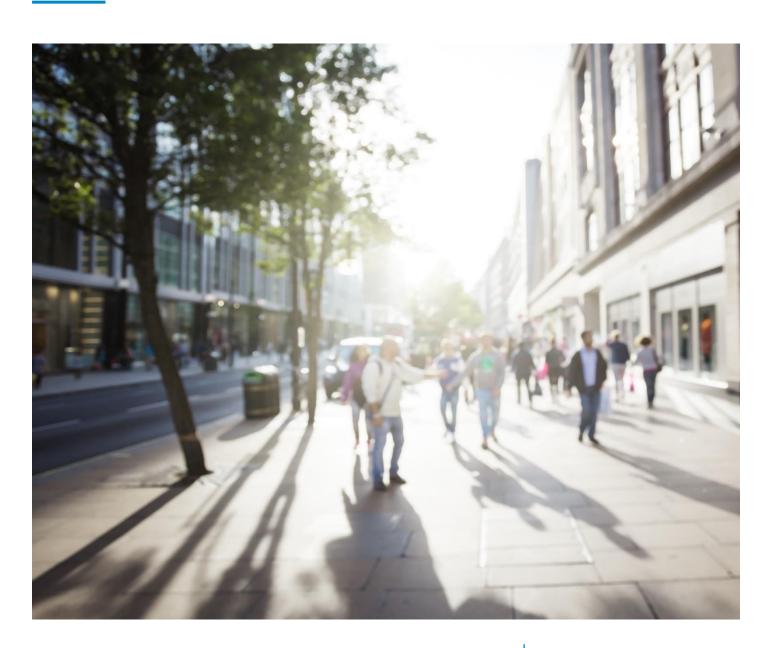# ENVIRONMENTAL SCAN OF SENIORS SOCIAL HOUSING MODELS

In Support of 'An Age-inclusive Approach to Housing for Vulnerable Older Adults'

PREPARED FOR:

Dr. Sander L. Hitzig of the
Sunnybrook Research Institute
St. John's Rehab Research Program

285 Cummer Avenue
Toronto ON M2M 2G1

PREPARED BY:

Canadian Urban Institute
30 St. Patrick Street, 5 Floor
Toronto ON M5T 3A3

416-365-0816
info@canurb.org

DATE:

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EXECUTIVE SUMMARY

In July 2019 Toronto City Council adopted a recommendation to create a stand-alone Seniors Housing Corporation. This new corporation will focus on the specific needs of seniors currently residing in the 83 seniors' designated Toronto Community Housing Corporation (TCHC) buildings.

A key focus of the proposed Seniors Housing Corporation will be improving access to the health, housing, and community supports needed to optimize senior tenants' ability to age in their home for as long as possible with dignity and in comfort. Therefore, TCHC, the City of Toronto and the Toronto Central Local Health Integration Network (TC LHIN) are designing a new Integrated Service Model (ISM) for seniors housing to improve access to community support services and promote successful tenancies for seniors living in the 83 TCHC seniors' designated buildings.

The purpose of this report is to provide an environmental scan of service delivery models that connect low- and moderate-income seniors living in social housing with health-related and supportive services. The findings are intended to inform the development of the ISM in TCHC's seniors-designated buildings.

The scan identified 34 programs across Canada, United States (US) and Europe. Through desktop research, key details were collected about each program (**Appendix A**). Five examples were then selected for further analysis and key informant interviews (**Section 2**).

Key findings from the scan and the interviews are listed below and described in more detail in section summarized in **Section 3:**

- Ongoing tenant involvement is key.
- Successful models are created by understanding the population profile and then developing flexible place-based programs.
- Healthcare, housing, and social service providers typically operate in different worlds. Collaboration and partnerships are essential but take time.
- On site staff can play different roles but are key to improving health and building the trust and community among senior tenants.

- Health services require a higher level of cultural sensitivity, and resources need to be devoted to providing culturally appropriate care.
- Funding services for low-income seniors is a challenge, but there is a business case to be made.
- Supporting residents with simple daily tasks and undertaking building modifications are key to helping seniors age in place.
- Social programs and wellness initiatives, combined with affordable housing, can support health outcomes.
- Sharing health data creates complex privacy issues, but there are ways to ensure tenants are informed and their information is kept confidential when necessary.

The results of this research are intended to help TCHC, the City, TC LHIN and other partners better understand how integrated housing and supportive service models can promote housing stability, support better health, and mental and social wellbeing among seniors residing in social housing communities.

The City of Toronto, TCHC and Toronto Central LHIN have been working to create a new Integrated Service Model for seniors social housing to better integrate the delivery of housing and support services to senior tenants.

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1. INTRODUCTION

The Toronto Community Housing Corporation (TCHC) is currently home to over 27,000 seniors, over half of whom reside across 14,000 units in 83 seniors-designated social housing buildings. Seniors living in TCHC buildings are disproportionately affected by poverty, social isolation, mobility barriers, and cognitive and health challenges that increase their vulnerability relative to their counterparts living in the private housing market (City of Toronto, 2018). Current levels of service delivery and coordination are unevenly distributed across buildings and largely inadequate in addressing the complex needs of senior tenants.

1.1 BACKGROUND

Toronto Community Housing Corporation (TCHC) is the largest social housing provider in Canada, and the City of Toronto is its sole shareholder. Around 25% of TCHC's 110,000 tenants are over age 59, and half of TCHC seniors live in one of the 83 buildings designated specifically for seniors. There is inadequate and inconsistent delivery of housing services to seniors in TCHC, and that there is a lack of integration between housing and health services.

Toronto City Council approved a series of recommendations calling for improved living conditions and services for seniors living in TCHC, and in July 2019, they adopted recommendations that supported the creation of a stand-alone Seniors Housing Corporation. This new corporation would focus on the specific needs of seniors currently residing in the 83 seniors' designated buildings, improving access to the health, housing, and community supports needed to optimize their ability to age in their home for as long as possible with dignity and in comfort.

To improve service delivery in the 83 seniors' buildings, the City of Toronto, TCHC and Toronto Central Local Health Integration Network (TC LHIN) have been working to create a new Integrated Service Model (ISM) for seniors social to promote aging in place by facilitating better access to services that that promote health, wellbeing and successful tenancies for seniors living in TCHC seniors' buildings.

The ISM will implement three key innovations:

1) a new staffing model that creates new roles (with training on aging issues) and reduces the staff to unit ratio;
2) new policies and procedures for delivery of housing services, focusing on areas of property management, community development, referrals to health services, safety and security, tenancy management, and communication.; and
3) creation of seniors' community hubs to provide easier access to services.

1.2 PURPOSE & OBJECTIVES

The purpose of this report is to provide an environmental scan of service delivery models that connect low- and moderate-income seniors living in social housing with health-related and supportive services in order to inform the development of the ISM in TCHC's seniors-designated buildings. The environmental scan adopts a global focus but emphasizes models that have been implemented in the Canadian and US context. The objective of the scan is to better understand how integrated housing and supportive service models can support housing stability, health, and mental and social wellbeing among seniors residing in social housing communities.

1.3 TERMINOLOGY AND TYPES OF SERVICE MODELS

There is currently no universally accepted terminology to describe service delivery models that integrate health-related and supportive services into seniors' social housing. A 2006 study completed by the Institute for the Future of Aging Services (IAFS) for the US Department of Health and Human Services uses the term '**Affordable Housing Plus Services**' (AHPS) to refer to models that provide low-income seniors with access to health-related and supportive services in publicly subsidized housing communities (Harahan, Sanders & Stone, 2006).

