



Innovations in Housing for People who have an Intellectual Disability

Spotlighting nine models that support greater independence and choice



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INTRODUCTION

Overcoming Barriers to Inclusive, Community-Based Housing

This document presents summaries of nine models of inclusive, community-based housing that meets the diverse needs of people who have an intellectual disability. It is meant to offer inspiration to people, families, and organizations that are working to increase inclusion and choice in their communities.

Article 19 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) recognizes “the equal right of all persons with disabilities to live in the community, with choices equal to others,” supported by “a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community.” The models highlighted here all show the spirit of the CRPD in their design.

In many parts of the world, people who have an intellectual disability have more choice and control than ever over how and where they live. There are tens of thousands of examples of people who are living on their own in homes that they have chosen, with supports that they control, in communities where they are welcomed and accepted.

Unfortunately, there continues to be a widespread shortage of affordable, accessible, community-based housing across Canada, which presents a major barrier to achieving the CRPD’s objectives. Many people also struggle to find and pay for the services and supports they need to achieve health and quality of life.

In order to fully meet the expectations set out by the CRPD, we have no choice but to be innovative and forward-thinking in creating housing options that meet the needs of people who have an intellectual disability. We hope that this document will contribute to a growth in people’s ability to live a life of their choosing.



UNITI

Surrey, British Columbia

Creating affordable and inclusive housing through partnerships

UNITI

UNITI is a partnership between the Semiahmoo House Society, the Peninsula Estates Housing Society, and the Semiahmoo Foundation in Surrey, British Columbia. The collective works to create affordable and accessible housing for people with developmental disabilities within diverse communities.

The partnership has successfully planned, funded, and built the Chorus apartment complex, a purpose-built development that provides housing for more than **100 people**, including 21 tenants who have a developmental disability. Chorus was created to offer people who have developmental disabilities a choice of where and with whom they live, in housing that reflects the full diversity of the broader community.

UNITI's three partner organizations share a board of directors, with different board members acting as Chair, Vice-Chair, and Treasurer for each society. Each partner organization has a different specialization that complements each of the others:

- The Semiahmoo House Society provides services and supports to people who have a developmental disability;
- The Peninsula Estates Housing Society owns and operates affordable and inclusive housing in the region;
- The Semiahmoo Foundation works to identify and cultivate the relationships and resources that are needed to successfully create inclusive and affordable housing.

The UNITI partners are currently working on the Harmony housing development, and their website offers great insight on what goes into turning an ambitious inclusive plan into reality.

UNITI is a great example of an organization evolving and changing to meet the requirements of a forward-thinking but difficult and complex mission. It builds on up-to-date understandings of what works to support the highest quality of life among people with intellectual and developmental disabilities, and shows that true community inclusion is achievable.

You can learn more about UNITI via Inclusion Canada's *My Home, My Community initiative*, and on the UNITI website.



North Bay Housing Coalition

Fairfield, California

Creating affordable rental options in an overheated housing market

NORTH BAY HOUSING COALITION

The North Bay Housing Coalition is headquartered in Fairfield, California, about 45 minutes north of San Francisco. The organization operates across Napa, Solano, and Sonoma Counties – some of the most expensive real estate in the United States. While average rental costs pale in comparison to nearby San Francisco (where the average rent for a one-bedroom apartment is currently more than \$4,000 CDN per month) they are still quite high, averaging well over \$2,500 CDN per month.

It is very difficult for people living on low incomes to find a decent place to live in this kind of housing market, as people in the Greater Toronto Area can attest. The North Bay Housing Coalition's contribution to addressing this problem has been to purchase and rehabilitate small homes in their service area, and rent them to people who have intellectual and developmental disabilities. The Coalition currently owns and manages seven houses in the region.

Two of the coalition's properties were purchased with assistance from the California Neighbourhood Stabilization Program, which assists non-profit organizations to purchase and rehabilitate abandoned or foreclosed properties. Once rehabilitated, the program requires that properties be rented to households whose incomes are less than 50% of the regional average.

