

Exploring the Connection Between Personal Space and Social Participation

Brenda M. Elias^a and Suzanne L. Cook^b

^aDepartment of Family and Community Social Services, University of Guelph-Humber, and Research Director for Reena, Toronto, Ontario, Canada; ^bDepartment of Sociology, York University, Toronto, Ontario, Canada

ABSTRACT

An innovative housing model that provides integrated support services to a mixed community of adults with physical, developmental, and mental health needs demonstrates how the use of social and personal space intersects with social participation levels. Case study findings from the first two years of this five-year research project at Reena Community Residence will report on the lived experience of a diverse, multigenerational population as they transition from various residential settings and connect to a new “intentional community with supports.” It is important when considering housing for older adults who are aging in place to recognize that these tenants with special needs age much earlier than the rest of the population. Tenant responses define their personal space and environmental fit. Emerging levels of social participation are being recognized by the tenants as life-changing events.

KEYWORDS

social participation;
person-environment fit;
aging in place; intentional
community

Introduction

The housing model

Reena Community Residence (RCR) is an innovative housing model for a mixed community of adults with a range of special needs. Since 2005, Reena, a non-profit charitable corporation, has spent seven years planning collaboratively with partner agencies to construct this housing model. The new building opened in September 2012 and consists of four stories with 65 units with 80 bedrooms and several common areas. The model creates a residence for an intentional community with built-in supports, prominently located on a community campus in York Region, Ontario, Canada, for adults with developmental, physical, cognitive, or mental health needs. This client population has unique requirements since they age more quickly than

CONTACT Brenda M. Elias ✉ brenda.elias@guelphhumber.ca ☎ Department of Family and Community Social Services, University of Guelph-Humber, 207 Humber College Blvd., Toronto, Ontario M9W 5L7, Canada.
Research Team members: Mindy Ginsler, University of Toronto and Susan Roher, MSW, 3 Research Assistants: Amanda Neves and Christina Lantaigne, MSW students, University of Toronto, Annelise Callisto, BASC student, University of Guelph-Humber and Dorothy During, BA student, York University.

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other populations and require supports traditionally used by seniors to age in place (Bigonnesse, Beaulieu, & Garon, 2014; Tang & Pickard, 2008).

While other housing models provide supportive care to older adults (Bedney, Goldberg, & Josephson, 2010), two key components of RCR will be highlighted and described next. First, RCR is designed to provide integrated services with a much higher degree of teamwork than in other settings; this is considered to be a valuable resource in this environment and a key component of this model. Second, in this intentional community, a sense of community is being constructed by encouraging social participation of the tenants, another key factor that contributes to transitioning or settling into a new space. Tenants have been asked to hold a common social vision, focusing on the importance of living and sharing life together. A rich network of reciprocity and civic engagement in this intentional community is being built. This conscious construction of community both develops social capital and fosters social participation (Manzo & Perkins, 2006; Putnam, 2000). Social participation is social engagement involving meaningful activity and social interaction (Gilmour, 2012), and this is how we have defined this term in this article. For example, tenants are asked to look out for their neighbors and expect the same from others living here. This is one aspect of their social participation levels. This model is built on personal independence, reciprocity, and engagement in social life, elements of a caring society with relevance for people of all ages as described by Bookman (2008).

Social interaction promotes social ties. These nurture social capital assets and benefits that accrue to individuals as new social networks are constructed after moving to a new place (Bourdieu, 1985; Hochschild, 1973; Portes, 1998; Putnam, 1993, 2000). Within the community, social capital is a resource and a benefit because it can multiply social assets such as trust, participation, leadership, and shared norms and values. Social participation by tenants is valued because of the opportunities for building community social capital and focusing attention on the positive consequences of sociability.

Integrated service provision is critical to supporting health and well-being within this community. Tenants can access activities of daily living (ADL) services on-site, including such in-home support services as cleaning and laundry, shopping and meal planning, and personal care. They can also access two on-site Reena programs called Channels and Pathways that are specifically designed to assist with social and life skills to build the capacity of individuals to gain from but also contribute to their community.