IFAS defines AHPS as having three elements:

1) Independent and primarily government-subsidized, multi-unit housing where large numbers of low- and moderate- income older adults live in proximity;
2) Health-related and supportive services (e.g. personal care, housekeeping, meals, transportation, health and wellness services, etc.) that are funded separately from the housing and offered to some or all the older residents; and
3) A purposeful system or program that connects older residents to the health-related and supportive services so that they can continue to reside in their communities in the face of declining health and functionality.

Since the release of the 2006 IAFS study, LeadingAge – a US charitable organization focused on education, advocacy, and applied research on aging – has actively worked on research initiatives focused on the role of publicly subsidized housing with services in meeting the health and supportive service needs of low-income seniors. LeadingAge refers to this work area as simply '**Housing Plus Services**' (HPS). While the objectives of AHPS or HPS, fit the mandate of the ISM for TCHC residents, the term(s) AHPS/HPS are applied inconsistently in the housing field.

Specifically, the U.S. National Low Income Housing Coalition (NLIHC) coined the term HPS in 2004 and uses it to refer to programs that integrate social services into housing for low-income families, particularly female-led, single-parent families (Cohen et al. 2004). According to NLICH, HPS applies, but is not restricted to, seniors or social housing. In fact, the term HPS is applied by housing agencies in Canada and the US in the manner proposed by NLICH (see, for example, Kudlowitz & Pinder, 2006).

Despite the lack of a consistent and common language to describe service models that connect low-income seniors residing in social housing with access to health-related and supportive services, Harahan et al. (2006) provide an 'inventory' of so-called AHPS strategies that have been implemented across the US. Their inventory is organized into AHPS models that have been implemented in privately financed and publicly subsidized housing communities, and those applied in subsidized housing serve as a useful starting point for understanding the different types of models that integrate health and supportive services into seniors social housing.

We have adapted their inventory into a typology of seniors social housing models (**Table 1**) that applies to all the examples covered by our environmental scan. We have added one type of model – '**Home Modification Programs**' (HMPs) – that, while not directly related to health or supportive services, serve to prevent or delay the need for such services among seniors living in social housing. We have also removed one model – 'Assisted Living as a Service Program' – as it applies only to states within the US where assisted living is provided as a service AND are not bound by licensed or registered assisted service facilities.

1.4 METHODOLOGY

A scan was conducted to identify examples of models that integrate health and supportive services into seniors social housing across Canada, the U.S. and Europe. Key search terms included: aging in place seniors housing, age in place seniors social housing, integrated service model, seniors social housing health, seniors social assisted housing, housing plus services, seniors housing plus services.

The scan identified 35 models. Through desktop research, key details were collected about each example (**Appendix A**) Five examples from the environmental scan were then selected for further analysis and key informant interviews. A list of questions, specific to each example, was developed and interviews were conducted with program staff. The interviews aimed to understand how the model operates, challenges and successes, and key lessons for the City of Toronto. Other key questions focused on the governing legislation and how the model dealt with privacy concerns.

Table 1: Typology of Seniors Social Housing Models

Model Type	Description
Home Modification Programs (HMP)	Low-cost program involving simple home improvements (e.g. installing shower chair, lowering cabinet heights) to improve seniors' ability to perform daily activities and age-in-place. A team composed of a nurse, occupational therapist, and handyperson work with residents to prioritize improvements that enhance accessibility, functionality, safety, and independence.
Shared Housing with Supportive Services (SHSS)	Housing model for low-income seniors that combines privacy with social interaction to promote social connectedness, reduce loneliness, and allow members to support each other so that they can age-in-place. It is a housing alternative for seniors who cannot afford to live alone and/or require light supportive services (e.g. meal preparation, laundry). Residents have a private bedroom but share common areas and bathroom facilities. Housing is operated on a non-profit basis by a private or social housing provider, and light supportive services are provided by an on-site house coordinator.
Co-Location (CL)	Social housing provider encourages local health and/or supportive services programs (e.g. meal program, senior centre, health and wellness program) to locate in proximity to one or several social housing properties. Volunteers may be recruited to help fill service gaps (e.g. transportation, housekeeping, entertainment activities).
Service Coordination (SC)	Social housing provider employs one or several service coordinators to identify resident service needs, connect residents with community service providers, advocate on behalf of residents, and provide social and/or educational programming. Service coordinators respond to resident-identified needs but are *not* directly involved in the provision of supportive services or negotiation of formal contacts for services.
Enriched Service Coordination (ESC)	Social housing provider employs staff to conduct formal assessments of residents' health and functional statuses, provide ongoing case management for frail and/or disable residents, and provide enhanced service coordination by formalizing service contracts for residents. Services may include 24-hour staff, medication management, and emergency response systems.
Naturally Occurring Retirement Communities (NORCs) Service Programs	NORCs are geographic areas (e.g. neighbourhood, building) that have evolved over time to have a high concentration of senior residents. In some NORCs, property managers, residents, and service providers collaborate to develop service programs that accommodate the needs of the elderly residents. While NORCs may provide some medical services, they are largely a preventative health model that aims to delay more extensive home care. Services address social determinants that are not managed through government programs, such as social connections, nutritional counselling, and exercise programs. A key characteristic of a NORC program is that it is available to *all* residents of the NORC, irrespective of income or health status.
Supportive Housing / Assisted Living Partnerships (SHALP)	Supportive/assisted living is housing that includes design features for safety and accessibility and provides Instrumental Assisted Daily Living (IADL) services such as medication management, meal preparation, and housekeeping. Under a SHALP, a social housing provider collaborates

	with one or more health service providers to deliver IADL services to participating social housing properties with the primary goal of delaying institutionalization.
Campus Network Strategy (CNS)	Strategy that connects independent housing with an assisted living facility (ALF), providing residents with a broader range of options as they age and as their health changes. In general, the (independent) housing provider and ALF provide services separately, although the approach may strive to maintain affordability of services for social housing residents by subsidizing costs through the ALF.
Integrated Housing, Health Care, and Supportive Services (IHCSS)	An integrated package of affordable housing, health care, and community-based services comparable to what is available to more affluent seniors but provided to social housing residents. In contrast to GSHPs, this strategy often involves co-location of adult daycare and/or healthcare offices/sites with one or several housing properties.
Affordable Housing/Health Partnerships (AHHP)	Partnerships between one or more health providers and non-profit/social housing provider to increase the supply of affordable/low-income housing for seniors by leveraging health system resources.

Source: Adapted from Harahan et al. (2006)

2.HIGHLIGHTED MODELS

Five examples from the environmental scan were selected for more in-depth analysis, through interviews with program staff and additional desktop research. These examples are summarized below.

HOUSING WITH SERVICES – PORTLAND OREGON

Housing with Services (HWS) is a 'care navigation' program based in affordable housing properties that serve older adults and people with disabilities in Portland, Oregon (US). It launched in 2013 following an extensive community planning process and needs assessment. The program involved 9 partner organizations who came together to form a Limited Liability Corporation (LLC), including three housing providers, one health plan, two mental health providers and three community-based service providers.

