes, they are not around when we need them, but it means a lot to me. (Francophone)

Other participants discussed the importance of living near their friends or developing positive relationships with neighbours.

How do you start over and move in where there are a bunch of strangers, you know, and try to make friends again when you're 80 years old, lets say, or 75? (Disability)

I'm already very happy where I am, and my neighbours are more like my family than my family. I'm closer to them than I am to my own family. (Disability)

The positive thing of living there is that, for the most part, the neighbours are fantastic. (Disability)

I should be in an apartment. There should be some people around. You go to bed and forget about it. I think I will move eventually for the companionship, because you can't expect your family to be sitting on your doorstep. They have family too. (Disability)

He wanted to stay in his area where he knows the people and has his friends. (Francophone)

4.2 Receiving care and support from others

In 11 of the focus groups, the participants discussed issues related to unpaid care that they received from family members and friends. In many instances, this support received was very positive and allowed the seniors to remain living in their own home.

I have a son that lives with me. He gave up his career to stay with me because he was teaching in the States, so he has given up a lot for me, and I'm very thankful, and I'm very blessed. (Disability)

Being blessed by having persons around who care, with extended family on both sides, and the church family, which is in the 50 years I've been there is very good. (Disability)

I have almost any one of our neighbours I could call if I had to, and good friends close by, and I think that would be a huge consideration for affordable housing to be part of a community ... and to know your neighbours, and be open with what the problems are, so that they can help. I find that people really want to help. (Disability)

My son takes me wherever I want to go, and when he doesn't, my daughter ___ comes down. (Aboriginal)

My son and my daughter even help me with food. They help me with bills in the winter. They help me in many ways. I don't have to pay to get the grass cut. I don't have to pay to clear the snow, nothing. I am very lucky, very lucky. (Francophone)

I've got all the help I need, help from others. My neighbours help a lot. It's important to have good friends. My neighbour is a nurse. My neighbours shovel my driveway [and] mow for me. You've got to have help. You just need to know the right people. (Aboriginal)

For some participants, the issue was a lack of people to provide care and assistance.

We are looking, I am actually really looking. I have a big house, and I wanted somebody to stay, just in one room, because we are upstairs, and it is all empty. I'm looking for an

honest person, and not looking for rent or anything you know ... but if you can take care of our house, because we travel a lot, and also a little bit help with cleaning up or tidying up the house, and I don't find the proper person. (Multicultural)

Sometimes she needs some help, but has no access to anyone, any relatives, so she needs to have someone to take care of her, to be aware of her, what's she doing and what does she need. (Multicultural)

I am old and after four, five years my children will also get old, no? So how can they, when they become older, how can they look after me when they themselves are old? (Multicultural)

I'm looking at the years ahead and thinking to myself... now how am I going to manage? You know, my children may not be around and I only have two. So what will I do then? It's really kind of a frightening prospect actually ... getting older and wondering how you're going to manage. (Aboriginal)

Some respondents indicated that they felt that there was less support provided by family members today than in the past.

But you know, everybody looked after everybody, and today, it's not like that. I mean, you've got children now and they're working. They haven't got time to look after you and their children and everybody else, so we've got to have a place where we can go and be comfortable. That's my concern. (Rural)

It's not so easy today to get your relatives to do things for you because they got a busy life ... and you can't be calling up this son or that son or that daughter and bother them every other hour. (Aboriginal)

It's not the same as it was 60, 70 years ago when one looked after the other, you know ... that doesn't happen. Everyone is looking after themselves now, and got a battle even to do that. So you can't just do that, you can't just impose even on your own children that much now. They must have time for themselves. Besides, their jobs ... and why should they spend all their time looking after Mom and Dad? (Aboriginal)

But now you see that it's changing a bit towards the other direction. Children don't feel so much ... obligated to their parents, and they put them in the home or they pay someone to come in and look after them. That's the way things are changing. (Aboriginal)

4.3 Pets

In seven of the focus groups, the participants discussed the importance of pets to seniors. While this was not a frequently discussed topic, and it was not discussed at all in the Rural groups, for many seniors, being able to remain living with their pets was extremely important and their pets influenced current and future housing choices.

But it would break ___'s heart and mine if we had to leave our little dog behind, and we would rather die with our dog somewhere than to move to a place where they wouldn't have him. (Disability)

I scooted in there one day and I said, "Oh, you do take dogs?" and they said, "Yeah, every dog but Rottweiler." That was my discrimination, because I have two of them. (Disability)

I had gone to all [the] seniors' places. Nowhere they will allow me to have my dog, and I can't go anywhere without my dog. (Multicultural)

The heck with the china cabinet. I won't leave my dog behind. He likes me. (Aboriginal)

We have three great big dogs. I mean, my son brought his home, and then the person down at the harbour moved into a seniors' [home] and couldn't take her, so we inherited that one too. She should be able to play with our dog, and we have three big dogs. So we couldn't take them to seniors, and we wouldn't do anything with them, so we're stuck. (Disability)

4.4 Independence

In 14 of the focus groups, participants discussed the importance of remaining as independent as possible. Many did not want to rely on others for assistance or to be a burden on others. As a result, several participants discussed worrying about being able to continue living independently in the future.