The RCR is adjacent to a new social recreational complex called the Schwartz/Reisman Centre, and tenants have access to a variety of recreational, cultural, and educational programs, a wellness center, and Mount Sinai's ambulatory health-care facility. Tenants can join a Family Health Team that provides access to a variety of health services. Tenants are able to find a new doctor that is a tremendous benefit for improved wellbeing. This campus location provides easy access to transportation and parking (for visitors, tenants, and service staff) and provides numerous opportunities for tenants to enjoy the amenities on campus, while inviting the

entire community to use the many resources of the RCR. These include a multipurpose room, a large computer room, meeting rooms, the Holocaust Remembrance Garden, an education center, a life-skills suite, and a greenhouse.

Integrated service provision as well as social participation and the development of social capital are central elements to be examined in this innovative housing model.

The research project

This research project was designed as a longitudinal study to follow tenants over a five-year period from 2012 to 2017 and tap into the age-related experiences of the individual tenants as they transition from various community settings to the new RCR. The residence is a four-story apartment building where varied supports to the individuals' unique needs around available around the clock. Only the early findings from the case study of the first three sets of interviews with tenants from 2012 to 2014 are reported here. A major focus of this case study examines whether tenants embrace a common social vision that places importance on living and sharing life together, and whether these activities impact their perceptions of their own health and levels of social participation.

The age-related changes are defined as the documentation of any health and social factors that are identified by the tenants as they age over the duration of this project. An example might be finding that a normal feature of aging is decline in visual acuity, which may prompt the tenant to express a need for glasses as other tenants also notice a self-perceived change in their vision.

Lawton's (1977) person-environment (P-E) fit theoretical framework has been adopted to understand adaptive interactions, although it is acknowledged that there is no simple relationship between environmental elements and complex human behavior. This study examines how individuals cope with the stresses of moving, adapt to the new housing model, and make use of the social and personal space. Susanne Iwarsson (2012) conducted a review of the literature on person-environment fit over a 20-year period to determine how research strategies interact with health aspects, and how practitioners make use of and evaluate the effects of this dynamic in housing projects. A distinctive feature of this case study is that tenants will be asked their view of their health, environmental fit, and their personal space.

The match, or balance, between a person's functional competence and his or her surrounding environment is an important component of aging well, as accommodating environments that support declines in functional capacity help maintain overall health, independence, and well-being in old age. P-E adaptations have been determined to be an aspect of successful aging (Lien, 2013; Young, 1998) and will assist in ascertaining what aging in place looks like in the RCR.

Personal space is defined according to processes by which people mark out and personalize the spaces they inhabit, including common social spaces (Sommer, 1969). From the life course and aging perspective, gerontologists embrace a broad

theoretical approach that includes psychosocial and environmental aspects in the study of individuals and behaviors, concluding that aging is profoundly shaped by the physical and social environments in which aging takes place (Walker, 2011; Williams et al., 2009).

For most individuals, aging is associated with a decline in general health and the onset of various types of activity limitations. However, very little attention has been paid to the experiences of persons with disabilities as they age; therefore, it is not clear how the experiences of this group differ from older persons who have aged without disabilities (Law Commission of Ontario, 2012).

This article documents the RCR experience as one new addition to the literature on aging in place. This concept is referred to by Bookman (2008) as older people remaining in their own homes and communities, which is becoming an increasingly popular alternative to age-segregated retirement communities. Unfortunately, according to this research, there is an increasing risk of older people becoming socially isolated and without access to information about services when living on their own. Recognized as a worldwide issue with our aging population, the World Health Organization (2007) launched a "Global Age-Friendly Cities Project" in an attempt to help older people remain active and engaged in their communities with appropriate transportation, housing, health care, and other services. All of these "age-friendly" components are featured in the RCR model.

Successful aging is a socially constructed concept (Baltes & Baltes, 1990) that has proven difficult to define. One of the three indicators of successful aging as described by Rowe and Kahn (1997) is active engagement in social relations and productive activity, and although critiques have argued against this model for persons with disability, we make the case that this works if there is person-environment fit and an innovative housing arrangement with supports.

A number of studies have examined genetic, lifestyle, and social determinants. These determinants have coincided with fundamental aspects of aging, and recent clinical trials suggest that caloric restriction, physical activity, cognitive intervention, stress reduction, and social programs may enhance cognitive and emotional health in people as they age (Depp, Vahia, & Jeste, 2010). There are differences between men and women with regard to rates of disability, with women requiring more services. The older age groups of men and women, referred to as more frail, need more help to maintain independence (Shaw, Cartwright, & Craig, 2011).