The goals of Housing with Services were to:
- promote optimal use of health and social services by improving access;
- improve access to long-term supports and services, and delay nursing home admissions;
- improve housing stability;
- improve tenant quality of life.

A total of 11 properties, home to over 1,400 individuals, were included in the program. The 11 properties were all within 1 mile of each other. The tenants who lived in the participating buildings were diverse in terms of age, race, ethnicity, and income, as well as by health and disability status.

At the heart of Housing with Services is the delivery of site-based services by a 'care navigation' team. Health Navigators and Care Coordinators visit tenants to conduct assessments, educate them about health services and medications, identify services and assistance that they need and promote community inclusion. The care navigation team had dedicated hours every week in each of the housing properties (from one to two hours at a time, depending on the size of the building, and more hours when the program was just starting out). They would set up in a common space, where tenants could drop by and interact with them. Team members could also visit tenants in their apartments during their designated time at the property.

Complementing these site-based services, the program established the Weinberg Clinic as a health and wellness center in one of the buildings. The clinic was available for partner providers to provide screenings and other clinical services.

Each participating housing property also had a tenant service coordinator. Service coordinators were employed by the housing agencies and acted as a primary referral source for the care navigation team. They made referrals to the care navigation team when issues arose that were out of their scope of expertise. This occurred primarily in cases involving health issues, or issues that are complex and have multiple components.

Training was available to help service coordinators identify health issues through observations. Interestingly, while the tenant service coordinators would share information about tenants with the care team (if for example they noticed an issue with a unit, rent payments, etc.), the care team would not typically share information about tenants with the service coordinators. This helped to maintain the privacy of tenants' health information.

The HWS service delivery model consisted of three components:
1. **A centralized care navigation team** working onsite across the 11 housing properties with assistance from culturally specific care navigators, when needed.
2. **Tenant service coordinators** working in each of the 11 housing properties, either full-time or part-time.
3. **Partner agencies** (including LLC members) providing targeted services to the properties or assigning staff to the LLC's care navigation team.

Service coordinators would ask tenants to sign releases allowing them to share necessary information that would help them gain access to services and resources. Tenants would also be required to sign a form allowing the care navigation team to share information with the service coordinator. According to a case study by Leading Age, program staff estimated that there is a 50% chance that a tenant will give this permission, even after being informed that the service coordinator cannot stay involved after the referral unless the tenant signs this form. Program staff noted that the primary concern was around sharing mental health information with landlords/housing agencies.

Other key innovations of this program included:
- All the health information collected about tenants was loaded into a software system called FamilyMetrics. The system has two sides, one for the care navigation team and one for the service coordinators. The two sides were separated by a firewall, which prevented the care team and service coordinators from seeing each other's data.
- Given the cultural diversity of the tenants in the 11 buildings, the program integrated culturally sensitive care into their approach. There was a small budget for hiring culturally specific care workers when needed.
- All the agencies involved in the buildings created a working group and put together an interagency agreement. The agreement included a common vision, contact information and details about the care coordination.
- A tenant advisory committee was set-up with representatives from each of the 10 buildings. Members of this committee provided input on the needs and interests of tenants, and feedback on the model design as it was developed. They also helped educate fellow tenants about the program and encouraged others to participate. Members of the advisory committee also launched their own health initiatives in their community.

Funding for Housing with Services was provided through a combination of LLC member equity contributions, in-kind staffing by LLC members and other partner organizations, and foundation and health sector Community Benefits grants. Interestingly, CareOregon, the insurance provider which serves approximately 40% of building tenants through its Medicare and Medicaid health plans, directly

staffs the care navigation team. Multiple stakeholders dedicated their staff to the care navigation team.

The program concluded in 2017 due to federal policy changes that impacted funding.

INDEPENDENT LIVING BC (ILBC) – BRITISH COLUMBIA (BC) HOUSING & MINISTRY OF HEALTH

Independent Living BC (ILBC) is an assisted-living program that provides housing and support services to seniors and people with disabilities in BC. The program is a partnership between BC Housing, provincial health authorities, the Canada Mortgage and Housing Corporation (CMHC), and non-profit and private-market housing providers.

The ILBC program was designed for seniors who need some assistance, but do not need full-time care. To be accepted into an ILBC building, seniors must pass an assessment done by the Ministry of Health. As part of the assessment, a health care worker or case manager typically meets with an individual in their home and evaluates their health needs and current living situation.

Non-profit and for-profit housing providers operate ILBC units and provide services, such as meals, housekeeping and laundry services, and 24-hour emergency response support. Each housing provider also provides personal services such as daily help with bathing, dressing, grooming, mobility or eating, help with paying bills, managing funds and making purchases and individualized physical, occupational or psycho-social therapy.

Housing providers support tenants in accessing supportive care by connecting them with health service providers. For example, building staff may identify an issue and refer a tenant to a health nurse who will check in and provide resources or direct them to a medical provider.

BC Housing also employs Health Nurses and Tenant Support Workers who act as health coordinators in ILBC buildings (as well as some other BC Housing managed buildings). Housing and Health Nurses provide direct service delivery to clients, such as:

- addictions counselling
- community health care
- diabetes clinics

- domestic violence response and support
- education
- grief support
- mental health support.

Housing and Health Nurses also maintain records, statistics and client information for individuals referred to BC Housing Health Services.

The Tenant Support Worker (TSW) is responsible for working with individuals to provide emotional support and access resources to increase tenants' capacity to be successful and satisfied in the living, working, learning and/or social environments of their choice. The TSW provides these services directly or facilitates and co-ordinates tenants' access to services available on the site and in the community. Key services provided include:

- filling out forms and paperwork, such as those from Service Canada, or forms related to Old Age Security or Declaration of Income and Assets
- goals and planning related to employment, education, budgeting, etc.
- advice about job search strategies and resume writing
- information on healthcare, child care, volunteering, educational opportunities, and BC Housing programs
- information on household pest management
- problem-solving tenancy issues

ILBC program residents pay a "tenant contribution" towards accommodation, hospitality services and personal care, calculated at 70% of after-tax income, up to a maximum rent.

BC Housing provides subsidies for low-income seniors, primarily as funding to landlords to subsidize the housing. They also provided funding to Ministry of Health to build units in order to keep the cost of rent down.

SENIORS SUPPORTIVE HOUSING – BC HOUSING

Seniors' Supportive Housing (SSH) is another BC Housing program that provides modified rental units and support services for low income seniors and people with disabilities. The program is targeted at seniors who are having trouble living independently but are ineligible for assisted living or a greater level of care. The program enables seniors to maintain their independence and "age-in-place".

A key component of the program is supporting housing providers to make suite and building modifications that improve accessibility and safety. BC Housing provides capital funding of up to $45,000 per unit to social housing buildings operated by non-profits, for upgrades to enhance accessibility, such as showers in place of bathtubs, and levered handles make doors and faucets easier to turn. Other improvements include grab bars in bathrooms, smoke detectors in all units, sturdy handrails in common hallways and bright lighting at all entrances and exits. Spacious hospitality areas accommodate meal service and social activities.

The program also includes support services such as:

- a daily meal
- weekly light housekeeping
- weekly laundering of towels and linens
- access to laundry for personal items
- 24-hour emergency response system (optional)
- weekly social and recreational activities

Housing providers provide some services themselves and will contract others out. The Seniors' Supportive Housing Program does not provide personal care services that are provided through ILBC.