The coalition also works with municipal governments to finance the purchase or lease of properties by cobbling together resources from several programs. Funds are then made available from the North Bay Regional Centre (which manages and oversees developmental services in the region) to assist people to move into the houses. In most of the agency's properties, the Regional Centre oversees the provision of supports and services, thus ensuring the separation of housing and support. This increases flexibility, control, and choice for residents.

Several tenants moved to these supported independent settings from the Sonoma Developmental Center, which closed its doors in 2018 as part of the large-scale closures of institutions across the state.

It is possible to see a line of collaboration flowing from the state government, which sets priorities and develops programs that support particular types of housing, to regional bodies that oversee and support people through the implementation of state policy, to municipalities and local service providers whose programs and actions are influenced by state and regional policies. The North Bay example makes it clear that when policies and programs are cohesive, service providers have concrete steps they can take to increase appropriate, community-based supports for people.

For more information, visit www.northbayhousingcoalition.org.



Community Living Upper Ottawa Valley Pembroke, Ontario

Partnering with developers and owners to increase access to housing

COMMUNITY LIVING UPPER OTTAWA VALLEY

Community Living Upper Ottawa Valley (CLUOV), located in Pembroke, Ontario, offers a valuable case study in supporting people who live in less dense population centres. Their example shows how Ontario's smaller cities, towns and rural areas can offer viable opportunities for innovative individualized housing solutions for people who have an intellectual disability.

A few years ago, the board of directors of CLUOV decided to focus the organization's work on individualized service provision, and to move away from property ownership. It adopted a model wherein real estate developers, property managers, and landlords become partners who create and manage housing stock, and CLUOV provides supports that address the needs of tenants who have an intellectual disability.

CLUOV has a strong philosophy rooted in the community living movement. The organization's principles state that "CLUOV will not support segregated initiatives and activities, and will ensure our focus is on individualization and inclusivity." Furthermore, "the concepts of exploring options and informed choice must be part of the decision-making process for all people supported by CLUOV."

The organization's philosophy and approach can be seen in examples of people they support. For example:

- Andrew lives with a roommate in an apartment that was "built to suit" to meet their specific needs. The apartment includes an accessible walk-in shower, wide doors, and large, lowered windows. Bedrooms are positioned at opposite ends of the unit to maximize privacy and minimize disruptions. This was possible thanks to a partnership between CLUOV and local real estate contractor Phil Bennett, who has received an Executive Award from the organization's board in recognition of his work (see another related example [here](#)).
- Jaime's story shows how people who have an intellectual disability regularly face changing circumstances and have changing preferences, just like everyone. Jaime had lived independently in the past, but went through a health scare and moved into a placement with more support. As his health improved, he was able to transition to a one-bedroom apartment on his own, with support from CLUOV. His journey shows the flexibility that can be gained when housing is provided independently of supports – an approach that [Community Living Ontario](#) and [others](#) have recommended.
- Stephen has been supported to live independently with a roommate in an apartment that was purpose-built by the landlord (with guidance from Stephen and CLUOV) to be accessible, include appropriate lighting, and provide a barrier-free shower. CLUOV also assisted Stephen to identify different sources of funding to be able to afford a high-quality, permanent home that meets his needs.



- Ashley's story demonstrates the degree to which having control over one's environment can reduce stress and anxiety, as well as the need for behavioural supports. After some challenges in a group environment, Ashley (who does not use words to communicate) was supported to move into a place of her own. She was able to focus on the use of an assistive device to communicate, as well as other coping strategies and now has autonomy and confidence to make choices and communicate her needs.

Community Living Upper Ottawa Valley is actively showing the advantages that can come from partnering with housing stakeholders who are conscious of the needs of people who have intellectual and developmental disabilities. The organization is able to link reliable and permanent tenants with landlords who are looking for relatively stress-free tenant relationships. While developers and landlords might be hesitant to rent to people who have a developmental disability without third-party support, the presence of CLUOV offers a degree of comfort, and helps to reduce stigma in the process.



