

Reena Community Residence

Evaluation of an Intentional Community

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PREPARED BY



Acknowledgements

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Reena Community

We would like to thank the many residents, families, and staff of the Reena Community Residence who dedicated their time and experiences to this study. Your contributions will help Reena continue to improve and expand its intentional community model to serve more residents in the future.

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1.0 Introduction

Project Purpose

This report presents an evaluation of the intentional community housing model for individuals with developmental disabilities, implemented at the Reena Community Residence.

In 2012, Reena opened the Reena Community Residence (RCR), an intentional community housing project for seventy-seven individuals with developmental disabilities in the City of Vaughan, Ontario. As part of the development process for a second location, Reena engaged the research team at SHS Consulting to conduct a review of the physical design of the existing RCR and to evaluate its application of the intentional community housing model. This report provides a detailed description of the findings of the study conducted between July 2017 and February 2018.

Context

Developmental Disabilities in Canada

Developmental disabilities represent one of many sub-categories of disabilities experienced by a wide range of the Canadian population. According to the National Survey on Disabilities, 13.7% of the Canadian population has a disability. Of this group, 4% are estimated to have a developmental disability. In Ontario alone, this translates into 81,000 adults (aged 15 and older)¹. Developmental Services Ontario (DSO) defines developmental disabilities as:

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*A diagnosed condition that is permanent and present at birth or developed before the age of 18 and affects a person's ability to learn.*²

Developmental disabilities can range from a mild form (having little effect on learning abilities) to a more severe form (having strong effect on learning abilities). Developmental disabilities frequently co-occur with other disabilities. In 2012, Statistics Canada reported that, of those with a developmental disability, 94% have at least one other type of disability³. This makes organizing care for this group of people complex, especially when accounting for the changes in type and severity of conditions over time. Furthermore, the number of people with disabilities is growing, particularly in urban centers.

While many people with developmental disabilities are able to live independently, additional supports are often needed to guarantee a good quality of life. Due to its unique impact, developmental disabilities are complex and can require specialized living situations which incorporate ongoing supports, as needed, often in the form of supportive housing.

¹ Statistics Canada. (2013). Developmental Disabilities Among Canadians Aged 15 and Older. Retrieved from: <http://www.statcan.gc.ca/pub/89-654-x/89-654-x2015003-eng.htm>

² Developmental Services Ontario. (2018). What is a Developmental Disability. Retrieved from: <http://www.dsontario.ca/whats-a-developmental-disability>

³ Statistics Canada. (2013). Developmental Disabilities Among Canadians Aged 15 and Older. Retrieved from: <http://www.statcan.gc.ca/pub/89-654-x/89-654-x2015003-eng.htm>

Currently, the need for supportive housing for individuals with developmental disabilities in Ontario outnumbers the supply significantly. Wait lists are long. Of the estimated 81,000 individuals with developmental disabilities in Ontario, 14% (or roughly 12,000 individuals) are on a waitlist for residential supports⁴. Many individuals end up living at home with inadequate care, on the streets, in shelters or in prisons⁵.

Intentional Communities

Intentional communities are made up of groups of people living together on the basis of common values⁶. The Reena Community Residence is an example of an intentional community, providing a unique opportunity to address two particular problems people with developmental disabilities face in Ontario:

1. A lack of affordable supportive housing specifically designed for individuals with developmental disabilities; and
2. A need to integrate supports which are often provided through a range of different agencies.

In countries such as the Netherlands and the USA, intentional communities have been used for quite some time to house individuals with developmental disabilities. The idea is that a centralized approach concentrates resources and ensures a more seamless experience of care for an individual. As a result, these communities can house a larger group of individuals than traditional forms of supportive housing, while providing a range of services and customization of care existing models are not able to provide.

In its pursuit to construct a second intentional community for people with developmental disabilities, Reena intends to extract learnings from the RCR's physical design and support service model, to be incorporated in the new housing development. In addition, Reena hopes to better understand how intentional communities can be most effective in promoting independent living in the community, compared to other housing models.

⁴ Ministry of Community and Social Service Partnership Table (2012). Ending the Wait - An Action Agenda to Address the Housing Crisis Confronting Ontario Adults with Developmental Disabilities. Retrieved from: http://www.clmiss.ca/hypfiles/uploads/2013/09/Ending_the_Wait_final_sep6.pdf

⁵ Ministry of Community and Social Service Partnership Table (2012). Ending the Wait - An Action Agenda to Address the Housing Crisis Confronting Ontario Adults with Developmental Disabilities. Retrieved from: http://www.clmiss.ca/hypfiles/uploads/2013/09/Ending_the_Wait_final_sep6.pdf

⁶ The Fellowship of Intentional Communities (2018). Intentional Communities. Retrieved from: <https://www.ic.org/>

2.0 Research Methodology

This study involved a series of information-gathering techniques and analytical tools used to interpret the qualitative and quantitative data collected over the course of the study. The researchers began with a series of lines of inquiry to ground the study.

Lines of Inquiry

The overall research question was:

RESEARCH QUESTION

What key lessons can Reena learn from the Reena Community Residence and its implementation of the intentional community model for people with developmental disabilities?

In addition, a set of lines of inquiry were developed. These sub-questions helped answer the main research question and were designed to help evaluate the impact of the RCR on the lives of its residents.

The following lines of inquiry were examined:

1. What are the benefits and drawbacks of the Reena Community Residence intentional community model?
2. How does the Reena Community Residence compare to other forms of supportive housing?
3. How does the physical layout of the Reena Community Residence impact the function and daily living for the individuals that live there (i.e. individuals with developmental or physical disabilities)?
4. How might the learnings from the Reena Community Residence translate into a new housing project, and other intentional communities for people with developmental disabilities?
5. What is the physical and operational description of the Reena Community Residence?
6. How can physical design create possibilities for:
 - Increased independent living;
 - Housing a broader population than typically supported through independent living;
 - Providing opportunities for intentional communities that are different than other apartment models?

Data Sources

Primary Research Sources

The researchers spent three days at the Reena Community Residence, conducting the following:

Semi-structured interviews

Semi-structured interviews provide a middle-ground between a structured discussion and a more divergent exploration of a specific topic. The interviews helped gain an in-depth understanding of the current RCR, while providing comparability between responses. The following semi-structured interviews were conducted: interviews with five residence staff; two day program staff; and one RCR resident.

Observational research

The researchers spent two days conducting observational research within the RCR. The research involved structured “watching” of a space, with researchers acting as “flies on the wall”, to result in the least obstruction possible. The observational research took place in the RCR lobby, the day programming activities (Channels and Pathways), and throughout the RCR building.

Shadowing

The researchers closely observed two individuals over an afternoon, while continuously taking field notes. The researchers would ask frequent questions about the participants’ activities and prompt the participant to provide commentary on actions and choices.

Focus groups

One focus group was conducted with residents, parents, and family members of individuals living at RCR. There was a total of seven participants who spent one-and-a-half hours answering a series of questions related to their choices to seek out the RCR as an alternative to a previous living situation for their family member.

Secondary Research Sources

To supplement the primary qualitative research, the researchers conducted the following:

Literature review

The literature review consisted of examining current and past policy documents related to the evolution of approaches to providing housing for individuals with developmental disabilities. Sources included: Policy reports from interest groups and the Ministry of Community and Social Services, system reviews such as the “Nowhere to turn” report by the Ontario Ombudsman and academic articles on care models for individuals with developmental disabilities in Canada and abroad.

Resident profile data

Finally, resident profile data collected by Reena was included as a key input to the findings. This data is primarily quantitative, covering many demographic characteristics associated with RCR’s current residents.