Housing providers determine tenant suitability and develop exit criteria for those who need a higher level of care and no longer qualify for the program.

As part of evaluating their eligibility, an individual may be asked:

- if they are becoming less independent in their current living situation
- if they could regain independence by living in a modified home with services
- if they could follow instructions and respond appropriately in an emergency
- if they can still manage their own personal care, including eating, grooming and bathing

Seniors pay 50% of their income for their home. This includes rent (30%), as well as the services (20%). When service costs exceed 20% of income, and the combined cost of the rent and support services is 50% or more, BC Housing provides a subsidy; typically, the subsidy is layered on top of an existing seniors' housing program.

SOCIAL HOUSING ASSISTED LIVING (SHAL) at ELLIS PLACE – MANITOBA HOUSING

The Social Housing Assisted Living (SHAL) is a Manitoba Housing initiative that provides affordable, modified housing units and assisted living services for seniors. The program is aimed at helping people stay in their homes.

Starting in 2012, Manitoba Housing started renovating Ellis Place – a seniors social housing building in downtown Winnipeg. Every unit and all the common spaces were renovated. Laundry rooms, kitchens, and space for activities were also added. Originally, the renovation was intended to be done while existing tenants stayed in their homes, but due to the condition of the building, existing tenants were relocated and new tenants were moved in.

Rent is geared to income. Plus, each person pays a service package of $700 per month for the services. The cost was calculated based what a person on old age security could afford, and still have money left for daily expenses. The service package includes:

- light housekeeping, bulk laundry (towels, sheet) (provided by third-party, off site)
- move-in assistance and support with move preparations, such as sorting and packing belongings
- 2 meals a day in communal area
- enhanced security
- recreational programming
- a front desk and a property manager onsite.

To be accepted into the building, tenants must qualify based on their income. Typically, Ellis Place tenants are on the lower end of the income spectrum and they may not have family to provide the support with daily and weekly tasks.

Health services are not included in the package that tenants receive; rather they are provided through the health care system by the regional health authority. Manitoba Housing's role is to provide the space, such as an office for nurses/health workers.

Tenant Service Coordinators (TSC) are social workers who work on site, employed by Manitoba Housing. Typically, TSCs manage several buildings, usually about 400-500 people. Building staff can contact their TSC if they notice an issue. Their role is to connect tenants to health and other social agencies.

TSCs have access to basic information about the tenants. However, tenants must agree to a referral to health care providers. When seniors apply for housing, they agree to have their information shared with TSCs. There are processes in place to ensure that only the appropriate people can access the information. If tenants refuse health services but are no longer able to live on their own, as a last resort, Manitoba Housing staff would have to use Residential Tenancies Act to remove them.

OASIS AGING – INDEPENDENT NON-PROFIT

Oasis is a South Eastern LHIN funded supportive living program for low- and moderate-income seniors run by an independent non-profit out of private sector apartment buildings. It was started 10 years ago as an innovative solution to supporting aging at home.

The keystone of the Oasis program is an on-site coordinator, who plays a supportive role in empowering senior tenants to identify their priorities and then helping them to organize both formal and informal social events, exercise programs, and other activities to support the broader community. The three areas of focus include:

- *physical activities* – coordinators organize physical activities and exercise programs. They focus on leveraging existing community programming and exercise programs
- *communal dining* – depending on the building and resources available to the tenants, this may include working with local community kitchens, ordering take-out, or cooking meals together.
- *social connection* – coordinators organize social events, such as book clubs or speaker series.

Coordinators also help tenants navigate community supports to meet changing needs and abilities. Coordinators typically have personal support worker (PSW) backgrounds and receive some training on seniors' issues.

While the program started with a focus on health, it shifted towards a focus on addressing social isolation, and promoting physical activity and nutrition. The move away from health was due to the complexities of providing health services. However, the focus on improving social connections has a clear impact on people's overall health and is an important part of keeping people healthy and in their homes.

The coordinators do not get involved in individual health issues or concerns around rent. A designated LHIN case coordinator may get involved if there are particular health concerns. The building owners don't play a major role in the Oasis program. Their main contribution is providing in-kind space for the coordinator and the activities.

The original grant for the program was provided by the South Eastern LHIN. Additional grant funding has since been received, allowing Oasis to expand to 7 new buildings.

The funding is funneled through Queens University to the non-profit to fund the coordinators.

The key to the success of this program has been the on-site coordinators – and their focus on empowering and supporting the tenants. They work closely with tenants who drive the agenda and determine how they want the coordinators to help them. Program staff noted that truly engaging seniors and creating a sense of community takes time. It's important to take a long-term view will help to ensure there is time to build trust.

3. KEY FINDINGS

The following key findings provide insights in how integrated housing and supportive service models can be designed to best support seniors residing in social housing communities. They are based on the results of the environmental scan and the interviews.

Ongoing tenant involvement is key – It is important to dedicate resources to engagement of tenants in program planning, project development and implementation. This provides valuable feedback for policy makers, empowers tenants to take control over their own health, and creates leaders in the community. Tenant involvement should reflect the diversity of the population in terms of age, socio-economic background, ethnicity, ability, and sexual orientation. The Housing with Services program (Portland Oregon) created a tenant advisory group who helped design and drive the delivery of the program. Tenants are involved in every aspect of the Oasis Seniors Living program (Ontario); on-site coordinator is "at the whim" of senior residents.

Understanding tenant needs and creating flexible place-based programs – Research has been and continues to be done to understand the health needs of the seniors living in TCHC buildings. This assessment is a critical part of the planning process; the Integrated Service Model should be fine-tuned based on these findings. Given the diversity and geographic distribution of the 83 seniors buildings across the city, different services or approaches may be needed in different areas. The first step in developing the Housing with Services Program in Portland was conducting a comprehensive needs assessment and community profile. The analysis identified the top health services that would be of most use to the population in that area, and the program focused on those services.

Collaboration and partnerships are essential but take time – Health care, housing, and social service providers operate in different worlds. They have: different priorities, incentives, and funding streams; are guided by different regulations; and answer to different authorities. In the past, these groups have not typically worked together even though they service the same clients. Breaking down silos takes time, effort, and commitment from all parties.

Successful partnerships require not only education and training for all parties, but also mutual trust and cooperation. The Independent Living BC program is a partnership between BC Housing, provincial health authorities, the Canada Mortgage and Housing Corporation (CMHC), and non-profit and private-market housing providers. The Housing with Services program (Portland Oregon) used a Memorandum of Understanding, created at the outset of the program, to ensure that all parties were in agreement on a wide range of issues, such as the program mission, partnership structure, service package and staff roles and responsibilities.

On site staff are key to improving tenant health and building trust – Having staff on-site provides a critical resource for senior tenants. Several of the examples reviewed included on-site staff, operating in different capacities. One of the most basic roles of the housing provider is to provide physical space for programs or staff to work from; however, on-site staff have capacity to do much more. In the Oasis model (Ontario), the on-site staff provided support for social and physical activities. Service providers would come to the building to provide some services on-site. In the Housing with Services model (Portland, Oregon), the on-site staff were focused on conducting assessments and educating and connecting residents with existing services. Both approaches created a level of trust among seniors in the buildings and helped to ensure they were taken care of. Onsite staff also provide a way to spot declining health or reduced capacity in time to prevent small problems becoming insurmountable.

