

Creating Congregate Settings for the Elderly:

The Role of Management and Design

by

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B.S. University of Missouri

(1969)

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SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE
DEGREE OF

MASTERS IN CITY PLANNING

at the

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

MAY, 1979

Signature of Author.....
Department of Urban Studies and Planning, May 1979

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Submitted to the department of Urban Studies and Planning
on May 1979 in partial fulfillment of the requirements
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ABSTRACT

The term "congregate housing" as it is used in this thesis refers to assisted group living for older persons. It serves those who have disabilities sufficient to keep them from living in their own homes but who do not need the degree of care offered in nursing homes. Its goals are to provide the "frail" elderly population with affordable residential housing and the support services needed to cope with the demands of daily life.

There is no single facility or setting which all would define as congregate. The term is used to describe group living situations ranging from large-scale public housing projects to cooperative apartments organized by residents themselves. Since no single type of housing provides an adequate response to the diverse needs of the elderly population, efforts are being made to provide a variety of residential settings.

This work draws on case studies to identify three approaches to congregate housing which are appropriate for meeting different needs and preferences. Detailed descriptions

of three actual congregate settings are presented to acquaint the reader with the physical characteristics, resident activities, and managerial styles in different kinds of facilities. The information gathered in fieldwork is then categorized and presented as three congregate prototypes whose main characteristics are determined by basic managerial and design decisions. These prototypes are meant to present a clear image of distinctly different congregate options and are best described by their central themes: independent, participatory, and protective.

The final portion of this work presents two aids to defining appropriate congregate housing. The first is a series of planning review questions to help establish the type of congregate facility which will best serve a community, given its characteristics and those of its elderly population. The second is a discussion of six behavioral issues especially relevant to the planning of congregate facilities: personalization, proprietary activities, privacy, mutual aid, sharing, and independence. These issues are first briefly defined and then specific daily activities relating to them, such as answering the phone or making decisions, are listed with options for managerial and design decisions that will influence the nature of the activities.

The presentation of case studies, the definition of prototypes, and discussion of specific options in the development of congregates are meant to aid planners and designers of these facilities in creating settings which will best serve their target populations.

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ACKNOWLEDGEMENTS

I would like to express my thanks to Gary Hack, Florence Ladd, and John Zeisel, whose contributions were essential to the completion of this thesis. For his guidance during the early stages and his many insightful comments as the work progressed, I am indebted to Gary Hack. I would also like to thank Florence Ladd, whose advice and encouragement complemented our mutual delight in the human side of the information which I obtained. A particular debt is owed to John Zeisel for the time which he gave so generously to formative discussions and for his help in developing an analytical perspective.

I have also benefitted greatly from interaction with many old and new friends in the course of my research. I am grateful for the continuing support of Gayle Epp, who always sets a good precedent by demanding a great deal from herself as well as from those around her. Lis Doermann provided a valuable contribution to my research by sharing information and insights gathered from her own recent work on congregate facilities.

I have also gained much from my conversations with Steve Demos, Pam Shay-Rogers, Roberta Campbell, Jan Boyd, Mike Haran, Sandy Seibert, Gene Wilson, Robert Dumais, and the other congregate program directors who generously shared their time with me. To all the residents who allowed me a glimpse into their lives, I can only express a hope that my work warrants their confidence.

Much appreciation is due Pam Ersevim for her capable and patient work in preparing the manuscript.

Finally, my most heartfelt thanks to David Wheeler for his steadfast support and encouragement throughout the highs and lows of this experience called a thesis.

INTRODUCTION

The term "congregate housing" as it is used in this thesis refers to assisted group living for older persons. Its purpose is to provide affordable residential housing and support services for those who have disabilities sufficient to keep them from living independently but who do not need the degree of care offered in nursing homes. The efforts to provide such housing are based on a belief that each individual has a right to live in the least restrictive environment possible, and that this includes preventing unnecessary or premature institutionalization in nursing homes or rest homes.

There is no single facility or housing type which all would define as congregate. The term is used to describe group living facilities ranging from large-scale public housing projects to cooperative apartments organized by residents themselves. Since no single type of housing provides an adequate response to the diverse needs of the elderly population, efforts are being made to provide a variety of residential settings.

This work draws on case studies to identify three approaches to congregate housing which are appropriate for meeting different needs and preferences. The three approaches are analyzed as prototypes, whose main characteristics are determined by basic managerial and design decisions.

In the first chapter, a detailed description of three actual congregate settings is used to acquaint the reader with the physical characteristics, resident activities, and managerial styles in different kinds of facilities. The three sites have been chosen for discussion because of the contrasts which they provide and because they most nearly fit the congregate prototypes described in the second chapter.

The prototypes are meant to present a clear image of three distinctly different congregate environments. Named for their central characteristic, the prototypes are referred to as independent, participatory, and protective. These alternatives are distilled forms of the settings found to exist in actual facilities. The definition of prototypes and discussion of the components which shape them is done in an effort to aid planners of congregate housing in choosing and developing environments which will best serve their target population.

The field work for this thesis was begun by conducting a series of extensive, open-ended interviews with individuals who fund, design, and manage congregate housing. These interviews were used to identify the issues which practitioners see as most important to the successful functioning of congregate settings. Additional insights were gained during my participation in a Department of Community Affairs (D.C.A) workshop series on the design of congregate housing. In the workshop sessions, staff from the D.C.A., environmental design practitioners, and architectural teams working on congregate housing funded by the Department came together to discuss relevant design, managerial, and behavioral issues. The information gathered through the preliminary interviews and workshop was used to construct and refine the interview format for site visits.