Analytical tools

After collecting the qualitative and quantitative data, the researchers used several analytical tools to synthesize and make sense of the information.

AEOU observation

During the observational research, the investigators used the “AEOU” taxonomy to categorize their field notes and describe the relationship between the environment and the resulting outcomes in RCR. The taxonomy requires examining the **a**ctivities taking place in the space, the characteristics of the **e**nvironment, the **o**bjects being used or found in the space, the **u**sers who are present, and the implications of **t**ime of day on the observations.

Value Proposition Canvas

The Value Proposition Canvas tool was developed by Alexander Osterwalder (et al, 2014)⁷ to help describe an intended group of individuals that an organization would like to understand and reach; the intended purpose of a service or product created; and allow for an analysis of the fit between the needs of the individual and the solution provided. This tool was specifically chosen as the analytical tool for evaluating the RCR, as it allows the researchers to assess the current model from the perspective of the tenants, staff, and families based on the qualitative data gathered.

The Value Proposition Canvas poses three questions on the **demand-side** of the value exchange equation:

1. What are the (functional, emotional, and social) tasks that individuals are trying to accomplish in their daily lives?
2. What are the positive outcomes that individuals are trying to achieve?
3. What are the negative outcomes that individuals are trying to avoid?

We then pose three questions on the **supply-side** of the value exchange equation:

1. What does the current Reena model offer to residents in terms of housing and other embedded services?
 2. How does the current model eliminate or reduce negative outcomes that residents care about, making their life easier?
 3. How does the current model maximize positive outcomes or benefits for residents?
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The second phase of analysis involves assessing the fit between what matters to residents on the demand-side and how the model currently aims to achieve gains and reduce pains for residents through the housing and associated services provided. A successful model should create a clear connection between the two sides of the equation.

⁷ Osterwalder, A., Smith, A., Bernarda, G., Papadakis, T., and Pigneur, Y. (2014). Value Proposition Design: How to Create Products and Services Customers Want. Wiley.

3.0 Evolving Mindsets

Approaches to providing adequate housing options for individuals with developmental disabilities have evolved over time. These models emerged from shifts in mindsets around what it means to have a developmental disability, how to provide effective and efficient support services, and thus the appropriateness of various living environments. This section provides a brief overview of these evolving mindsets and approaches.

The Evolution of Housing and Care Models

The Rise of Institutional Care

Until the mid 1800's, developmental disabilities were hardly recognized or studied. This doesn't mean people with developmental disabilities did not exist. Often, these individuals were housed with widows and orphans in so called *poor or almshouses*. More affluent families usually kept children with developmental disabilities at home⁸. Nearing the end of the 19th Century and the Industrial Revolution, people started to speak out against the conditions in which individuals with disabilities (both developmental and physical) lived.

Based on the studies of Johan Guggenbuhl in Switzerland, Edouard Seguin in France, and Harvey Wilbur in the United States, a general belief was formed that developmental disabilities could be cured through special education. Boarding schools started to appear across Europe and North America. These schools were situated in calm environments to protect "inmates" from the harsh outside world so they could work towards their "recovery"⁹. Initially these schools were considered a success and offered hope to families who couldn't afford to organize care at home¹⁰. Ontario's first boarding school for people with developmental disabilities opened in Orillia in 1876¹¹.

The "success", of Guggenbuhl in particular, shaped a general idea that people with developmental disabilities could return into society to live productive lives. This is a line of thinking very similar to the theory behind Canada's residential school system. However, a lack of sufficient funding and staffing, caused these so called "schools" to turn into asylums quickly where the educational component had almost completely disappeared. The state-run, institutional asylums, remained the predominant way of organizing care for individuals with developmental disabilities until the 1970's. By that time, there were 19 state-owned institutions in Ontario¹².

⁸ Department of Administration – Council on Developmental Disabilities (2018). Parallels in Time – A history of developmental disabilities. Retrieved from: <http://mn.gov/mnddc/parallels/>

⁹ Ministry of Ontario (2009). Closing Institutions for People with a Developmental Disability. Retrieved from: <https://news.ontario.ca/mcss/en/2009/03/closing-institutions-for-people-with-a-developmental-disability.html>

¹⁰ Department of Administration – Council on Developmental Disabilities (2018). Parallels in Time – A history of developmental disabilities. Retrieved from: <http://mn.gov/mnddc/parallels/>

¹¹ Ministry of Community and Social Services (2006). Opportunities and Action – Transforming Supports in Ontario for People with Developmental Disabilities. Retrieved from: <https://www.mcscs.gov.on.ca/documents/en/mcss/publications/developmental/DSreport.pdf>

¹² Department of Administration – Council on Developmental Disabilities (2018). Parallels in Time – A history of developmental disabilities. Retrieved from: <http://mn.gov/mnddc/parallels/>

A Shift to Community Living and Integration

In the 1950's, boarding school residents and their parents started to protest against the living conditions in these institutions, devoid from community and control over their own lives. Initially, the idea was to push for change from within by improving the conditions in existing institutions. For example, by organizing programming and better access to the community. However, through the advocacy work of grassroots organizations, influenced by the work of thinkers such as Wolf Wolfensberger and Bengt Nirje, a second push took place where the idea of community-based living and integration of all people with disabilities in the community took hold. This approach focused on what is referred to as a “full life” with an emphasis on ability versus disability and inclusion of individuals with developmental disabilities in all aspects of society¹³.

During this time, organizations such as Community Living Ontario (1953) were formed. There was a firm belief in Ontario that what happened in the institutional era should never be repeated. Between 1960 and 2009, with the help of the Province of Ontario, all institutions were closed. The Ministry of Health transferred the responsibility for organizing care for individuals with developmental disabilities to the Ministry of Community and Social Services. A bottom-up approach for organizing care was adopted, where local community organizations opened group homes and organized care with Ministerial support.

Over time, this community-based approach has grown to approximately 350 organizations providing housing, respite, and day programming services for people with developmental disabilities in Ontario. The system supports approximately 42,000 individuals and has Provincial funding commitments of up to \$2.3 billion in the 2017/2018 fiscal year¹⁴. However, the demand for care and housing continues to be larger than the system can support.

The Introduction of Intentional Communities

Moving Away from Institutional Living

In recent years, society's ability to understand and take care of people with developmental disabilities has increased and broadened. The institutional model for housing is no longer accepted in Ontario. Since the closing of Ontario's institutional care settings for individuals with developmental disabilities, the Premier of Ontario publicly apologized to the survivors for the abuse that was committed.

Limited Housing Options

Long waitlists do not only affect the lives of those with developmental disabilities but also the lives of direct families and caregivers. Many people with developmental disabilities currently live at home with their parents or other relatives who function as their primary caregiver. This is particularly true for families whose incomes are insufficient to access additional care or housing. A person with a developmental disability living at home without the required supports has a significant impact on the other household members who often function as primary caregivers. The impacts range from emotional to economic, as household members are not able to fully participate in the labour market. When living with family is no longer possible or desired, housing with supports is necessary¹⁵.