The ARC Connecticut

Using technology to increase independence while ensuring safety

THE ARC CONNECTICUT

The COVID-19 pandemic forced all of us to make greater use of technology in our everyday lives. Those of us who might be uncomfortable with the ever-increasing presence of technology had little choice but to submit to this incursion. This presented both benefits (e.g., less commuting time, greater flexibility) and drawbacks (e.g., intrusion of work into the home life, difficulties 'switching off').

In the wider context of increasing electronic surveillance, many service providers are sceptical of the use of technology to monitor the health and safety of the people they support. At the same time, the growing use of monitoring and safety technology is something we need to evaluate and contend with.

People who have intellectual and developmental disabilities can struggle to manage self-care, health, and safety without adequate support. For example, a person might regularly forget to eat and risk a fall due to low blood sugar, become confused when leaving their apartment and forget the way home, fail to take essential medications on schedule, or have difficulty protecting their personal space when facing pressure from friends and acquaintances. These and other issues can present barriers to achieving a desired level of independence.

The ARC Connecticut, a large service provider with 14 chapters across the state, has published [a series of case studies](#) that examine the use of technology to assist people to move into homes of their choice. The organization supports people with diverse needs in a wide range of settings, including group homes, host families, and independent living.

One case study is of a man named Abe, whose profile will resonate with many service providers. Abe was struggling to manage his health while living in an apartment building in the community, and the state administration made the decision to move him into a group home. With more support, Abe attended all his medical appointments, ate better, managed his medications more effectively, and his health improved. However:

[Abe] struggled to adapt to living in a group setting. The location of the group home had limited public transportation access and nothing was within walking distance. He relied on staff for transportation and he did not get along with one of his housemates. He despised staff being present all the time and felt that people were controlling all aspects of his life. He was not always able to verbalize his dissatisfaction and would instead express himself through maladaptive behaviors such as verbal aggression and property destruction.

Subsequently, the state administration collaborated with a local ARC chapter to support Abe to move into a condo building where he could live by himself or with a roommate. They turned to a range of technological approaches focused on health and safety:



- An electronic medication dispenser that uses a series of visual and auditory alerts to remind a person to take their medications, followed by an automated phone call to both the person and support staff in times when they do not take their meds.
- An emergency monitoring and response system that can include (a) motion, floor and door sensors that can be customized to (for example) send alerts to staff when there has been a period of no movement in the apartment, or when a door is opened during particular time frames; and (b) an emergency response function that includes a panic button and a speaker through which a resident can speak directly to emergency personnel.
- A device that connects directly to a stove and turns it off if no motion is detected for a specified period of time.
- Skype available through Abe's television, which allows him to hold video calls with support staff, who can assist him (for example) with measuring the correct dose for medication injections.

There are a range of similar technologies that can assist with people's service and support needs. This includes remotely activated door locks, video monitoring of internal and external settings, wireless smoke and carbon monoxide detectors, automated reminders to eat (e.g., if the fridge has not been opened for a specified period), and perimeter field monitors.

Of course, agencies, families, and people supported must consider these technologies with great care, given the potential for over-monitoring, control, and abuse (including the illegal sharing of audio-visual recordings). At the same time, they can offer an alternative to congregated settings where over-monitoring is often the norm, and enable people to move into settings that might otherwise not be possible.



The Shift

Housing, harm reduction, and meeting people where they are

THE SHIFT

Canada has experienced transformative change in how people experiencing mental illness and addiction are helped and supported. Harm reduction, decriminalization of substance use, and 'housing first' approaches are now at the leading edge of practice. There is an understanding that mental illness and addiction cannot be effectively addressed unless people's lives are first stabilized and they have the supports they need.

While these evidence-based approaches are at the leading edge of practice, they are still new to many, and have been relatively slow to be adopted across the developmental services sector.

The Shift is an evidence-based approach to harm reduction when working with people who have developmental disabilities, and particularly with people whose needs are not being met. The approach was developed by Community Living Huntsville, Community Living Temiskaming South, Community Living North Bay, and the North Community Network of Specialized Care at Hands - the Family Help Network. It was informed by contributions of lived experience from the Kenora Association for Community Living.