Over the last two generations, persons with a developmental disability have a longer life expectancy but frequently age prematurely; as such, they may require services and supports as early as age 40 to 50, with needs similar to those of a much older person (Shaw et al., 2011). It is important to understand the best methods for supporting the successful aging of individuals as they manage daily life and cope with challenges on their aging journey. This study provides the opportunity to observe and capture their biopsychosocial responses to both the new environment and the support services (Courtenay, et al., 2010; Forchuk, et.al, 2006; Walker, 2011; Williams, et al. 2009; Young, 1998).

This approach to conducting an in-depth, primarily qualitative case study is intended to document the potential for an "intentional community" to be created that is a welcoming and learning environment, inclusive, supporting personal independence and growth, reciprocity and engagement in social life, and promotes a holistic understanding of a healthy aging process.

Method

Using both qualitative and quantitative methods, we gathered data to monitor change over time. This case study offers a rare opportunity to study a group of individuals who have transitioned from apartments, group homes, hospital settings, or family homes to an "intentional community" with integrated services. These new tenants will be interviewed individually before they move, and then within three months after their move, and then at routine times on the anniversary of their move, annually, over a five-year period. By asking the tenants about their subjective perceptions of their experiences, an informed understanding of the meaning of "intentional community" will emerge over time along with a snapshot of the environmental fit and how personal and social spaces are being used.

Individual interviews were conducted with tenants of the new building and participant observations were recorded after each site visit by trained volunteer researchers. Qualitative interviews explored the social, psychological, cognitive, and physical responses to the transitional change in residential status of the individuals. Social participation was measured by examining emerging levels of activity, both within and outside the building, where there is opportunity for activity, gatherings and sports, recreation and leisure, volunteering, and supported paid employment.

The confidentiality and privacy of individuals participating in these interviews are protected, and appropriate protocols have been developed and implemented.

Tenant interviews

Every participant has been interviewed by a trained research team member at least three times at the time of this writing: in their home before the move, within three months after the move into the RCR building, and at the anniversary of their first year of occupancy.

The interview uses a semi-structured guide with five questions that cover activities of daily living and feelings about the living situations (before and after the move). One final open-ended question allows the participant to include any other thoughts and perceptions about the lived experience and services offered at the RCR.

Quantitative and qualitative methods that capture responses to the research questions about the person-environment fit have now been administered three times with 65 tenants: pre- and post-move, and at year one following the relocation.

All data have been collected and coded as individual responses to the six questions, then aggregated and coded according to the six questions. Emerging themes

were recorded and quantified from the aggregated data analysis, and actual qualitative quotations have been compiled to display the type and unique characteristics of expressions used by respondents.

All individuals have signed consents for each interview.

Observations

As the research teams enter the residence, a descriptive log has been kept for each site visit along with general comments about the residential spaces, both personal and social, to capture the effects of housing design in a more humanistic manner and comment on the person-environment fit. A summary of these early observations has been gathered and will be presented in the following Results section.

Results

So far, 65 tenants have consented to participate in this study. Out of a maximum of 80 bedrooms, only 72 were occupied at the time of this data collection.

The age range of the participants is 18 to 82 years, and there are 23 females and 42 males. It is interesting to note that there are twice as many males as females in this study; a more extensive gender analysis is warranted in future reporting of results.

All participants were interviewed in their home setting prior to their move to the new building to establish a comparator and baseline for their self-perceived health status and identify individual service requirements. There have been 12 tenants who have moved out over the period 2012 to 2014, and one study participant died before the scheduled move. This rate of attrition will be explored further as an indication of person-environment fit; however, no follow-up provision has been made for those tenants who no longer live in the building. The resulting reduction of sample size will be discussed as a limitation of this research design.

Wave 1 set of interviews on the first year of occupancy has been completed for all participants.

Findings

In the spring of 2014, after living about 18 months in the new building, results of interviews are summarized in themes. The pace of move-ins has been deliberately slow, allowing for ample preparation time for support staff to accommodate individual needs.

Support services

The transition plans have been comprehensive and implemented smoothly with the involvement of family and caregivers. It takes time to put these plans in

place due to unanticipated health-care delays and months of preparation in some cases.

One of the original nonprofit partners—Kehilla, a housing organization—provided the start-up housing application and lease agreement services for the RCR. After two years of service this function has been absorbed into the Reena administration. The other nonprofit partners—Circle of Care, St. Elizabeth Health Care, and the March of Dimes Canada—are actively engaged in providing ongoing support.