The Nowhere to Turn report notes that while institutional living for people with a developmental disability has formally ceased to exist in Ontario, when in times of crisis, people with a developmental

¹³ Department of Administration – Council on Developmental Disabilities. (2018). Parallels in Time – A history of developmental disabilities. Retrieved from: <http://mn.gov/mnddc/parallels/>

¹⁴ Ministry of Community and Social Services. (2017). Transforming Developmental Services in Ontario. Retrieved from: <https://www.mcscs.gov.on.ca/en/mcscs/programs/developmental/improving/index.aspx>

¹⁵ Ontario Ombudsman. (2016). Nowhere to Turn. Retrieved from: <https://www.ombudsman.on.ca/resources/reports-and-case-summaries/reports-on-investigations/2016/nowhere-to-turn>

disability are often housed in jails, hospitals, and long-term care facilities. A report to the UN Committee on the Rights of Persons with Disabilities¹⁶ concluded that people with disabilities are disproportionately homeless or living in poverty due to restricted housing choices—it is estimated that 45% of the homeless population in Canada has some form of disability. A study conducted by Dr. Sylvain Ray revealed that 18% of homeless individuals in Ontario have a developmental disability.

The concept of intentional communities to create more supportive housing in Ontario has come forward as a potential solution in recent years. Intentional communities are more common in places such as the United States, Israel, and the Netherlands. In Ontario, a group of service providers under the umbrella of the Intentional Communities Consortium (ICC) is proposing this interpretation of community-based supported living to reduce waiting lists and provide more tailored integrated supports to individuals with developmental disabilities, the RCR being one example.

¹⁶ This report was co-authored by the Alzheimer Society, ARCH Disability Law Centre, Canadian Association for Community Living, Canadian Mental Health Association, Council of Canadians with Disabilities, Institute for Research and Development on Inclusion and Society, Social Rights Advocacy Centre and the Wellesley Institute

4.0 Reena Community Residence

This section provides a brief description of the physical characteristics and service delivery model of the Reena Community Residence.

Building Design

Residential Space

The RCR is a four-storey apartment building with sixty housing units. There are forty-eight one-bedroom apartments and six two-bedroom apartments. In addition, there are six three-bedroom cluster units. The two- and three-bedroom units are situated at the ends of each floor.

Eighteen units are wheelchair-accessible, for individuals with physical disabilities. The one-bedroom units have their own front door which can be locked from the inside. All apartments are equipped with a bedroom, open concept kitchen, living room and bathroom. Floor to ceiling windows allow for light to enter the unit. Wall themes on each floor provide wayfinding by indicating the floor number upon exit from the elevator.

Amenities and Shared Space

The building's amenities, reception, day-programming rooms, and office space are all located on the ground floor. Residents enter the building through the lobby with their individual key fob. Two wheelchair accessible elevators take residents to their apartment floors. A large hallway connects the spaces on the ground floor. Floor to ceiling windows across the entire backside of the building allow for natural light to enter.

There are three multifunctional rooms for day programming. Each day program room is multipurpose and has two doors for easy access of individuals in wheelchairs. In addition, there is a computer room, a greenroom for gardening, and a life skills room containing a full-size apartment. The life-skills room is used to teach housekeeping and cooking skills.

The office space consists of two meeting rooms, a break room, one locker room, a co-working space for front-line staff, and a separated office for managerial staff.

The amenities include a laundry room, a mailbox area with some sitting space for community members, and outside space with benches. An overview of the ground floor of the building can be found in the Appendix of this report.

Support Service Model

The philosophy behind the Reena Community Residence care model is to support a wide range of individuals, based on their unique needs. For instance, RCR residents may be living alone with minimal supports or they may be part of a complex care model where several service delivery agencies are involved.

Support Integration

The intent is to assist residents in a way that is seamless from the individual's perspective. Bringing in diverse agencies requires integration, despite traditional silos that exist in the sector¹⁷. At the RCR, Reena partnered with March of Dimes Canada, Circle of Care, and the Central LHIN (Home and Community Care) to deliver a range of services to residents. There are currently two different complex care models offered at RCR, one involving March of Dimes, and the other involving a mix of care providers, as needed. These complex care models aim to leverage joint funding (from MCSS and the Central LHIN), to reflect a collaborative model created by an advisory group of parents, and to offer a person-centred approach to service delivery¹⁸.

Partner organizations can refer clients to the RCR but must commit to facilitate their integration into the community. In addition, the guiding principle is that services must overlap. Organizations will help an individual supported by another agency, should the circumstance arise. If a call for help cannot be answered immediately by a staff member, it should be ensured the individual receives the care they need as soon as possible.

The primary research undertaken for this study revealed an example of a scenario in which an RCR resident receives care from multiple agencies, working to provide wrap-around services for the individual:

Wrap-around services at Reena Community Residence

One RCR resident participant has a dual diagnosis. The resident is supported by Reena, March of Dimes Canada, and the Central LHIN (Home and Community Care; formerly CCAC).

Reena's role: Reena provides day programming and access to the RCR. Reena also helps the other organizations better understand the individuals' developmental disabilities. This information-sharing might range from how to speak to the resident or what daily routines are important to the individual.

March of Dimes' role: March of Dimes Canada provides a daily support worker who helps the RCR resident during the day with cooking, dressing, shopping, and other activities. March of Dimes also works with individuals with acquired brain injury on providing mental health support and creating rehabilitation plans with private insurance companies.

Central LHIN (Home and Community Care) role: The Central LHIN's Home and Community Care (formerly CCAC) supports the individual with therapy, ranging from speech therapy to occupational therapy.

While the option to live independently in traditional housing with some associated supports may not be possible for this individual, the RCR makes all services accessible in one place. These wrap-around services allow this RCR resident to live in their own apartment without requiring a more controlled setting like a group home.

¹⁷ Select Committee on Developmental Services (2014). Inclusion and Opportunity: A New Path for Developmental Services in Ontario. Retrieved from: http://www.ontla.on.ca/committee-proceedings/committee-reports/files_pdf/SCDSFinalReportEnglish.pdf

¹⁸ Cathexis Consulting Inc. 2017. Cross sector complex care model: Evaluation report.

Cluster Units

Some individuals cannot live independently and are too high functioning to fit into a traditional group home setting. For these individuals cluster units were integrated in the RCR. Cluster units are three-bedroom apartments. Two of these units are located on each floor and act as small congregate living arrangements within the building. These units also function as a safety network for the other residents. Individuals who need periodic support can contact the staff in the cluster unit when they experience a crisis or need help.

Promoting Independence

Staff are instructed to encourage independence. Instead of doing something for an individual, the first step should be to encourage an individual to do it by themselves. Residents are also encouraged to look out for their neighbours and help each other. This was observed several times while shadowing a resident. For example, when an RCR resident left the building without a jacket a fellow resident advised them to consider dressing more appropriately for the cold weather.

Day Programming

Day programs are tailored to the participants' abilities but foster independence and include residents in the community. Day programming includes residents who live at the RCR and others who come in for the day. There are two programs. The Channels program is for higher functioning individuals and focuses on life-skills, such as cooking and preparing for job interviews. It also teaches individuals on how to communicate with individuals about their disability and builds a foundation for participants who are interested in finding employment. In addition, once a week, individuals have the opportunity to volunteer during lunch hour at Leo Baeck school, nearby.

The Pathways program provides individuals with a variety of interactive activities including social skills and volunteering. The program also includes creative arts, music appreciation, and recreational outings.

Individuals are not required to participate in day programs – several RCR residents are currently employed during the day. Other individuals prefer more privacy and stay around their apartment, the cluster units, or spend time in the building's shared spaces.

Current Residents

Critical goals of this study included understanding the people who live at RCR, what they are seeking to accomplish in their daily lives, and what service needs they require to live independently. This information will help the designers of the future RCR empathize with residents and begin to design from their point-of-view.

The Reena Community Residence (RCR) is an intentional community which seventy-seven diverse individuals call home. This section provides a look into the RCR, detailing some of the attributes of the current residents living in all of RCR's units.