Health services require a higher level of cultural sensitivity – TCHC is strongly committed to diversity and inclusion within its communities. It is important to remember that providing health-related services requires an additional layer of culturally sensitivity. Different cultures have their own experience and expectations about their physical and psycho-social wellbeing. Engagement of different cultural

groups will also help to reduce their social isolation and facilitate access to services. In the Housing with Services program (Portland, Oregon), cultural sensitivity was noted as a key factor of success. Contracts were established with culturally fluent agencies to support outreach, education and service delivery.

Funding service delivery in affordable housing is a challenge, but there is a business case to be made – Program financing is one of the foremost questions for policymakers and practitioners seeking to improve service delivery. The examples we looked at included a variety of funding models. Two of the examples charged tenants a fee for the services (one based on income; the other was a flat fee). Both mentioned that this fee often did not cover the cost of the services and needed to be subsidized. Housing with Services (Portland, Oregon) relied primarily on grants and in-kind contributions of staff from member organizations for housing-related services. One of the local insurance providers directly staffed the care navigation team.

There is a business case to be made for both housing and health providers, as well as a variety of other stakeholders, such as insurance companies, governments and hospitals. For governments, investing in health services and preventative strategies that impact the social determinants of health can result in lower health care costs. For insurance companies, its fewer insurance claims (especially in US). For housing providers its less housing turnover. When looking to get support for a new program, communicating these benefits and tailoring them to the audience can be helpful.

Supporting tenants with simple daily tasks is key to helping people age in place – Often what prevents seniors from staying in their homes is their inability to complete simple daily tasks, such as cleaning, laundry and meal preparation. Where these services can be provided, it can greatly increase the chances of a seniors' ability to age in place. The SHAL model in Manitoba and both of the BC Housing programs provided support with daily tasks, such as laundry, housekeeping and meals. The SHAL program and the Independent Living program also coupled services with building improvements to support their tenant health and housing. Building modifications, such as physical improvements to housing units, public spaces and common areas are also important for supporting the goal of aging in place.

Social programs and wellness initiatives, combined with affordable housing, can support health outcomes – Promoting access to primary care and health services is central to the delivery of an effective Integrated Service Model. In addition, providing or connecting seniors with social programs, nutrition and physical activities can also support healthy aging in place. The Oasis Senior Supportive Living Inc. program (Ontario) was designed to strengthen and sustain healthy communities of seniors by supporting seniors with social connection, nutrition, physical fitness, and sense of purpose. Program staff concluded that the program had implications for both physical and mental health.

Sharing health data creates complex privacy issues, but systems can be put in place to ensure tenants are informed and their information is kept confidential – A common characteristic of models across different jurisdictions is the challenge of maintaining tenant privacy with respect to communicating personal health and housing information. Sharing health information about tenants blurs the line of the privacy legislation, and standards typically require tenants to grant permission before health-related information can be shared. Sharing housing information with health services providers can also require special permissions.

Models that focus on establishing trusting relationships can be helpful in encouraging seniors to voluntarily agree to share information and ask for help. Simple, plain language forms and agreements can be effective tools that give permission for tenant health data to be shared. Data management software can be used to restrict access of sensitive data to some users. Agreements can also be made about one-way data sharing, where for example, housing providers share information with health staff, but not the other way around, to protect people's privacy. This is the approach used in Housing with Services (Portland Oregon).

It's also possible to get an exemption from limiting legislation. For example, BC Housing's Independent Living BC (ILBC) received an exemption from the Residential Tenancies Act. Rather than a housing program, it is seen as part of a rehabilitative or therapeutic treatment or service. This allows housing providers operating under this program to act with more flexibility with respect to the relationship with its tenants.

4.CONCLUSION

The environmental scan identified examples of housing programs across Canada, US and Europe that integrate health and supportive services into seniors' social housing. These include programs run by public, private and non-profit organizations, who are finding creative ways to provide seniors with affordable housing and the supports they need to age in place.

The model proposed for Toronto Community Housing's seniors-designated buildings appears to be a unique initiative to support low-income seniors in the community.

The key findings offer important considerations for the City of Toronto, TCHC and Toronto Central Local Health Integration Network as they work to create a new Integrated Service Model for seniors social housing in Toronto. These insights can help to ensure effective service delivery in Toronto's seniors social housing and better integrate the delivery of housing and support services to senior tenants.

APPENDICES

APPENDIX A: SENIORS SOCIAL HOUSING MODELS IN CANADA, US & EUROPE

Table 1: Overview of Seniors Social Housing Models in Canada

LOCATION	NAME OF PROGRAM	MODEL TYPE	TIME PERIOD	KEY MODEL DETAILS[1]	CHARACTERISTICS OF PROVIDER	RENT STRUCTURE[2]	FUNDING SOURCES[3]	ESTIMATED SIZE
BC (various)	Independent Living BC (ILBC)	Supportive Housing / Assisted Living Partnerships (SHALP)	2002-present	• Housing, Assisted Daily Living (ADL) and Instrumental Assisted Daily Living (IADL) support services for low-income seniors in assisted living units • Involves needs assessment, development of care plan, and selection of appropriate housing • Program helps seniors maintain independence while providing a secure and supportive living environment	BC Housing (provincial crown agency)	Seniors pay 70% of after-tax income to provider (includes rent and services)	BC Housing, regional health authorities and non-profit housing providers	>3,400 subsidized assisted living units
BC (various)	Seniors Supportive Housing (SSH) Program	SHALP	2007-present	• Modifies rental units in existing seniors social housing apartment buildings to help seniors age in place • Accessibility and safety retrofits designed to accommodate mobility needs (e.g. grab bars, lever door handles) • IADL services and 24-hour emergency response • Assists seniors and people of any age with disability	BC Housing (provincial crown agency)	Seniors pay 50% of their income for their home (includes rent and services)	BC Housing	~800 units adapted to SSH standards
Mississauga and Halton Region, ON	Supports for Daily Living (SDL)	Integrated Housing, Health Care, and Supportive Services (IHCSS)	2008-present	• Scheduled ADL services and emergency response, 24/7 • Individuals live in designated buildings or neighbourhoods • Multiple daily visits, with need of ~1.5 hours of care per day • Three (sub)models: (1) Hub Model (office and support workers in designated SDL apartment building); (2) Hubs and Spoke Model (office assists main building as well as other buildings in proximity to the hub, i.e. the 'spokes'); and (3) Mobile Model (services throughout community	Designated SDL service providers approved by LIHN	No cost/fees. Encompasses RGI, affordable, and life-lease units as well as privately rented and owned dwellings.	Ontario Ministry of Health and Long-Term Care	>1,700 clients served
Brampton, ON	Services and Housing in the Province (SHIP) – Integrated Seniors Team Program	Enriched Service Coordination (ESC)	2011-present	• Integrated Seniors Team (IST) made up of mental health counsellors, support workers, and case managers • IST assists seniors live independently by addressing isolation and loneliness and by	Independent housing and health support service provider based out of Mississauga and Brampton	Assists seniors living in social and private market housing	Partnership between SHIP, Peel Senior Link and Punjabi Community Health Services	~1,450 clients /662 housing units served through SHIP