The Shift holds that, when people's lives are disordered and unhealthy, "there is no perfect solution, but there is one that ensures that everyone's needs are met, even if they are not quite what you expected." The approach is in large part a response to the province of Ontario's prioritization of youth transitioning from the child welfare system, and the entry of such youth into Ontario's developmental service organizations.

The Shift addresses some of the sector's most difficult issues, including "substance abuse and addiction, struggles with gender and sexuality, suicidal ideations, trauma and mental health struggles, abusive situations, exploitation and trafficking, as well as finding supportive housing." It takes the approach that:

If success is to be found, it needs to be found at the hands of the person with a developmental disability. They must be empowered to be successful. Any tools used to create service plans for them should be built on evidence, experience, and a focus on treating the whole person, and doing so in a way that is self-determined and built on both evidence and lived experience.

The Shift is designed to:

- Offer new concepts to direct service providers that will empower the people they support with a customized approach to care.
- Encourage community partners to see people who have developmental disabilities through a holistic lens that respects an individual's rights, even when there is inherent risk.
- Encourage dialogue between community partners and teach the language that allows for cross-sectoral partnerships.
- Offer opportunities for long-term learning and critical self-reflection.



Perhaps most importantly, The Shift positions people labelled with intellectual and developmental disability as full and complete adults with will, preferences, desires, talents, shortcomings, barriers, and gifts. It highlights people in this population as a key demographic in the struggle against the pervasive availability of addictive and deadly substances like methamphetamine and fentanyl.

A key aspect of The Shift is its attention to the need for safe, supportive, and affordable housing:

Supportive housing is specialized to each individual, but is often centred around learning to run a house, and receiving continued aid in learning how to manage the requirements needed. Safety in a home allows each individual the privacy they deserve, protection from the elements, and the chance to maintain their health. It also means that a home is a place to hide. It provides refuge from those who wish the individual harm, or those who have undue and inappropriate influence on them. It is a place of protection.

The 'housing first' model fits well within forward-thinking developmental service practice. It valorizes personal choice of a home, preferably in scattered-site community-based housing, with services and housing provided by different providers – thus providing increased flexibility, since a person is able to change service providers without losing their housing, and vice-versa.

Developmental service agencies across the province are actively adapting to the influx of transition-age youth into their operations, and many are struggling to manage the needs, will, and preferences of the population. The Shift offers an instructive model that can inform agency adaptation and evolution, and that can help to increase quality of life among all people supported by the sector.

For more information, you can read the full document [here](#).



Bridges to Housing

Toronto, Ontario

Increasing cross-sector collaboration to support people with intellectual disabilities experiencing homelessness

BRIDGES TO HOUSING

While people who have intellectual disabilities make up only about 2% of the general population, members of this group have been estimated to account for between 12% and 40% of adults experiencing homelessness. In the absence of appropriate and accessible supports and services, difficulties related to memory, learning, and cognitive flexibility can have a negative impact on people's ability to find and keep housing, manage finances, and stay on track with medications.

To begin to address these issues in the Greater Toronto Area, a group of advocates and service providers banded together for a Housing First demonstration project called "Bridges to Housing," with the goal of supporting 26 people who have an intellectual disability to gain access to housing and supports.

Housing First is an approach to ending homelessness that grew out of the mental health, addictions, and recovery sector. It focuses on quickly moving people experiencing homelessness into independent and permanent housing, with intensive supports and services as needed. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed.

Bridges to Housing was a two-year demonstration project put in motion by a cross-sector partnership that included the Ontario Ministry of Health, the City of Toronto, the Centre for Addiction and Mental Health, Community Living Toronto, Developmental Services Ontario, and the Toronto Inner City Family Health Team. Professional supports included two housing workers, an Adult Protective Service Worker, a neuropsychologist, nurse practitioner, recreational therapist, and several social workers, family physicians, and psychiatrists.

While this type of partnership can be complex and difficult to manage, cross-sector collaboration is essential to address complexity and fragmentation across the housing, health, and disability support sectors, as well as the fact that people who have intellectual disabilities have needs that tend to be poorly understood by non-specialist health and social service providers.