Demographics

The disparity between male and female residents at RCR is considerable: approximately 68% of current RCR residents identify as male (versus 33% female). The male residents are also, on average, older than the female residents. The average age of all residents at RCR is 38.9 years.

Table 1: Proportion of male and female residents and average ages at RCR

	Proportion of all residents	Average age
Male	67.5%	41.9 years
Female	32.5%	32.5 years

Source: Reena Community Residence Data

More than half of all current residents have lived at the RCR for four or more years (51.9%), likely since the opening of the building. The majority of residents came from either a family home setting (45.5% of residents) or from living in a group home setting (26.0%).

Table 2: Current RCR residents by previous housing situation

	Proportion of residents
Family home	45.5%
Group home	26.0%
Independent living with supports	6.5%
Independent living without supports	5.2%
Other (shelter, hospital, etc.)	16.9%

Source: Reena Community Residence Data

Abilities and Supports

RCR is home to many individuals with a dual diagnosis (55.8% of residents). Of all residents, almost 69% identify as having a developmental disability. In addition, approximately 22.1% of residents were diagnosed with Autism Spectrum Disorder, and approximately 12% have a physical disability. More specific diagnoses vary considerably, from individuals with an acquired brain injury (ABI), to cerebral palsy, anxiety disorders, schizophrenia, and bi-polar disorder.

Support service levels vary across Reena residents. Currently, approximately 43% of individuals are living independently at RCR with light supports (fewer than 10 hours of supports per week). Almost 29% of residents are living independently with moderate or high levels of supports (over 10 hours of supports per week, which could include some level of overnight care). There is also a small proportion (6.5%) of residents who are part of RCR's Complex Care model, accessing services from Reena, March of Dimes Canada, and the Central LHIN's Home and Community Care.

Table 3: Proportion of RCR residents by level of support provided

	Proportion of residents
Independent living with light supports	42.9%
Complex care	20.8%
Independent living with moderate supports	11.7%
Independent living with high supports	16.9%
Independent living for transitioning youth	2.6%
Nursing	1.3%
Other or unknown	3.9%

Source: Reena Community Residence Data

As previously mentioned, Reena residents dictate their own participation levels and engagement in the day programming and other supports provided on site. The following table provides a breakdown of participation rates and daily activities across all Reena residents. Non-RCR residents are also permitted to access day programming offered at the RCR. The individuals who fall into the “other” category and the “no occupation or retired” category may participate in programmed activities or employment, however may not do so consistently due to the complexities of their conditions or changes in health.

Table 4: Proportion of RCR residents by daily occupation and participation in day programming

	Proportion of residents
Employed	29.9%
No occupation or retired	28.6%
Channels Program	26.0%
Pathways Program	14.3%
Attending school	3.9%
Volunteering	1.3%
Other	10.4%

Source: Reena Community Residence Data

In addition to health, wellness, and daily living supports available on site, Reena also connects RCR residents with financial supports to assist with their monthly rent payments. Often, a combination of financial supports is required to maintain independence at RCR. More than half of all RCR residents are currently receiving Ontario Disability Support Program (ODSP) benefits and many (15.6%) are receiving both ODSP and Passport funding from Development Services Ontario (DSO). It is important to note the proportion of residents who are self- or family-supported (7.8% and another 6.5% who also receive ODSP)—this group is part of Reena’s fee-for-service model. These individualized models allow for flexible support options so that residents do not have to opt-in to a complex building-wide model, if that level of support does not meet their needs. The data in Table 5 demonstrates that the RCR model can accommodate a blend of all different sources of support accessed, including ODSP, Passport, family supports, and Old Age Security.

Table 5: Proportion of RCR Residents by source of financial support

	Proportion of residents
ODSP	50.6%
ODSP and Passport Funding	15.6%
Old Age Security (OAS)	9.1%
Self- or family-supported	7.8%
ODSP and self- or family-supported	6.5%
Private insurance	2.6%
Other or unknown	7.8%

Source: Reena Community Residence Data

The current market rent for a unit in the RCR is \$1,154.31 (average). Approximately 18% of residents are paying full market rent. Resident data from Reena shows that of residents paying full market rent, more than half are supported financially by their family or by an insurance provider (57%). Other residents who pay market rent support themselves independently through employment, potentially combined with ODSP benefits (21%). For the remaining 21% of residents paying market rent, it is not clear how they support themselves financially.

Subsidized units are available for individuals who are not able to pay market rent to live in their unit. with the remaining 82% paying either an affordable rent level (\$473.76) or a rent assist level (\$501.48). Of the RCR residents paying a rent assist level, all are living in one-bedroom units, as the rent per person in these units is higher than in the larger units.

Table 6: Proportion of RCR Residents by rent level paid

	Proportion of residents	Average rent
Rent Assist	37.7%	\$501.48
Affordable rent	44.2%	\$473.76
Market rent	18.2%	\$1,154.31

Source: Reena Community Residence Data

Observed Resident Profiles

The qualitative data-gathering process at the RCR revealed a set of characteristics related to the groups of individuals that Reena is currently reaching with their existing independent living model. Each resident and family sought out the Reena Community Residence to help them accomplish a task or goal in their everyday lives (whether it be functional, social, or emotional); to alleviate a negative outcome; and to experience positive outcomes through their living situation.

Based on the primary research methods used, it was observed that many current RCR residents share some of the following similar characteristics:

Pains | Negative outcomes that individuals are trying to avoid

- Overwhelmed by having to meet with my support worker, while also trying to hold down a part-time job and having to maintain schedules
- Dealing with uncertainties related to changing needs, changing medications, and changing abilities over time
- Feeling stuck or lonely in my room if I have nowhere to hang out or if I can't manage on my own

Gains | Positive outcomes that individuals are seeking

- Having the chance to meet and make plans with my friends
- Having a chance to socialize with others
- A sense of belonging and community, where people look out for each other and know my name
- Being at ease with the transition between staff workers or not having any transition (through consistent coverage)
- Getting out into the community to build relationships and make friends
- Having a private, tranquil space to spend time
- Feeling heard and respected
- Feeling like a member of my community
- Having a sense of purpose and control

Jobs | Tasks individuals are trying to complete in their daily lives

- Trying to manage work and life with being able to meet with my support worker on a regular basis
- Trying to navigate the online dating world safely
- Trying to find a living environment where I can fit in comfortably
- Finding ways to do my weekly shopping without a car or assistance
- Looking for things to do throughout the day
- Having to navigate changing workers and having them understand how to help me
- Striving to reach my full potential
- Inviting parents and relatives in to visit me at my apartment
- Staff having to negotiate with my changing work and activity schedules
- Staff having to negotiate and problem-solve between day program and resident staff to ensure continuity of service delivery
- Staff having to manage resident use of lobby for socializing and hanging out

5.0 Situating the Intentional Community Model

A goal of this study was to understand how intentional communities such as the RCR differ from other forms of supported housing for individuals with developmental disabilities. This section provides an analysis of the current RCR intentional community model by situating the RCR within a taxonomy of housing and care options for people with developmental disabilities.

Four distinct categories of housing types were identified. It is important to note that some of the living situations described, such as emergency and institutionalized housing, are not an appropriate living situation for individuals with developmental disabilities – they were included for the purposes of illustrating the range of living situations in which individuals may find themselves, due to a shortage of appropriate options.