Eighteen tenants have been supported by the community partners: Circle of Care placed four tenants in 2012, and March of Dimes Canada supports 14 tenants with moves completed between April 2013 and April 2014. Reena supports the other 49 tenants as the predominant partner and building owner. Responses to Question 2 about service needs reflected a successful transition and an increase in feelings of overall health and well-being as reported by the study participants. One tenant reported finding a new doctor next door after a prolonged search over several years.

Thematic analysis

Six themes from the aggregated data are as follows: tenant experiences (obtained from the first three interview questions), perceived health improvements (Question 4), support services (Question 4), the building (Question 5), and social participation including sports, recreation, and pets (Questions 5 and 6). Invariably the responses to the interview questions are very brief as many tenants in this special population have marginal communication skills and answer with three or four words, so the following section presents some summary statements and actual quotes that express the more detailed comments elicited from Question 6: "Is there anything else you would like to tell me?"

What the tenants are saying

A sample of verbatim comments collected during the interviews with the participants/tenants is listed below:

- Overwhelming majority can be described as "ecstatic" with their new apartments and the experience of buying items such as toasters, big-screen televisions, and microwaves is very exciting if you have never owned such items before. For other tenants they say it is the freedom to come and go as they please. They are independent and learning many new things about their surrounding neighborhood, about grocery shopping, banking, cooking, keeping their units clean, doing their own laundry, gardening, and living on their own.
- "When I moved in I was so tired, very stressful and I slept a lot at the beginning, feeling better now" (Question 1).
- "I love it here and want to stay forever and ever"; "it's nice"; "very quiet and peaceful" (Question 3).
- "I really like my new room and I am very happy" "the building is beautiful" (Questions 3 and 4).

- “I check my blood sugar and it’s done amazing, I take meds three times a day, make my bed and learned how to take care of my apartment” (Question 4).
- “I take care of my health now, like aquafit, yoga classes, feel as healthy as a horse” (Questions 4 and 5).
- One young man said that he “hated it in the group home” and is trying very hard to keep up with cleaning his apartment. (Question 5).
- Tenants are learning what it is like to live with other people and share common space and also to share service providers.
- Some have pets to care for and at last count there are 11 cats and dogs living in the intentional community, and sharing pet care is new for many.
- “I have never lived by myself before and I am working on socializing at evening programs like karaoke” (Question 5).
- Four tenants (6%) say they “hate” living in York Region and want to move back to Toronto to be closer to the “action in the city.” Only five tenants have cars, and double bus fares for crossing jurisdictional boundaries of York Region and City of Toronto transit are too costly.
- In addition to being a good neighbor, social participation for Reena tenants means going to lunch with other tenants, making new friends, becoming a volunteer, gaining new skills and information through social learning, finding a job, attending social functions in the building and out in the surrounding community, and increased levels of recreational activity and attending exercise programs.
- Some concerns have been raised regarding safety and security in the building, and tenants have requested a Tenant Council, which was established in December 2013 with a president elected by the tenants.
- Smoking and fire drills are other issues that have been identified as a worry to tenants.

Subpopulation findings

Special attention has been devoted to the development of 3-bedroom apartment units with congregate care that include seven tenants who are participants in this study; attributes of this subpopulation are described below:

- March of Dimes Canada provides 24/7 attendant care and support 3-bedroom apartment with community activation to seven young people (aged 20 to 35) with complex medical needs, common supports such as medication management are provided by Reena and St. Elizabeth Health Care.
- These participants are younger than most of the other tenants and two are pursuing educational goals at Humber College and Seneca College.
- The three female and four male participants are cognizant of the fact that they may not live to see the end results of this five-year study and do not hesitate to express this sentiment.

Early findings on this small tenant subpopulation have documented initial expression of feelings of increased independence, safety, and feelings of inclusiveness as emerging themes that are similar to those found in the larger sample of all participants in this case study. Self-directed care has taken on a new meaning for these tenants who deal with service providers on a daily basis.

Researchers’ observations indicate that a positive, supportive environment has developed. This has relieved participants’ pre-relocation-identified worry and

anxiety about what life would be like in a congregate care setting at the RCR. Personal space has been adjusted to meet individual needs, and provision for use of social spaces is encouraging tenants to move about the building. Two tenants operate electric wheelchairs, and several other assistive devices have been noted moving throughout the building, demonstrating newfound mobility for these tenants.