The Bridges to Housing intervention included the following key elements:

- Streamlined access to timely neuropsychological assessments (i.e., within 2-4 weeks of intake), which enabled quick approval of funding through Developmental Services Ontario.
- Immediate access to housing of people's choice, supported by rent supplements (though people's first choices were not always possible given the constraints of Toronto's housing stock).
- Assistance with system navigation, including support with health care, food security, justice system involvement, health and addiction challenges, occupational and behavioural therapy, and accessing ODSP income benefits.



The project built on key principles of the community living movement. For example:

- Financial subsidies for housing were provided separately from funding for developmental services, providing increased flexibility for people supported.
- The project’s service philosophy emphasized empowerment, choice, individualized support plans, and community integration.
- People supported were encouraged to participate actively, and were empowered to communicate their housing needs and preferences.
- Project partners engaged in intensive information sharing and frequent administrative engagement (e.g., weekly meetings between key sector leaders).

Of the 26 participants initially drafted into the project, 24 remained in contact with researchers and remained housed after 12 months. They reported improvements in general health, self-care, looking after their homes, and preparing meals. They also reported experiencing greater empowerment, independence, and life satisfaction.

A key finding of the project was that “the intellectual disability sector has less experience with addictions treatment, including harm reduction,” and benefitted from the assistance of mental health specialists. At the same time, mental health and addiction specialists were “unprepared to meet the needs of adults with intellectual disabilities, who may have compromised language comprehension skills and require increased support for service engagement” – again highlighting the need for cross-sectoral collaboration.

More information on Bridges to Housing is available in the following reports:

[Building Bridges to Housing for homeless adults with intellectual and developmental disabilities: Outcomes of a cross-sector intervention](#)

[Supporting efforts by intellectually disabled adults to exit homelessness: Key ingredients of a cross-sector partnership](#)



Community Involvement Legacy Homes Brockville, Ontario

Creating individualized housing options through innovative governance

COMMUNITY INVOLVEMENT LEGACY HOMES

For older parents of people who have intellectual disabilities, the long-term safety and security of their loved ones is a pressing concern. As parents advance in years, the problem of permanent housing rises with greater urgency. With thousands of people on the waitlist for provincially funded developmental services, many parents are looking beyond traditional government-supported solutions.

In the Brockville area, a group of families came together nearly twenty years ago to address this issue. Their adult children were ready to move out of the family home and didn't want to move into group living – they wanted their own place. Their income levels made finding decent rental properties on the open market difficult. Home ownership was off the table because they would not be considered capable of managing property, and families did not want to put them in a position where their competency would be questioned.

The families got creative. They founded Community Involvement Legacy Homes (CILH) with the support of the Brockville District Association for Community Involvement (BDACI). CILH is a non-profit, charitable housing corporation with a board of directors composed of people who have someone in their life who has an intellectual disability. Their mandate is to provide affordable, accessible housing for people with disabilities in Leeds and Grenville.

Over the years, CILH has purchased seven properties comprising eight individual housing units scattered throughout the region. The corporation has used funding from the municipal government, rent supplements, and forgivable loans from the federal Investment in Affordable Housing (IAH) program. Uncovered costs are addressed by small mortgages, held by CILH, that are paid down via affordable rent and contributions from family and charitable donors. Like many charities, CILH counts on volunteer labour for upkeep and maintenance of their housing stock, thereby keeping costs low.

Tenants are given a lifelong lease, providing them with security of tenure, with CILH maintaining permanent ownership. Currently, services and supports are provided by BDACI. Since funding streams for housing and support are separate, tenants have the option of choosing to be supported by a different agency without needing to move. On the other side of the coin, they can move to a different location without losing the supports they have in place.

The CILH corporation is first and foremost a collective of concerned individuals with deep relationships with people who have a developmental disability. Though board membership will evolve and change, and parents of the people supported will move on, the housing situations of the people supported will be stable.