Matrix of Existing Approaches

When researching and evaluating existing housing and care models, two continuums of design considerations emerged, forming an axis of analysis:

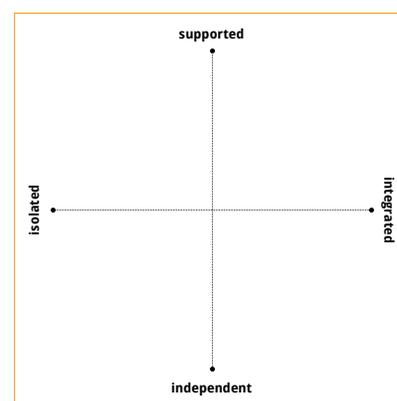
1. Living situations with low levels of formal **supports** (and thus more independence), versus living situations with higher levels of formal supports
2. Living situations promoting high levels of **community integration**, versus isolation (low levels of community integration).

The level of formal support built-in to the living environment varies based on the setting and can reflect the suitability of a housing option for an individual with a developmental disability. Tailored supports can provide individuals with the tools they need to succeed and grow.

Community integration is seen as a key ingredient for providing a meaningful life to individuals with developmental disabilities and was the philosophy that formed the basis of many of the supportive housing models that exist today. Integration intends to promote participation and presence in the surrounding community¹⁹. In general, institutionalized settings allow for little integration and remove individuals from society.

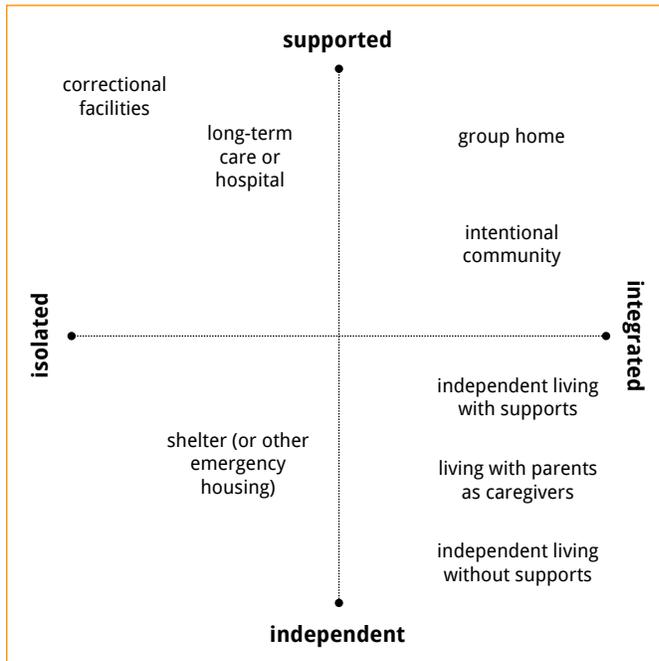
The following matrix maps some of the existing living situations of people with developmental disabilities based on their observed degrees of formal embedded supports and integration in their surrounding communities.

Figure 1: Matrix of existing approaches to housing individuals with developmental disabilities



¹⁹ Thorn, S., Pittman, A., Myers, R., and Slaughter, C. (2009). Increasing community integration and inclusion for people with intellectual disabilities. *Research in Developmental Disabilities*. 30, 5; 891-901.

Figure 2: Matrix of existing living situations of individuals with developmental disabilities



Models that are Supported and Integrated

The map shows high levels of community integration combined with medium to high levels of support are characteristics of successful housing types for individuals with developmental disabilities in need of supports. These housing options fall generally into the category of **supportive housing**, where supports are integrated with and associated with the living environment. Community-based supportive housing is the predominant form of housing for individuals with developmental disabilities in Ontario. This type of housing is designed to accommodate individuals in this group. In these housing forms, the focus is often on self-determination, integration within the community, and providing the necessary supports to make a meaningful life possible. In Ontario the most common types of supportive housing are group homes and more recently, intentional communities.

Group Homes

Group homes are residential facilities located in the community designed for adults or children with chronic disabilities²⁰. Group homes usually house four-to-eight individuals and provide 24-hour supervision by trained caregivers. Group homes can be managed by larger organizations running several group homes or by individual families banding together to organize care for their children.

Conversations with RCR staff and families of individuals show there are a number of benefits and drawbacks group homes offer over the Reena Community Residence.

²⁰ Encyclopedia of Mental Disorders (2017). Group Homes. Retrieved from: <http://www.minddisorders.com/Flu-Inv/Group-homes.html>

Benefits

Group homes are more supervised and smaller in scale. This benefits residents who need constant supervision such as individuals with low levels of independence, severe behavioural disorders and/or those suffering from substance abuse. The smaller setting allows for more available staff per individual leading to better and more consistent supports. In addition, crisis situations can be picked up earlier and dealt with before escalation occurs. A regular-sized home and small groups of individuals foster a family-like setting, providing a feeling of integration among individuals. This could make the transition out of a family housing situation or other housing types easier.

Lastly, because of their location in residential communities, group homes can provide higher levels of integration into the community. However, the stigmatization of group homes in Canadian society shows that in practice, this is not always the case.

Drawbacks

During an interview with a Reena staff member who worked in group home for several years, it was mentioned that group homes tend to operate by the denominator of the individual with the highest need. This causes reduced levels of freedom for other higher functioning residents. As a result, these individuals can get bored or be under-stimulated, limiting their ability to reach their full potential. Furthermore, focus group participants and staff mentioned that group home settings are less flexible to changing needs, especially when residents age or the gravity of disorders change. Individuals need to conform to the regime of the group which is unlikely to be adjusted significantly for a change in need of a single individual. In addition, conformity to the rhythm of the group limits individualization in schedules and activities. Reena staff working in group homes explained in semi-structured interviews that to provide continued supervision, staff often cannot take a single resident out spontaneously. Individual trips or outings tend to have to be planned in advance.

Summary

The research demonstrated that group homes can be the ideal living situation for an individual, depending on their needs and preferences. In general, the conversations show this type of supported housing is best suited for individuals with higher needs who require continuing supervision and those who are not able to engage with the community independently.

Intentional Communities

Intentional communities (such as the Reena Community Residence) for individuals with developmental disabilities provide a housing model where larger groups of individuals with varied abilities live together. The intent is to provide an independent and meaningful life connected to families, friends, and neighbours. Like independent living, individuals have their own apartment unit, and similar to a group home, 24-hour supervision is available as needed. An evaluation of the success of this approach at the RCR is provided in section 6.0 of this report.

Models that are Independent and Isolated

High levels of isolation and low levels of support (thus, independence) are often the most inappropriate environments for individuals with developmental disabilities. These generally include the following models.

Emergency Housing

Emergency housing consists of shelters, domiciliary hostels, and transitional housing. It is a recourse of last resort. Shelters are not an ideal environment and can be overwhelming and confusing, especially for individuals with developmental disabilities. Individuals are sometimes placed in emergency housing after they experience a crisis, abuse, or when primary caregivers are no longer able to provide support^{21,22}. A lack of appropriate housing can make a shelter the only alternative to sleeping rough. The exact number of individuals placed in shelters in Ontario is unknown, but several reports found it occurs frequently. The Canadian Observatory on Homelessness estimates 16% of the homeless population is diagnosed with a learning disability²³.

Models that are Independent and Integrated

High levels of community integration and low levels of support are reflected in environments where individuals are able to live fairly independently in the community (in any form of non-supportive housing such as market rental or ownership housing) with some or no additional supports for daily living. Housing types included in this category are: **living with family**, **independent living without supports**, and **independent living with supports**.

Conversations with RCR staff and families of individuals show there are a number of benefits and drawbacks to an independent living model in the community with limited supports compared to independent living in an intentional community such as the Reena Community Residence.

Benefits

The main benefit of this housing with supports model derives from enabling individuals to achieve a high level of independence and integration within the community. RCR staff who had been involved with the Reena independent living with supports program for a number of years mentioned this model pushes residents to become independent in as many of their tasks of daily living as possible. In addition, the model makes integration into the community and engagement with neighbours easier, mainly because this type of housing with supports is not exposed to the same stigmas commonly associated with group homes.