Many tenants in this subpopulation expressed a sense of urgency to pursue individual goals such as attending college and finding meaningful volunteer or work opportunities due to concerns about a perceived limited life expectancy, which is a distinctly different sentiment not mentioned by other participants in the larger study sample.

These post-move findings are consistent with the literature that reports longer life expectancies when accompanied by a strong supportive environment such as multiple ages living together in an "intentional community." Also we know from demographic reports from Statistics Canada (2011) that this generation of persons with developmental and physical conditions is living much longer than in the past, and age ranges (18 to 82 years) reported here are unprecedented. In addition, we observed growing independence that addresses social isolation and enhanced social participation.

What about those who did not fit?

The previous section presents our findings of the ways that tenants are adapting to the move and creating a new life at RCR. However, for some tenants, the move was not a successful transition; these twelve tenants moved out of RCR. This represents 18% of the study sample, and indicates that 16% of the units had tenant turnover.

An updated tenant list is produced quarterly for tracking purposes, and a negative case analysis was conducted to examine moving dates. Table 1 summarizes the experiences and description of characteristics of tenants who have moved out of the RCR building according to age, sex, date of exit, reason for move, and where tenant relocated. Previous research has examined person-environment fit issues and adaptations (Lien, 2013; Iwarsson, 2005). Person-environment fit perspective indicates that there are low and high adapters. This influences their adaptation to the relocation as well as their coping with functional management and daily activities of living. From the perspective of person-environment fit, the twelve now-former tenants were the low adapters who faced personal, family, and housing barriers to successful adaptation and aging well within RCR. These individuals were unsuccessful in their relocation for a variety of reasons.

Analysis of the reasons for tenant exit indicate that the intersection of personal and administrative challenges or family-related and housing issues were factors in tenant exits. As Table 1 indicates, it is the conflict with rules, regulations, and expectations that more often results in tenant exits. For example, funding issues and the inability to pay rent are obstacles to tenancy. Rent payment is required and dictated by housing regulations. For other individuals, personal issues such as displaying challenging behaviors, inappropriate behaviors, or alcohol and/or drug abuse come

Table 1. Tenant exits.

Exit	Sex	Age	Referral Agency	Exit Date	Reason	Relocation
1	Female	28	Reena	August 2012	Deceased at camp	—
2	Male	65	Circle of Care	November 2012	Inappropriate behaviors; alcohol abuse	Self-apartment
3	Male	25	Reena	December 2012	Inappropriate behaviors; drug, alcohol abuse	Returned to Reena group home
4	Female	24	Reena	January 2013	Parental concern about level of supervision	Returned to Reena group home
5	Female	67	Circle of Care	September 2013	Eviction: failure to pay rent	Self-apartment
6	Male	35	Self	September 2013	Family conflict and financial issues	Self-apartment
7	Female	21	March of Dimes	April 2014	Funding issues	Back home with family
8	Male	21	Reena	May 2014	Challenging behaviors	Self-apartment
9	Male	34	Reena	June 2014	Challenging behaviors	Reena group home
10	Female	35	March of Dimes	October 2014	Challenging behaviors	Self-apartment
11	Male	23	Reena	November 2014	Financial issues	Back with grandparents
12	Male	25	Reena	December 2014	Seeking more independence	Self-apartment

into conflict with rules and expectations for tenants. Understanding the conditions of the lease agreement for each unit is also a serious issue and a requirement for tenancy. Interestingly, in this multiage housing model, exiting tenants were either under age 35 or over age 65. Also, both female and male tenants moved out of RCR and were seemingly unable to adapt to their new residence. Family-related reasons for the tenant exit occurred for one female and one male tenant.

After exiting RCR, two former tenants moved in with family members, six moved into their own apartments, and three moved back into Reena group homes. Tragically, one 28-year-old female died from health issues. We can see that all three community partners had tenants leave the building, and some tenants required ongoing services to continue with these same providers after leaving RCR, illustrating another benefit of a seamless integrated service delivery.

Residential space

The RCR is a beautiful modern building with wide hallways and an abundance of natural light and amenity spaces. Since September 2012, all 1, 2 and 3-bedroom units have been occupied with the exception of three 2-bedroom units that have proved very difficult to fill. Great care has been exercised in selecting and supporting each new tenant to ensure that his or her settlement process is of exceptional sensitivity and quality.