LOCATION	NAME OF PROGRAM	MODEL TYPE	TIME PERIOD	KEY MODEL DETAILS[1]	CHARACTERISTICS OF PROVIDER	RENT STRUCTURE[2]	FUNDING SOURCES[3]	ESTIMATED SIZE
				reducing need for hospitalization services through IADL services • 24-hour response; in-home visits; chronic disease prevention and management; and fall prevention training				
Simcoe County, ON	Georgian Bay Campus Model	Campus Network Strategy (CNS)	2013-Present	• Seniors "campus continuum" model that offers five different types of housing: LTC beds; 42-unit retirement facility; • 40-unit affordable housing complex; 57 life lease units; and private market rental units • Campus model premised on providing diverse range of housing that spans the entire socio-economic continuum.	Simcoe County Long term Care and Seniors Services (regional municipality)	-Rents in Georgian Terrace are 80% of average market rent	-$22.8 million MMAH and MHLTC -36 LTC beds North Simcoe Muskoka LHIN	282 units housing ~ 320 seniors
Windsor, ON	Assisted Living Southwestern Ontario (ALSO)	SHALP	2011-present	• Hub and spoke model with 24/7 mobile supports for seniors living in regular (private) apartment buildings • Support workers perform scheduled IADL duties • Seniors provided with alert alarm for 24/7 assistance and lockbox so staff can attend outside scheduled calls	ALSO is a non-for-profit charitable organization	n/a	-Funded in part by federal gov	17 locations
Canada (various)	Abbeyfield Houses	Shared Housing with Supportive Services (SHSS)	1985-present	• Form of co-housing for low-income seniors • 12-15 seniors live in one house and each have their own private bedroom and bathroom but share common areas • Residents share meals together • House coordinator does regular cleaning, maintenance, and prepares meals and provides support to residents	International– concept began in London and is now marketed globally	Monthly rent covers cost of housing and meals (house run on non-profit basis)	None	-21 houses with ~300 residents -3 houses under development
Kingston, ON	Oasis Senior Supportive Living Inc.	Naturally Occurring Retirement Communities (NORCs) Service Programs	2009-present	• Cost-saving program designed by seniors living in a private apartment building who wanted to age in place • Support workers provide 24/7 health coverage and operate social activities, la lounge, and private dining area • Subsidized meals brought in three times per week • Model expanding with new locations opening in Kingston, Toronto, Hamilton, Belleville and London	Naturally Occurring Retirement Community (NORC)	-Residents pay private market rents - could be adopted in market TCH units	-$130,000 from South East LIHN (Kingston) - Three provincial grants -Toronto Central LIHN (Toronto)	~50 members living in building
Alberta (various)	Seniors' Lodge Program	SHSS	n/a	• Provincially subsidized lodges offer room, meals, land recreational opportunities to low-income seniors	Non-profit housing providers	Rates vary by lodge but	Government of Alberta	n/a -

LOCATION	NAME OF PROGRAM	MODEL TYPE	TIME PERIOD	KEY MODEL DETAILS[1]	CHARACTERISTICS OF PROVIDER	RENT STRUCTURE[2]	FUNDING SOURCES[3]	ESTIMATED SIZE
				• Government-subsidized housing providers manage lodges and sets lodge rates but each resident musty be left with at least $315 in monthly disposable income		lodgers left with at least $315 in monthly income		Several lodges throughout province
Montreal, QC	Residence Park Jarry	IHCSS / Co-Location (CL)	n/a	• Affordable supportive housing project developed by private developer who acquired abandoned building • Provincial health authority entered into 10-year agreement w/ developer to reserve 34 rooms for seniors ADL services • All residents receive personal care services, three meals per day, laundry, and common areas for recreation • Example of how vacant housing stock can be converted to affordable housing for seniors	Ministère de la Santé et des Services Global Real Estate Group	½ of units are affordable (~$600 below market value),	PPP	160 units in 1 building
Edmonton, AB	Laurier House	Affordable Housing/Health Partnerships (AHHP)/ IHCSS	1997-present	• Housing complex designed to allow senior couples to continue to live together while receiving ADL services • Modes uses affordable life leases to separate costs of services, allocating them to client or health care system	Capital Care (subsidiary of Alberta Health Services)	Affordable life leases starting at $90,000	Government of Alberta	42 units: 21 1-bdrm units; 21 2-bdrm units
Hulmboldt, SK	Elizabeth Retirement Community	CL	2018-present	• Historic Covent that had been vacant redeveloped into low-income seniors housing w/ 23 independent-living suites, 3 studio suites, 1 respite suite and 13 assisted-living suites • $1 million government grant required developer to maintain 28 units as 'affordable' (below-market rents) for 10 years • Example of how vacant buildings can be repurposed into affordable housing for seniors	Stewart Properties (private developer)	At or below average market rent	$1 million from federal and prov governments; City paid $50,000 + 30% tax reduction for 5years.	40 units total
Winnipeg, MB	Social Housing Assisted Living (SHAL) at Ellice Place	SHALP		• Provincial imitative to provide social housing with assisted living services to low-income seniors • Services include meals, housekeeping and on-site activities.	Manitoba Housing (provincial social housing agency)	RGI with an additional service package fee of $700*	Provincial government	118 studio and 1-bdrm units

Notes:

[1]Supportive housing need is often determined on the basis of whether seniors require assistance with activities of daily living (ADL) or instrumental activities of daily living (IADL). ADL activities are those requiring self-care such as eating, dressing, and bathing. IADL are activities that seniors may be no longer able to perform as they age, such as driving, laundry, meal preparation, or taking medications.

[2]RGI = Rent Geared to Income (RGI), where tenants pay a fixed percentage (typically 30%) of gross annual household income.

[3]MHLTC=Ontario Ministry of Health and Long-Term Care; MMAH= Ontario Ministry of Municipal Affairs and Housing; LIHN = Local Health Integration Network; LTC=Long-Term Care.

Table 2: Overview of Seniors Social Housing Models in United States

LOCATION	NAME OF PROGRAM	MODEL TYPE	TIME PERIOD	KEY MODEL DETAILS[1]	CHARACTERISTICS OF PROVIDER	RENT STRUCTURE[2]	FUNDING SOURCES[3]	ESTIMATED SIZE
Baltimore, MD (initially)	Community Aging in Place – Advancing Better Living for Elders (CAPABLE)	Home Modification Programs (HMP)	Pilot began in 2009	• Began as a Johns Hopkins research study • Low-cost program involving simple home improvements (e.g. second hand railing, lowering cabinet heights) to improve seniors' ability to perform daily activities • Registered nurse (RT), occupational therapist (OT), and handyperson work with resident to prioritize interventions that enhance functionality, safety, and independence • Intervention includes 10 home sessions (6 OT and 4 RN), each 60-90 minutes, over 4-5 months	Doctors, nurses, and health researchers	Fully subsidized for program participants Program spends ~$2,825 per participant.	National Institutes of Health and the Center for Medicare and Medicaid Services Innovation Center	Program has grown to over 24 sites throughout US and one site in Australia
United States (various)	Assisted Living Conversion Program (ALCP)	SHALP	2000-present	• Federal grants to private, non-profit housing providers to convert units in a social housing building into assisted-living facility for low-income seniors to age in place. • Facilities designed to accommodate frail elderly and people with disabilities with ADL activities. • Supportive services such as personal care, transportation, meals, or housekeeping.	HUD (non-profit owners of federally assisted housing units)	n/a	HUD – US Department of Housing and Urban Development	Since 2000, HUD has provided ~125 ALCP grants to preserve >80 seniors housing properties
United Stated (various)	Supported Services Demonstration for Elderly in HUD-Assisted Multifamily Housing	Enriched Service Coordination (ESC)	2015-2018	• Supportive services demonstration to support aging in place, based on Vermont's SASH model (see below) • Coordinated social and health services for seniors in affordable housing to measure impact of SASH on resident health, health care utilization, and medical costs • Enhanced Service Coordinator and Wellness Nurse work together to address residents' social resource and support needs, preventive health services and education, and acting as a liaison with care and service providers	HUD (non-profit owners of federally assisted housing units)	n/a	$15 million from HUD	Several properties in California, Illinois, Maryland, Massachusetts, Michigan, New Jersey, and South Carolina.
ME (various)	Comfortably Home / Community Aging in Place (CAP)	HMP	2015-Present (Bath Housing) / 2017-	• Comfortably Home based on CAPABLE (see above), but expands program to public housing authorities (PHAs) • Maintenance team makes one-time home improvements to low-income	Bath Housing (public housing authority) / MaineHousing (state housing authority)	Affordable ownership and rental, (eligible households w/ income <80% of	Bond issues, PPPs	Program currently supports 8 PHAs, 10 partner