Furthermore, independent living in the community with limited supports provides the closest approximation of normalcy for individuals. Individuals are frequently able to pursue secondary education, employment and private relationships.

²¹ Select Committee on Developmental Services (2014). Inclusion and Opportunity: A New Path for Developmental Services in Ontario. Retrieved from: http://www.ontla.on.ca/committee-proceedings/committee-reports/files_pdf/SCDSFinalReportEnglish.pdf

²² Ontario Ombudsman (2016). Nowhere to Turn. Retrieved from: <https://www.ombudsman.on.ca/resources/reports-and-case-summaries/reports-on-investigations/2016/nowhere-to-turn>

²³ The Canadian Observatory on Homelessness (2017). People with Disabilities. Retrieved from: <http://homelesshub.ca/about-homelessness/population-specific/people-disabilities>

Drawbacks

One of the main drawbacks of independent living in the community is that it does not provide a constant safety net to individuals for when something does go wrong. Neighbors are not always able to recognize a crisis because understanding the extent of a disability is complex. At the same time, professional supports are not able to respond 24/7. A focus group participant mentioned this can be a factor of stress for an individual.

In addition, this type of housing is not always adaptable to changing needs. Aging, or changes in the severity of a disorder, can cause a need for adjustments in the supports organized around an individual. The lack of available supportive housing creates a risk that when more supports are needed there are no vacant spots.

Summary

This analysis demonstrates that independent living with supports can be the ideal model for individuals to reach their full potential in society, depending on their needs and preferences. In general, the conversations show this type of supported housing is suited best for individuals with high cognitive and physical abilities who require limited supervision. In addition, it is important individuals are comfortable without a safety net, in the case of an emergency or crisis. This requires an intimate understanding of the intricacies of their disability and an ability to recognize and prevent a crisis situation from escalating without additional support.

Models that are Supported and Isolated

Living situations with high levels of isolation and high levels of support may indicate supports are not being used to facilitate independence. Environments that are highly supported and isolated often fall into the category of institutionalized living. An institution is defined as a building which houses multiple individuals, removed from society, providing people with little personal control over daily life^{24,25}. Officially, institutionalized environments for individuals with developmental disabilities no longer exist in Ontario. However, a number of individuals still live in institutionalized settings such as long-term care, hospitals and correctional facilities.

Long-Term Care and Hospitals

These institutional settings are health system solutions which do not provide long-term sustainable solutions for promoting independence or community integration. While exact data on the number of institutionalized individuals does not exist, the Ontario Ombudsman estimates several hundreds of individuals with developmental disabilities are currently living in hospitals and long-term care facilities²⁶. These living situations are often not suitable and a solution of last resort in an environment with limited supply of alternatives.

²⁴ Ministry of Community and Social Services. (2018). The Reason for Institutions. Retrieved from: <https://www.mcscs.gov.on.ca/en/dshistory/reasons/index.aspx>

²⁵ L'arche. (2014). A resource document on Institutions and de-Institutionalization. Retrieved from: http://www.larche.ca/education/Institutions_and_the_Deinstitutionalization_Movement.pdf

²⁶ Ontario Ombudsman (2016). Nowhere to Turn. Retrieved from: <https://www.ombudsman.on.ca/resources/reports-and-case-summaries/reports-on-investigations/2016/nowhere-to-turn>

Correctional Facilities

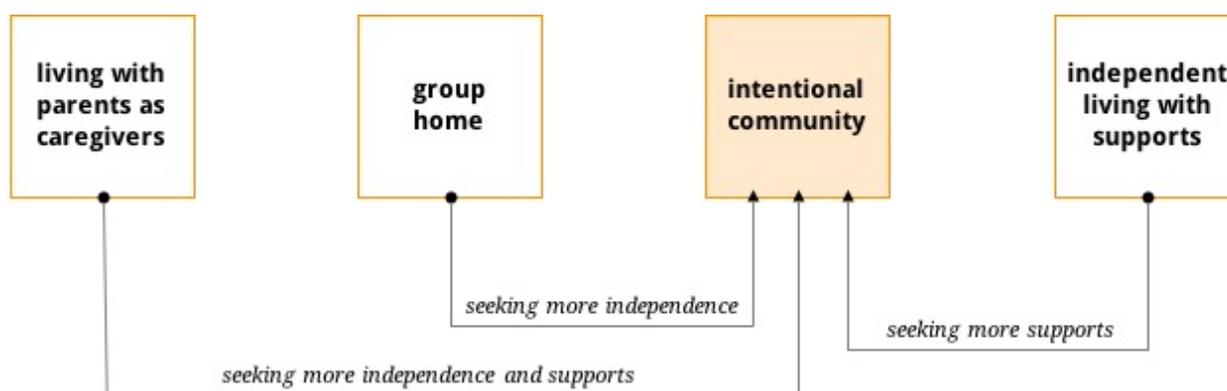
Correctional facilities consist of prisons and jails. Individuals with developmental disabilities are sometimes placed in correctional facilities after encounters with law enforcement as a recourse of last resort. Certain types of developmental disabilities can lead to aggressive behaviours, outbursts or temper tantrums. Other individuals are prone to substance abuse. Inappropriate levels of supports at home can lead to individuals threatening relatives, community members or (un)intentionally breaking the law. Once an individual is in the criminal justice system and no suitable supportive housing can be found, and living at home is no longer an option, there is often nowhere else to turn. While correctional facilities offer shelter and some supports, they can be overwhelming and confusing, and are considered an incorrect response to the behaviours that initially lead individuals into these facilities in the first place²⁷. The exact number of individuals placed in correctional facilities is unknown, but several reports found it occurs frequently²⁸.

Conclusion

The above research situates the Reena Community Residence within a spectrum of supportive housing types currently available. The analysis shows that a range of suitable housing models are available to help meet the needs of individuals with developmental disabilities. Each model described can be optimal for a given individual and improve their daily life, given their situation and unique needs.

The research shows the RCR model is particularly effective for individuals wishing to transition from another housing type that is not meeting their desired levels support or independence needs. For instance, the model has shown to be suitable for individuals transitioning from living with parents as caregivers, as they can achieve independence (though having their own apartment), coupled with access to a diverse set of ongoing support services at the RCR. Research participants also noted that the RCR model works well for individuals who are under-stimulated in group homes and can handle a higher level of independence but do need an integrated support network as a safety net. These journeys are illustrated below in Figure 3.

Figure 3: Situating the Reena Community residence along a continuum of housing and support options



²⁷ Ontario Ombudsman (2016). Nowhere to Turn. Retrieved from: <https://www.ombudsman.on.ca/resources/reports-and-case-summaries/reports-on-investigations/2016/nowhere-to-turn>

²⁸ Ontario Corrections (2017). Segregation in Ontario – Independent Review of Ontario Corrections. Retrieved from: <https://www.mcscs.jus.gov.on.ca/english/Corrections/IndependentReviewOntarioCorrections/IndependentReviewOntarioCorrectionsSegregationOntario.html>

6.0 Evaluating the Reena Community Residence

This section provides an evaluation of the current Reena Community Residence Model. The evaluation criteria are described as design principles, which were derived from the qualitative research with residents, staff, and families, and describe the characteristics of an ideal housing model from their perspective.

Design Principles

The Reena Community Residence model is the result of intentionally-designed physical and social environments. Within the independent living model, service elements to promote positive outcomes for residents are both embedded and naturally-occurring. A successful housing model which responds to resident needs should reduce the negative outcomes individuals are trying to avoid, create positive outcomes in their lives, and help them accomplish a standard of living, wellbeing, and independence.