Person-environment fit

The importance of good design and functionality cannot be emphasized enough, as they define personal space, common spaces, flexibility, and accessibility. One observation at RCR in the early move-in stage was how quickly the tenants rallied to defend a pet hamster that had been taken outside and was being physically abused by another tenant. That tenant has since moved out of the building partially due to peer pressure regarding his disruptive behaviors that did not fit the new environment and the emerging definition of what boundaries are envisioned by the tenants in their community.

Defensible space is a term coined by Oscar Newman in the 1970s and describes a model for residential environments that inhibits risks by creating the physical expression of a social fabric that defends itself. Some indication to the formation of this type of social fabric is the tenants finding a balance between the creation of new rules and self-regulation as part of the person-environment fit at RCR.

An interesting phenomenon observed during the settling-in period was staff revisions to the "open" concept through the creation of a "fortress mentality" where the program rooms were locked at 4:30 p.m., thus denying access to tenants after hours and in the evening. A curfew was declared in that all entrance doors to the building were to be locked by 11:00 p.m. thereby planting the seeds in minds for behavioral control although the doors were not in fact locked. Tenants are beginning to voice concerns about limited access to social spaces such as the computer room after hours without staff supervision, and these issues are to be raised at the new Tenant Council.

One of the important design lessons is to ensure that evaluation of spaces after occupancy happens and to take a second look at how the space is being used and what is working or not. As practitioners, we applaud the early project examples provided by local Toronto architect, Jerome Markson, who was awarded the Ontario Association of Architects Design Award for his work. He is an architect who "sensitively planned and detailed the place to a gentle scale", which provided inspiration for this type of building design (Markson, 2014). Another architect practitioner alludes to housing form and housing design measures in a "more humanistic manner" which has been adopted in this RCR housing model (Simon, 1993).

An intentional community such as RCR presents a real chance to evaluate how this modern space is being used. Once the environment is created and tenants have settled in, it is still the person who determines the fit in the new space. The reality is that difficult behaviors persist that disrupt and disturb other tenants. Creative ways to deal with these issues need to be explored so that residents can step toward total independence and variations in the use of residential spaces can occur.

Strengths and weaknesses

For the tenants at the RCR, their living environment embodies inclusion, one of Reena's core values and practices that has now been embraced by the community partners and is reflected in the intentional community. Tenants with varied abilities

come together to live a meaningful life, interacting with their neighbors. Some other strengths and weaknesses are as follows:

- To accommodate special needs significant funds were invested in the development of three units with 24/7 congregate care after the building was opened. The additional costs required to create accessible roll-in showers, install ceiling track lifts, and apply wall protection and install other equipment was time-consuming and delayed tenant moves.
- Self-directed care has taken on a new meaning for tenants dealing with these service providers on a daily basis. It is seen as a strength that fosters independence. Beyond providing a home and supports, this innovative housing model builds community where people can live, play, and work.
- Community partnerships draw on significant “pooled” resources, enhance service capacity, increase social capital, and allow for extensive staff training. A higher degree of teamwork is evident as many tenants are known to several agencies from the past and now the services are integrated on-site, making access easier for tenants.
- One weakness identified is that expertise available from “age-friendly”¹ community partners has not yet been transmitted to RCR staff, possibly due to unfamiliarity with the language and approach to responding to needs of older tenants. The concept of service integration to address aging in place must be sharpened through a thorough and deep screening of prospective tenants based on strong working relationships with referral agencies and ongoing discussions for selection of the right person-environment fit.

Since September 2012, all units have been occupied with the exception of three 2-bedroom units that have proved very difficult to fill. Great care has been exercised in selecting and supporting each and every new tenant to ensure that his or her settlement process is of exceptional sensitivity and quality. What has emerged is a new definition of what an intentional community starts to look like at the RCR for the tenants and visitors, partners, researchers, staff and family members, friends, caregivers, and volunteers who are all part of that defining process. Almost everyone observed by the research team makes comments freely on this phenomenon and describes it in ways that have meaning for them. It is fascinating to try to capture these observations.

RCR is still in start-up mode. Patience is a true virtue as each individual adapts to the new setting as the personal and social spaces become occupied. It has been an 18-month learning experience for everyone involved, and for the most part it has certainly been a positive one. We will see what the next years will bring to this intentional community.