LOCATION	NAME OF PROGRAM	MODEL TYPE	TIME PERIOD	KEY MODEL DETAILS[1]	CHARACTERISTICS OF PROVIDER	RENT STRUCTURE[2]	FUNDING SOURCES[3]	ESTIMATED SIZE
			Present (CAP)	seniors' homes to help them age in place • Modifications includes safety checks (e.g. smoke and CO2 detectors) accessibility modifications (e.g. shower seat, railings), and minor repairs (e.g. wheelchair ramps) • CAP created to replicate Comfortably Home program		Area Median Income/AMI)		agencies, and two Community Action agencies
Portland, OR	Housing with Services (HWS)	Enriched Service Coordination (ESC)	2014-2016	• Evaluation project to assess coordinated health and social services for low-income seniors in social housing • Program involved identifying residents with health risks and helping them enroll in health plans, access social services, connect with primary care providers, and acquire medical equipment. • Program goals to reduce hospital and LTC service use, improve health outcomes, address social determinants of health, increase preventative health care, and achieve healthcare cost savings through service coordination • Project involved forming an LLC and financial equity contributions from LLC partners	Harsch Property Management (private), Reach Community Development Corporation (non-profit) and Home Forward (state housing authority).	RGI (28.5 - 31% of household income on rent) (eligible households w/ income <80% of Area Median Income/AMI)	LLC partners, grants, donations, funding from regional coordinated care and health organizations	1,400 residents (seniors and persons w/ disabilities) of 11 affordable housing properties owned by three housing providers
VT (various)	Seniors and Services at Home (SASH)	Enriched Service Coordination (ESC)	2009-present	• Partnership between affordable housing providers, home health agencies, and area agencies on aging and local hospitals to provide supportive services (e.g. medication management, care transitions, scheduling appointments) and care coordination to seniors and persons with disabilities in non-profit and affordable housing • On-site Wellness Nurse and Care Coordinator work with participants to develop healthy living plan and coordinate services with service agencies and health providers	Developed by Cathedral Square Corporation (CSC) (non-profit housing provider)	n/a	National demonstration funded by US gov.; now funded by a Medicaid agreement with gov. of Vermont	Program serves over 5,000 participants at affordable housing sites across VT
VA (various)	Richmond Health and Wellness program (RHWP)	Enriched Service Coordination (ESC)	2012-present	• Pilot program that helps seniors manage chronic health conditions and coordinate care • Nursing, pharmacy, medicine, and social work students work in teams to provide chronic disease and medication management to low-	Project run by Virginia Commonwealth University School of Nursing	n/a	$1.5 million grant from US gov. Other grants	Currently operates in five5 housing buildings

LOCATION	NAME OF PROGRAM	MODEL TYPE	TIME PERIOD	KEY MODEL DETAILS[1]	CHARACTERISTICS OF PROVIDER	RENT STRUCTURE[2]	FUNDING SOURCES[3]	ESTIMATED SIZE
				income seniors in seniors social housing apartment buildings				
Oakland, CA	The Over 60 Clinic / LifeLong Medical Care (LMC) Collaboration	IHHSS	1996-present	• Collaboration between non-profit housing developers, Berkeley Primary Care Access Clinic, and Over 60 Clinic (seniors' citizens and advocacy group) to integrate health centres within seniors social housing buildings • Lifelong Supportive Housing Program (SHP) provides range of on-site primary care and mental health services • Residents may receive primary medical care and other health series (e.g. case management, dental care).	Several non-profit housing development corporations	n/a	Various: grants and contracts, City govs, HUD, hospital contracts	600 tenants living in 7 subsidized housing sites located throughout Berkeley and Oakland
Burlington, VT	Cathedral Square Senior Living (CSSL)	CNS	1979-present	• Seniors social housing property co-located with assisted living facilities • Assisted living arm of CSSL can license apartments as assisted living units if residents need help with ADL activities; apartment can be reverted to independent living if services are no longer required	Cathedral Square (non-profit housing provider)	Various (apartments accommodate range of income levels)	Constructed with funds from HUD	68 independent-living apartments
Atlanta, GA	SixtyPlus Program, Piedmont Hospital	AHHP	n/a	• Collaboration between Piedmont Hospital and 4 seniors social housing properties • Program sends nurse to each property once per week • Program helps maintain independence among seniors by providing geriatric services and programs • Residents can schedule individual appointments, and the nurse conducts follow-up visits with residents who have recently been discharged from the hospital	Program offered through Piedmont Healthcare system	Program is complementary (no fees)	Piedmont hospital	n/a
Lakewood, CO	Eaton Senior Programs (ESP) at Eaton Terraces Residences	CNS	1980-present (social housing); 1988-present (ALF)	• Low-income seniors' social housing community w/ Assisted Living facility (ALF) and mid-range market apartment units on same campus • AFL has both an AFL license and home and community-based service license, allowing them to provide personal and home care services to social housing residents • Social housing residents benefit from health and wellness programs, service coordination, events and	HUD and West Alameda Community Baptist Church	n/a	Tax-exempt bonds, HUD rental assistance and an adjoining ALF	162 units