Based on the primary ethnographic research conducted at the RCR, the following five design principles for a successful living situation were derived. These principles are visible within the current model and should be reinforced in the subsequent RCR building.

1. Promoting independence through successful tenancies

A critical component of the RCR model, as communicated by staff, family members, and residents, is an emphasis on independence and access to tools for maintaining successful tenancies in residents' private apartments. The model incorporates services and features designed to provide relief of some of the common obstacles to living independently.

Tenancy model

Residents of RCR are the tenants of their own units, which are regulated by Ontario's Landlord/Tenant Act, granting RCR residents with the rights associated with a typical tenancy agreement. Residents are in control of the keys to their units and can come and go as they wish, like in any private apartment or condominium building. Staff are not permitted to enter a resident's private apartment without prior consent. Resident participants in the qualitative research expressed their sense of pride associated with having this control over their own unit and the responsibility of an adult living alone in their own unit.

Unit design and accessibility

The RCR units are primarily one-bedroom units for individuals requiring low-to-medium levels of support. The single occupancy model allows for enhanced privacy and control over the living space. Accessibility features throughout (e.g. wide hallways and smooth flooring) remove potential barriers associated with entering an apartment and circulating through the building without assistance.

Supports for daily living

RCR residents are consulted during intake and move-in to determine their level of independence and supports required to maintain a successful tenancy. A key element of RCR's model of individualized support service means a resident's level of assistance can be adapted and altered as needs change, independent of their fellow RCR tenants. There are also informal and ad-hoc services that are available

to the entire building on a regular basis. For instance, RCR staff organize regular trips to the grocery store and shopping mall to provide residents with transportation and light support for running errands. This regular excursion also creates an opportunity for socialization and interaction with fellow RCR residents. RCR staff also have access to a shared van for other outings or impromptu trips in the neighbourhood, relieving tenants of the need for owning a car or spending money on private transportation.

2. Reinforcing service consistency

The concept of consistency of service and of the RCR environment was noted as a key design requirement for creating a community where individuals can thrive. Staff at RCR reinforce a sense of consistency for residents in the following ways:

Consistent staffing

Multiple-bedroom units (known as “cluster units”) are located at the end of each hallway at the RCR. These units have 24/7 staffing for individuals requiring higher levels of support on a regular basis. For the rest of the building, this staff member acts as eyes on the building during the nighttime and can provide peace of mind for all residents, knowing there is a support person available, should an emergency or unlikely event occur overnight. During the day, residence and day programming staff are often circulating, allowing them to check in with individuals to ensure their daily social, emotional, and safety needs are being met. Often, this results in providing simple solutions to daily issues, which can often make a big difference in someone’s living experience.

The unique collaboration with March of Dimes also creates a consistent presence in the building, as the agency also occupies office space within the building.

RCR lobby

The Reena Community Residence lobby can be a vibrant meeting and socialization space for residents, staff, and visitors. The front desk staff (daytime) and security (nighttime) ensure safe and efficient entry and exit of the RCR. Staff working in the building lobby constantly tidied and disinfected surfaces over the course of the day.

3. Fostering belonging

Residents of RCR create a sense of belonging for their fellow neighbours through several channels made available to them throughout the building:

- The lobby provides a meeting place where residents were observed socializing, making plans with their friends, and greeting visitors.
- Residents were observed greeting new faces and making conversation with all people coming and going, often reminding fellow residents to dress appropriately in cold weather and ensuring the space is left clean and well-maintained.
- Many individuals would take the time to greet the desk staff when leaving and entering the building.
- Residents were observed to be looking out for others in the building by informing staff of concerns and changes in behaviour, reinforcing a sense of community and support in the building.

4. Creating community connections

Geographic location

The geographic location of the RCR building plays a key role in its connection and integration within the surrounding Thornhill and Richmond Hill communities. The building is located adjacent to a single-family dwelling subdivision development and is nestled within the Lebovic Campus, comprising of the Schwartz-Reisman Centre and Leo Baeck Day School. The Rutherford Marketplace, restaurants, and grocery stores are also within walking distance. Staff and residents expressed this location as being an important design consideration of this building, as it promotes walkability and access to shared community amenities. The proximity of these community centres also allows for participation and volunteering; the day program participants often serve lunch to the students at Leo Baeck.

Building design

The interior of the building also provides spaces for interactions and connection with other members of the Reena community. For instance, the mailboxes are located in a central space where residents congregate to check their mail on a daily basis. The day program rooms are also located near the entrance of the building, providing ease of transitions during pick-up and drop-off periods and contributing to the liveliness of the main lobby in the afternoons.

5. Enabling personal growth

Finally, the RCR model encompasses several design and service elements that enable personal growth among residents, to reach a new level of independence. A few observed features of the RCR model which enable this notion include:

- Working with residents to develop an annual individual plan to set goals to work towards;
- Offering built-in programming during evenings for all RCR residents (such as movie night);
- Providing RCR residents with a discounted fitness membership at the Schwartz-Reisman centre;
- Providing additional training and workshops to residents, including sex education, internet safety, and grief counselling;
- Offering residents access to a greenhouse and outdoor community space for gardening all year round.

7.0 Recommendations for a New Intentional Community

The following conclusions and recommendations are based on the findings from the focus groups, semi-structured interviews, resident program data, and participatory observations conducted at the Reena Community Residence described above.

Lessons Learned

1. **The physical design of the RCR and the implementation of the intentional community model are able to provide independent living with supports at a larger scale and to a broader variety of special needs individuals compared to other supportive housing models. This is achieved by:**
 - Working with different service delivery organizations in the same building to provide a seamless experience for the resident with adjustable supports, ranging from meal service to complex care delivery;
 - Implementing an individualized support model, giving individuals who would otherwise rely on group homes or long-term care an opportunity to live independently, while providing a safety net for individuals who are able to live mostly independently but cannot live without supports;
 - Using scale to provide more customized supports through programming for all RCR residents (including offerings such as on-site grief counselling, sex-education and cyber-bullying workshops); and
 - Designing a building that is accessible and easy to navigate with the needs of individuals in mind; features include elevators opening on two sides to facilitate wheel chair access, wayfinding through wall patterns on each floor, and accessible washrooms and showers in each apartment.

2. **Operating as an apartment building with an individualized needs-based supports model encourages independence for all RCR residents. This is achieved by:**
 - Providing residents with the keys to their own apartment and control over their unit, which stimulates responsibility and pride;
 - Offering life-skills programming such as gardening, cooking and cleaning in the life-skills and gardening rooms;
 - Encouraging and teaching residents where possible to take up tasks that would otherwise be taken on by support workers or families such as laundry or dish washing;
 - Providing additional building-wide services such as a bi-weekly supervised grocery trip for individuals who are able to do their own shopping but might need some help in the store or assistance getting there; and
 - Locating the RCR on the Lebovic Campus, adjacent to a residential community at walking distance from public transit, a community centre, a school, restaurants, and grocery stores so residents can explore the community.

3. Despite the building's larger scale compared to other common living environments for persons with developmental disabilities, the RCR fosters strong connections among residents within the RCR and with the surrounding Vaughan community as a whole. This is achieved by:

- Encouraging community ties by encouraging residents to participate in day programming, seek employment, or engage in volunteer work;
- Giving residents access to more like-minded individuals (their fellow RCR residents), providing more opportunities to create friendships or even romantic relationships (staff note that many residents participate in self-organized shared meals on a regular basis);
- Creating a low-turnover residential environment by encouraging staff to act as caring adults and professional residential and support-service providers to RCR tenants;
- Operating as a trusting and supportive community by encouraging residents to help each other out or warn staff if they think a fellow resident needs help;
- Incorporating floor-to-ceiling windows in the building design where possible to create an open and welcoming environment; and
- Creating opportunities for residents to meet other community members by inviting the York Region community to participate in events and incorporate a weekly volunteering component in the day programs.