The BDACI/CILH partnership reflects many of the pillars of community living that have been put forward by advocates over the past thirty years: the attainment of typical lives in community; the separation of funding for housing and supports; the avoidance of guardianship and the use of supported decision making, even for people with significant cognitive impairments; and the innovative use of public and private contributions to support a high quality of life. It is a sustainable and affordable model that can serve as an inspiration in many jurisdictions.



KFI Maine

Supporting people to live regular lives in the community

KFI MAINE

In the United States, many of the supports and services used by people with disabilities are funded by Medicaid, through the federal Home and Community Based Services (HCBS) program. In 2014, the US Centers for Medicare and Medicaid Services published the landmark 'HCBS Settings Rule,' which requires that disability service agencies support people with the most significant disabilities (including intellectual and developmental disabilities) in a manner consistent with their right to choice, integration, and autonomy.

Before the HCBS Settings Rule was put in place, many state governments were using federal 'home and community-based' funding to pay for disability services that were still institutional in nature. While hundreds of thousands of people had transitioned to smaller housing models since the 1970s and 1980s, many service providers continued to exercise institutional-style control over the people they were supporting.

The HCBS Settings Rule focuses on the quality of people's experiences with needed supports and services, rather than on the location or physical characteristics of a particular setting. This approach is very much in line with the People First principle that "an institution is not defined merely by its size."

Katadhin Friends, Inc – known as KFI Maine – is a service agency in the state of Maine that supports people who receive funding through Home and Community Based Services. The organization's approach grew from the Social Role Valorization movement, with a focus "not on caregiving as our human service role, but on assisting people to obtain and maintain adult roles that are valued by our society, including employee, head of household, friend, member, volunteer, neighbor, business owner, traveler, taxpayer, voter, etc."

KFI Maine does not operate group homes or congregated day programs, and was a forerunner in closing their sheltered workshops in 1989. The organization has a unique approach that revolves around getting to know and understand people's needs and preferences, and creating caring relationships between staff and people supported. The agency has a relatively small team and does not frequently utilize psychologists or behavioural specialists, despite the fact that they support people who may exhibit 'behaviours that challenge' when their needs are not being met.

The KFI approach is demonstrated in the story of Marie, who was moved into a children's institution at age 11, and lived there until she was 18. When she turned 18, she was forced to leave this setting and was moved into a nursing care facility, which clearly did not meet her needs. When she began harming herself while participating in a segregated day program, both the day program and institution indicated they would no longer support her.

KFI entered the picture in 1991, and brought the perspective that "everyone has the right to live in a home of their own [and] develop their own personal rhythm and routine... with the right type and amount of supports." While Marie's support needs were higher than other people KFI had supported at the time, this did not lead them to change their approach.



While Marie does not use words to communicate, she does have her own system of signs – which, unfortunately, the people supporting her rarely paid attention to. Her needs were not being met, she was barely eating, taking various ineffective medications, and consistently injuring herself.

Rather than reaching out to specialists or special programs, KFI staff engaged directly with Marie over a period of nine months, and started noticing and documenting how she expressed her will and preferences. They found, for example, that she loved tomatoes, coffee, and pizza, and never hurt herself when taking baths or getting her nails polished; these things became part of her regular routine.

In 1992, Marie moved into her own home. In 2016, at the time her story was first published, she was still there.

KFI operates according to many of the same principles that Community Living Ontario has highlighted in our recent report, [Building a Full Life & a Home of One's Own in the Community](#). For example, the organization advises other agencies to abandon the notion of 'readiness,' the continuum of services, and the idea that people need fixing. They do not host groups of people with disabilities, run programs, or manage buildings. They believe the only way to adequately support people is one at a time, with the right supports, in the community.

For more information visit <https://www.kfimaine.org/>.



On Lok

San Francisco, California

Growing alternatives to institutionalization for older adults

ON LOK

Founded in 1971, On Lok is a health and social service organization driven by the objective of keeping seniors at home, in the community, and out of long-term care facilities. The organization began as a grassroots effort to provide culturally-appropriate services and supports for frail older residents of San Francisco's Chinatown-North Beach district. It now employs more than 600 staff in the Bay Area.