Discussion

This housing model creates a residence for an intentional community with built-in supports in a mixed community of adults with developmental, physical, cognitive, or

¹ World Health Organization (WHO), 2007.

mental health needs. This client population ages at a faster rate than the general population, and requires services and supports. Two key components of the innovative housing model at RCR are the provision of highly integrated services with extraordinary teamwork, as observed by the research team, and the sense of community being constructed through social capital and social participation of the tenants. As the tenants are encouraged to hold a common vision and shared values and norms, they have focused on the importance of living and sharing life together. Thus, civic and social engagement in the community is being nurtured through a conscious construction of community (Manzo & Perkins, 2006; Putnam, 2000). Through the cultivation of community, good neighbors and reciprocity are being fostered. This is a manifestation of social capital as described by Putnam (1993, 2000).

Using the lens of person-environment fit (Lawton, 1977) to examine tenant adaptation during this relocation, we observed that these adults are thriving with the independence and sense of agency that this model of housing has facilitated. The increase in social participation that this model affords provides the opportunity for personal growth and has reduced social isolation and dependence that these tenants experienced before the move.

Benefits and implications for this intervention related to successful aging are evident in this housing model. For example, one barrier to service access has been removed: Information about available services is provided on-site, thus providing a "bridging" to social capital and aging in place (Putnam, 2000). Social participation through volunteerism, social interaction, and neighborly reciprocity enables tenants to live an enhanced and more meaningful life.

Limitations

This is a unique setting specifically built to accommodate an "intentional community" of tenants with a variety of special needs. The case study findings are not readily replicated, and the sample size is small; however, the documentation of the age-related changes and transitions experienced by these tenants are noteworthy as the environment serves as an incubator of social participation that warrants ongoing learning applicable to other research efforts in person-environment and aging in place.

With regard to the attrition rate, a review of this purposive sample in the research design is warranted as new tenants replace those exiting the building over the next three years and may be considered for future inclusion in the case study. Active engagement in social activity is a key component of successful aging theory (Baltes & Baltes, 1990).

Summary and conclusion

Tenant responses are beginning to define person-environment fit and emerging levels of social participation as life changing events. In addition to this growth in social engagement, six themes from the tenants' aggregated data have emerged as follows:

tenant experiences, the building, perceived health improvements, support services, sports and recreation and pets. Initial expression of feelings of increased independence, safety and feelings of inclusiveness are themes that reinforce the notion of person-environment for this group of tenants.

- There is an obvious intersection between social and personal space most notably in the reception/lobby area where a high level of activity takes place on a daily basis. Also the library and program rooms are used in the evening for movies and Karaoke and other social events.
- Social participation levels are beyond expectations. Tenants are embracing new found independence: There are new jobs, both paid and unpaid. Furthermore, innovative approaches reflected in the creation of a volunteer receptionist position as a training opportunity for future employment of tenants.
- The RCR offers the opportunity to foster, build, and maintain relationships. There is evidence of tenants making new friends, socializing, and making plans to spend time together both inside and outside the RCR. Tenants are building social capital.
- Self-perceived health has been reported as improved, with increased levels of fitness and recreation through visits to the Schwartz/Reisman Centre located next door as one example.
- Important features to consider in the design for future person-environment fit with housing supports are accommodating assistive and mobility devices in both the personal and common social spaces.
- This approach to conducting an in-depth, primarily qualitative case study is intended to document the potential for an "intentional community" to be created that is a welcoming and learning environment, inclusive, supporting personal independence and growth, reciprocity, and engagement in social life, and promotes a holistic understanding of a healthy and successful aging process.

Recommendations

Based on two years of observation by the research team of the RCR, several ways to enhance the quality of life and social participation levels in this environment are recommended as follows:

- (1) When the Tenant Council is established, it should include more representatives of all subgroups in the building, including youth, seniors, and those with medically complex needs. Training programs related to the role of a Tenant Council in the building should be offered to all RCR tenants.
- (2) Policies and procedures need to be developed related to screening for new tenants and to identify those interested in possible active involvement on the Tenant Council.
- (3) Reena needs to develop a plan to become a more "age-friendly" community as the organization must become familiarized with basic principles of gerontological practice distinct from the developmental service approach, including the importance of person-environment fit and aging in place.
- (4) On-site cross-training for health and social service support needs is necessary to support total independence of tenant decision making for self-directed care.

Overall, this case study captures qualitative and quantitative information about the role that person-environment fit plays in healthy aging. Never before has the

experience of tenant life been documented in this way, as the survival rate and longevity of this group of tenants is unprecedented in the history of Canada. It is our privilege to observe the evolution of this fascinating intentional community as the tenants age in place.

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