4. The RCR was Reena's first intentional community, designed as a larger-scale apartment building. As a result, some components worked out differently than planned and several adjustments had to be made after residents and staff moved in. Based on the conversations with staff and residents' family members, the most important ones were:

- A lack of a suitable common room areas causes residents to gather for longer periods of time in the reception and mailbox area, blocking traffic and making reception work difficult;
- More wheelchair dependent residents moved in than expected, while certain areas, such as the day program rooms, were not initially designed for wheelchair accessibility;
- Weekends and holidays are experienced as difficult by residents due to fewer organized activities and a higher amount of temporary staff who are not as familiar with the building and its residents; and
- Some apartment features were not completed with the highest quality materials. The unique needs of certain residents (and frequent wheelchair access) can result in additional wear and tear on the apartment units. Examples given were issues with the plumbing, countertops, cupboards and the anti-slip tiles in the showers.

5. While a wide range of individuals with developmental disabilities can make the RCR their home, the research shows it is important to ensure there is a good fit between the individual and the RCR community. This means certain individuals would thrive in other supported housing models. To ensure tenants are successful, Reena:

- Selects tenants carefully and conducts evaluations with the individual and their family to understand if they would fit in the RCR community and are set-up for success from the moment they move in; and
- Makes sure that if a resident does not fit in the community after he/she moved in, the individual has the option to consider other supportive housing units Reena or one of Reena's partners operate outside of the RCR (for instance, individuals who have challenges with being around

large numbers of people may feel overwhelmed with the number of individuals in their environment at RCR).

Designing a New Reena Community Residence

Based on the observations from the participatory research and interviews and focus groups with staff and family of residents, the following recommendations were developed for a new Reena Community Residence.

Physical Design Elements

The section below outlines the physical design recommendations that were identified during the research process.

1. Create intentional gathering spaces where residents can come together during the day to meet and socialize.

The most frequent comment from residents, parents, and staff is that a new building should include more gathering spaces. A social hangout room with games and opportunities for activities is considered important. Currently, residents meet each other in the lobby near the mailboxes, but this area is not suitable and complicates oversight for the reception. In addition, it might block traffic in the hallway when day programming begins and ends.

Other gathering spaces that were mentioned were a basketball court or sports area and a common dining room where residents can eat their dinner together.

2. Create more dedicated staff rooms and parking so they can perform their roles better.

A frequent comment from the staff was that the new building should include more administrative space and dedicated parking. This will ensure staff don't have to park off-site and have access to a desk space with a computer that works when they need one. Also, Managers mentioned they need the ability to isolate themselves more from residents and regular staff when completing complicated administrative tasks.

In addition, it was mentioned a new building should include sufficient staff meeting rooms so staff can meet in private to discuss residents, programming, and priorities without disturbing other staff or residents.

Lastly, staff mentioned they would like to have a break room to socialize among each other and take a proper break. The nature of their work can be intense and currently there are no opportunities to distance themselves from the residents or the work floor.

3. Create additional rooms for programming to enable a more diverse range of activities to be organized with residents.

During the participatory observation and conversations with staff, it was observed some additional programming space would benefit the quality of day programming activities. Participants suggested incorporating a creative room, where residents can work with their hands or create art to express themselves.

Secondly, participants suggested creating a comfortable space where staff can have a private conversation with a participant in day programming. Sometimes, a resident does not want to discuss an issue among peers and a small comfortable space that allows for a private conversation would solve that problem.

4. Ensure the new building is completely wheelchair accessible so all residents can be included in all areas of the building.

Several residents use wheelchairs and it was mentioned that all common spaces and apartments should be designed with this in mind. In particular, the following design features were suggested:

- Install wide doors, so it is easy to enter the building or program rooms;
- Ensure program rooms are large enough to accommodate groups of wheel chairs; and
- Design cupboards and countertops in program rooms to facilitate accessibility.

It was also mentioned that individual rooms should be designed with the ability to easily install additional accessibility features such as a Hoyer lift because the needs of residents might change in the future.

5. Some additional and more general comments were made on the design of the building. These comments were:

- Ensure that apartment elements such as counter tops and anti-slip floors are of high quality to prevent early wear and tear and facilitate easy cleaning;
- Make sure the plumbing is of better quality, so toilets and drains do not clog and create foul smells;
- Bring more creativity, colours, and warmth to the programming rooms and create more spaces to display artwork from the residents;
- Ensure full body windows in private rooms are partly covered so they allow for light to enter but provide adequate privacy for residents;
- Use triple glass in the main hallways to make it easier to control the temperature in the building

Service Considerations

In addition to design, some opportunities for improved service delivery were identified during the research process. These are described below.

6. Create more job opportunities for residents in and around the building.

It was mentioned some of the residents who do not participate in day programming have the ability to work in the community but have trouble securing a job.

Creating a social enterprise run by residents would be an opportunity to create jobs and a daily activity for these individuals, while also adding a new revenue source. An idea that was brought up was to have a community restaurant where residents can work, eat and meet with the surrounding community in York Region. Other ideas that came up were to create partnerships with local employers who are willing to hire residents and disperse memos with job opportunities in the RCR community on a regular basis.

7. Introduce more weekend and holiday activities as well as diverse evening programming for higher-functioning individuals.

During the sessions with parents, it was frequently mentioned the weekends and holiday are hard for residents due to the lack of activity in the building. In addition, family members mentioned that higher functioning residents do not always feel included in the common evening activities. Common activities often operate at a slower pace to accommodate all abilities. Some residents would like to be more engaged in the evenings with programs such as game nights, and opportunities to meet individuals with developmental disabilities in shared social events.

8. Re-examine additional opportunities to invite the community in to the RCR.

RCR staff mentioned that the concept of an “intentional community coordinator” has been previously explored at Reena, where a coordinator would be in place as part of the RCR’s common supports, to help foster community connections and create more opportunities for community to attend events at the RCR and for residents to participate in activities outside of the building. Reena is already undertaking some of these initiatives, such as having residents from the neighbouring VIVA Retirement Community come in to the RCR for programming. These activities could take place during the weekend and holiday off-hours, to ensure programming spans every day of the year.

9. Introduce shared services to reduce the overall costs for residents.

The cost of living can be expensive for some residents with limited financial resources. This might prevent them to access the same services as their neighbours and creates differences across the population. It was mentioned it would be good to use the scale of the residence as a whole to purchase services in bulk and disperse them over the residents to reduce the cost. A good example would be internet and television.

In addition, staff indicated that residents often have significant laundry needs and that the laundry allowance provided by Reena does not always cover the need. Making the laundry allowance dependent on need, can help reduce costs for some residents.

10. Introduce a more sophisticated assessment tool for individuals applying for the respite rooms.

Reena often uses the respite rooms as a trial opportunity for individuals interested in living at the RCR. This has proven to be a very effective and low-risk approach to determining if the RCR is a good fit for the individual. While Reena carefully screens permanent residents before they move into the building, staff mentioned no such tool exists for the respite rooms. In some occasions this leads to individuals entering the community that do not fit in and potentially cause harm. Staff mentioned it would be good to assess respite applications better for fit in the community to prevent this from happening.

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