On Lok, whose name translates as “peaceful, happy abode” in Cantonese, created a model that has inspired the development of Programs of All-Inclusive Care for the Elderly (PACE) across the United States. These programs have become a major part of the effort to keep older people, and particularly older people with low incomes, out of institutional care. PACE programs currently support more than 50,000 people across 31 states.

On Lok and other PACE programs are funded by federal Medicaid and Medicare grants to state governments. PACE is a form of managed care, which means that participants have limited choice in their health and social care providers. When state governments opt into the model, PACE organizations become the sole source of Medicare and Medicaid services for program participants – everything is under one roof. This includes primary care, home care, prescription drugs, occupational therapy, dental care, lab services, transportation, recreation support, snow shovelling – anything that will assist a person to age in place with dignity, even if it isn't normally covered under regular health care plans.

PACE providers must be non-profit organizations (though there are some exceptions to this rule), and must have the ability to provide a complete service package regardless of the frequency or duration of people's support needs. The model is tailored to people who are eligible for admission to a nursing home, but who can remain in their home with the right supports. Organizations using this model build on the presence of unpaid caregivers in the lives of participants, and act as a resource for people's family members, friends, and neighbours. According to On Lok, a typical day might unroll as follows:

A participant is scheduled to attend the PACE centre to receive specific and routine services. An On Lok driver picks up the participant from home and brings the participant to the local On Lok PACE centre. On any given day, the participant may be scheduled to see the primary care physician, or medical specialist, depending on current needs. Likewise, the participant may be attending the centre to receive physical or occupational therapy after recovering from a significant acute episode (e.g., stroke, broken hip) or for a maintenance program that focuses on strength training and range of motion. Additionally, the participant may be scheduled to attend the centre for assistance with personal care needs such as bathing, or for socialization and recreation to prevent or minimize isolation. The participant also enjoys a hot meal before returning home. Upon returning home, the participant may be greeted by a home care worker who provides additional support and care in the home until a family member returns or the participant's care and safety needs have been met.



In our branding and image-obsessed era, it is easy to be cynical when On Lok states that it is “the vessel for keeping participants healthy and stable while allowing them to age safely and with dignity in the familiar surroundings of their own homes,” or that “rather than diagnosing and managing discrete diagnoses, the whole person becomes the focus of the treatment plan.” However, PACE is the real deal: a large body of research on the model seems to show that the approach is able to successfully support people to age at home, at a fraction of the cost of nursing home care.

For more information, visit www.onlok.org and www.npaonline.org.

KEY LEARNINGS

There is much to be learned from the housing models profiled above. First and foremost, they show that highly tailored supported independent living approaches are achievable and affordable. When the right legislative, policy, and funding pieces are in place, stakeholders are able to create housing that makes the promise of community living real.

Our examples also show that:

- There is a need for a holistic approach that starts with collaboration between multiple levels of government, and includes multiple departments within government. With this strong base, people, families, and service providers can work with other stakeholders, including developers and landlords, to create stable housing options.
- The separation of housing and supports has clearly moved from theory to practice. This separation increases choice and flexibility among people supported by agencies, allowing their service relationships to evolve without losing housing, and allowing them the freedom to move without losing valued supports.
- The high cost of housing is not an insurmountable barrier to the creation of individualized, non-congregated settings. The more important barriers are a lack of flexibility, creativity, collaboration, and leadership.
- While technology can be a great tool to build bridges to supported independent living, it is not a replacement for appropriate in-person paid and natural supports.

We know that where one lives often determines how one lives. As we have shown conclusively in our recent report, [Building a Full Life + A Home of One's Own in the Community](#), people's health, happiness, and quality of life are better when they have access to typical community-based housing and appropriate supports. The models profiled here show that this goal is within reach for all people who have intellectual and developmental disabilities.



COMMUNITY LIVING Ontario

Founded in 1953, Community Living Ontario is a non-profit, provincial confederation that advocates for people who have an intellectual disability to be fully included in all aspects of community life. For more information, go to www.communitylivingontario.ca.

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