LOCATION	NAME OF PROGRAM	MODEL TYPE	TIME PERIOD	KEY MODEL DETAILS[1]	CHARACTERISTICS OF PROVIDER	RENT STRUCTURE[2]	FUNDING SOURCES[3]	ESTIMATED SIZE
				activities, and optional person care, housekeeping and medication management services				
Joplin, MO	Mercy Village Housing Strategic Health Partnerships	AHHP	Opened in 2005, renovated in 2012	• Model for co-located housing and healthcare services • Property is located half a block from St. John's Mercy Hospital, providing easy access to health care and community services for residents with limited mobility • The development encourages good health through its access to nature and recreation • Service provided include: Community room, TV room and game room, Community kitchen, Community Meetings and Celebrations, Half-mile walking path and healing garden, Computer lab and activity area	Mercy Housing is a non-profit affordable housing organization	Available to seniors earning 50% or less of the area median income		65 one-bedroom affordable homes for seniors
New York, NY	Vladeck Cares	NORC Service Program	Established in 1994	• Provides social work, nursing services and case management to residents who are 60 years and older – living within Naturally Occurring Retirement Community (NORC) • Brings services to the community for ageing in place • Offers assistance in securing entitlements, and making linkages to other essential services in the community.	Henry Street Settlement is a social service provider	Services are free to residents of Vladeck Cares	NORC/Vladeck Cares receives funding from New York City Department for the Aging and the New York State Office for the Aging	
San Francisco, CA	Presentation Senior Housing	IHCSS		• The property was built on a historic site, formerly a school and convent, donated by the Sisters of Presentation • Includes a 5,000 square-foot adult day health center operated by SteppingStone Adult Day Health Care and a 2,000 square-foot performing arts space operated by Exit Theater • The health center allows residents and seniors from the surrounding neighborhood to access intensive health services in close proximity of their home, thereby affording them the opportunity to live independently, longer. • Service provided include: ○ Adult day health center	Mercy Housing is a non-profit affordable housing organization	Rent is one third of a resident's income and qualifying residents have incomes of 50% or less of San Francisco's area median income	City of San Francisco Hotel Tax Fund, City of San Francisco Prop A, Interim Parking Lot Income, San Francisco Redevelopment Agency, Sister of Presentation, Equity (sponsor), US Departments of Housing and Urban	93 units of senior housing including 61 studios and 31 one-bedroom apartments (plus a manager's unit) and 60 units designated for frail seniors

LOCATION	NAME OF PROGRAM	MODEL TYPE	TIME PERIOD	KEY MODEL DETAILS[1]	CHARACTERISTICS OF PROVIDER	RENT STRUCTURE[2]	FUNDING SOURCES[3]	ESTIMATED SIZE
				○ Performing arts space ○ Referral services ○ Community celebrations ○ Neighborhood safety program			Development Section 202 Program, City and Count of San Francisco's Mayor's Office of Housing and San Francisco Department of Health	
San Francisco, CA	WellElder Program	AHHP	1996-Present	• Supportive service program to help older residents in federally-subsidized housing stay healthy in their affordable homes • Operates in four affordable senior housing properties in northern California, • Provides service coordination, wellness education, and health monitoring to older adults in federally-subsidized housing complexes • Two professionals represent the program at each site: a full-time service coordinator and a nurse health educator	Northern California Presbyterian Homes and Services (NCPHS, affordable housing provider)	Property residents must enroll in the program (free of charge) to receive all benefits	Federally subsidized; on-site service coordinators are paid by NCPHS and Bethany Center Senior Housing (the affordable housing operator of one of the four sites). The nurse educators are paid by the Institute on Aging, a regional non-profit health and social service agency.	The WellElder program operates in four multifamily properties in the San Francisco Bay Area
Columbus, OH	National Church Residences	SC	First retirement community in 1961, since expanded to include full-service retirement communities	• Nation's largest not-for-profit provider of affordable senior housing and services • Provides housing for seniors at a wide array of income levels. • Initiates, constructs, acquires and manages affordable housing and health care communities nationwide. • Provides services across the health care spectrum • Service coordinators play an essential role, linking residents to resources within National Church Residences and their communities.	National Church Residences is a not-for-profit organization, and a leader in integrating housing, health care and supportive services, serving seniors of all income levels and families.	Apartment rental communities	Support provided by the public, government and business sectors.	340 communities in 28 states

LOCATION	NAME OF PROGRAM	MODEL TYPE	TIME PERIOD	KEY MODEL DETAILS[1]	CHARACTERISTICS OF PROVIDER	RENT STRUCTURE[2]	FUNDING SOURCES[3]	ESTIMATED SIZE
Notes: [1]Supportive housing need is often determined on the basis of whether seniors require assistance with activities of daily living (ADL) or instrumental activities of daily living (IADL). ADL activities are those requiring self-care such as eating, dressing, and bathing. IADL are activities that seniors may be no longer able to perform as they age, such as driving, laundry, meal preparation, or taking medications.								

Table 3: Overview of Seniors Social Housing Models in Europe

LOCATION	NAME OF PROGRAM	MODEL TYPE	TIME PERIOD	KEY MODEL DETAILS[1]	CHARACTERISTICS OF PROVIDER	RENT STRUCTURE[2]	FUNDING SOURCES[3]	ESTIMATED SIZE
Netherlands (various)	Apartments for Life	Supportive Housing / Assisted Living Partnerships (SHALP)	Began in 1995	• Available to individuals over 55 years old; residents typically enter while still independent • If individuals eventually require assisted living or nursing home level care, care is brought to them, so they can 'age in place' and remain in their apartment until death • Four key values include: autonomy, "use it or lose it" (encouraging independence to retain mental and physical health), "yes culture" promoting freedom, and family-centered caregiving • Universal design used for apartment units to accommodate various equipment	Non-profit, originally established by Humanitas non-profit	Apartments may be bought or rented; reportedly 10% to 25% less expensive than comparable institutional care	National medical regulations compensate the care provider for officially recognized health needs Apartments may be bought or rented, municipal support programs may be available for rentals. Residents who want care without meeting medical requirements may pay for that care privately.	There are over 15 Apartments for Life in the Netherlands, with 1,700 apartments and around 2,500 residents; 760 square foot units
Netherlands	Humanitas Deventer's "exchange" programme	Co-Location (CL)	2011-present	• Free housing to students in retirement homes in exchange for 30 hours a month of volunteer work • Students spend time teaching residents new skills, such as emailing, social media, Skype, etc.	Non-profit Humanitas			Since 2011, students have given time in more than 10 residential care homes in the

LOCATION	NAME OF PROGRAM	MODEL TYPE	TIME PERIOD	KEY MODEL DETAILS[1]	CHARACTERISTICS OF PROVIDER	RENT STRUCTURE[2]	FUNDING SOURCES[3]	ESTIMATED SIZE
				• Reduces loneliness and social isolation to improve wellbeing and life expectancy				city (about 250 volunteers reached out to more than 500 elderly residents)
Paris, France	Babayagas	Naturally Occurring Retirement Communities (NORCs) Service Programs	Opened 2012	• Self-managed social housing project started and run by a community of female senior citizens to live communally and independent • Residents agree to 10 hours of chores per week • Ground floor space dedicated to area open to surrounding community; they run courses, discussion groups, do creative writing and perform concerts • Monthly visits by a healthcare professional are paid for communally	Idea conceived by feminist activist Therese Clerc in 1999.	Residents pay average of 420 euros for 35 square metres (2013 source)	Eight different public sources including Montreuil City Council contributed to four million euros required for construction	25 self-contained units (21 adapted for the elderly and 4 for students)
Beekmos, Houten, Netherlands	Combining Elderly and Young Women	Co-Location (CL)	Planning and development since 2008. Start of construction in 2011.	• Program that houses young mothers/young adolescents and elderly residents in an assisted living environment • The elderly coach young women through life advice, and this builds relationships and sense of purpose for elderly • The building is located in the city center, making it easier for both the seniors and the young ladies to access services and goods.	Partnering agencies Stichting Timon (young adult welfare organization) and Habion (housing corporation specialized in affordable seniors' housing); Project entirely designed and conducted through partnership between third sector stakeholders			17 units (13 dedicated to young mothers or young girls who cannot live with their families, 4 units for coaches from the elderly population

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