She's not looking for something to give away. She's looking for a place where she's going to live as a human ... because we want to be useful, you know. We want to work. We want to do stuff for ourselves. (Multicultural)

How long am I going to live on my own? I live alone, I have got a son and a daughter out [at] the bay, but I don't want to be a burden to them, you know. (Rural)

We need housing that progresses from one stage to another, and I think everybody feels that way. I know I certainly do, because I feel like a lot of the seniors, I don't want to be a burden to my children. (Rural)

I would not like to go into a nursing home because I think I can do some things myself ... and sometimes I do my own pills. I take my own pills in the morning, and then I take something to eat with them, and another thing I do is I do my own clothes, and, you know, I wash them ... so, that's why I like it where I live. (Disability)

There's nobody I want to live with. I will not impose myself on my children or grandchildren unless it's absolutely necessary, and so that's what I want to do. (Aboriginal)

Theme 5: Structural and Regulatory Systems

5.1 Housing policies and regulations

5.1.1. Landlords

In Multicultural focus groups, participants discussed policies and regulations enforced by landlords that they thought were too restrictive. In addition to the restrictions around pets discussed above, several participants were restricted in allowing visitors to stay overnight. In some instances, this involved people who would provide assistance to them. For others, they were restricted in the size of an apartment that was deemed appropriate for them.

Sometimes you are not allowed to have people with you, especially in the apartment that I live [in]. (Multicultural)

Because here, I may restrict what I feel ... The second person cannot stay. Maybe he can stay a couple of days, but not any longer period of time. (Multicultural)

But the thing is, even if it's subsidized, they don't allow you to have somebody to be with you to take care of you. (Multicultural)

Make a little house, a seniors' house, at least three or two bedrooms, and free the seniors to have guests to visit them, and maybe overnight or so. Not to restrict them to have visitors to help them. (Multicultural)

5.1.2. Government

In 12 of the focus groups, participants discussed issues related to the policies and regulations of various levels of government. The Disability groups more frequently discussed this topic than the other types of groups. Some participants identified specific government programs related to housing, and some made recommendations about what should change.

We do have grounds maintenance help from Veterans Affairs, so we don't have to worry about raking the leaves and mowing and that kind of thing, [like] shovelling snow. That's all looked after. We pay it, and they reimburse it, so were really blessed ... If anything happened that he had to go in a home, we will pay the whole shot, but I don't know if I can run the home on what's left. (Disability)

If the government could keep us in our home for as long as possible, it would save them money and make us a whole lot happier and healthier. (Disability)

Family and Community Services is the one that coordinates the programs, and to a lot of people that's welfare, and they don't want to go that route. (Disability)

You qualify if you're under a \$20,000-a-year income ... but [for] those of us who have worked our butts off all our lives, it's costing us a fortune to pay for all this stuff. We have to pay for it all ourselves, and sometimes I resent that a little bit ... (Disability)

I would like to see housing and all other goods indexed to what a person that's on disability pension has. (Disability)

I mean, we have rules now, if you want to change a plug in your house you have to hire an electrician, and you know what, they cost. (Rural)

We're losing our culture, and we're losing it fast, and you know what we have today, regardless of the education or housing or whatever? It means diddly squat because we're not a community any more. The government has divided everybody up. (Aboriginal)

If the Building Code of Canada was changed to make sure that any new housing that was built had those doors, has a standard size instead of like 2'8" x 6'8", which is what the standard size is now, was bigger. You know, it would be a big help. (Disability)

Twenty years ago, when my sons were going to work, there was a project from the provincial government here for seniors. They were cutting grass, they were painting fences and other such things. Do they do that nowadays? (Francophone)

5.2 Housing consultation and input of seniors

In all of the focus groups, participants discussed the importance of seniors being consulted and providing their input into the future development of seniors housing.

When they say okay, they are funding some of the buildings for the seniors, but then they should have a consultation with the group, with a faith group, with a cultural group,

with the other groups. Okay, let's sit together and see that, what type of, what is your need so we could accommodate not every person but a group of people? ... We have to work together, fix up this mess, with people like us, and everybody has to sit together and don't produce those buildings, [the] real estate that is not filling the need of people who need them. (Multicultural)

It's really important that the government, or the people who are in charge of this facility, to go again to do some research studies and see who are the people who are in need. You know, that's really important. (Multicultural)

I would like to see communication happen, between the government and people that make the decisions and the people who need these things. (Disability)

When these housing facilities, or nursing homes, or special care homes are being built in the future – and there's going to have to be awful lot of them, aren't there? – you know, the input from the community, and the input from the people who are going to be using them is so important. (Disability)

They got a fellow in ___ sitting down in a big conference with a guy who could draw. He developed it. Come down and they built it. Wasn't one senior asked, "What do you want?" ... And I mean, I think that's the big problem, they need to ask the people who's going to use it ... Who did they involve? Not the people that's living there, for sure, because I'm sure if you went over to the home right now and asked those people, "What would you like to see changed?" they'd give you a lot of information. (Rural)

If government is looking at putting any type of facility in, no matter what, into a community, then the first people that should be consulted would be the people that are going to be in there, and at some point, everyone, well I don't know about everyone, but a lot of people in that community will end up there, right? (Rural)

That's why they need consumers to be part of the planning, so they can bring those things up, because if it's not something that you have to deal with, you don't really know about it. (Disability)

The input from the community and the input from the people who are going to be using them is so important. More groups like this, you know, research before the actual [construction]. We find out after the fact that, "Hey, that's not what we really needed at all." (Disability)

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