Site visits were made to five congregate facilities: Elderly Cooperative Housing Options (ECHO), Cambridge; Belknap House, Concord; Bradford-Russell Home, Fairhaven; McCrohon House, Jamaica Plain; and Woodbriar, Falmouth.⁽¹⁾ Visits were planned in

(1) All of the sites visited (with the exception of Woodbriar, which has 93 units) were small facilities of from four to eighteen residents. None of these facilities provides individual kitchen units and only two provide residents with private bathrooms. For a general description of these and other congregate sites see Congregate Housing for Older People in Massachusetts, prepared by Constance Williams for Citizens Housing and Planning Association.

order to see the settings at different times of day and, on at least two different occasions. Directors, managers, and residents were interviewed extensively in each facility. With management, the discussion focused on their activities and purposes, perceptions of the physical environment, and definitions of the proper relationship to residents. Residents were asked about their lifestyle and its disadvantages as well as advantages; the physical layout of the setting and their use of it; and their relationships with each other and management.

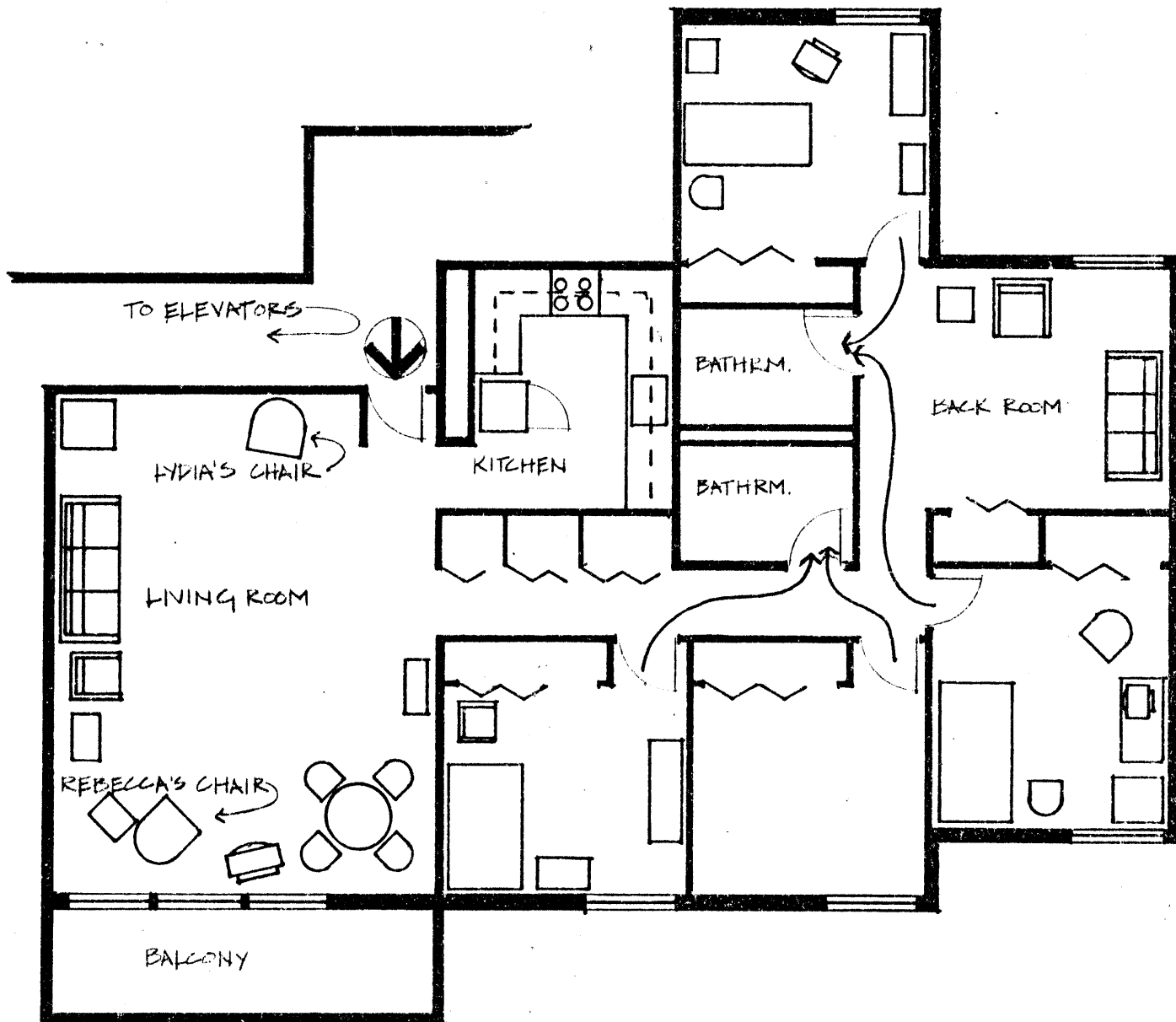
During the site visits, constant attention was paid to the types and levels of activities which were occurring and at least one meal was eaten with each group. Finally, photographs and measurements for floor plans were taken at each site as aids to considering physical design issues.

The following chapters present the results of my research and analysis. Hopefully, this work will provide those planning and designing congregate facilities with insights into the types of settings and communities that exist and those that can be established. By defining components of these settings and making explicit some of the choices which can be made in their development, the analysis should aid practitioners in creating the settings they see as appropriate.

CASE STUDIES

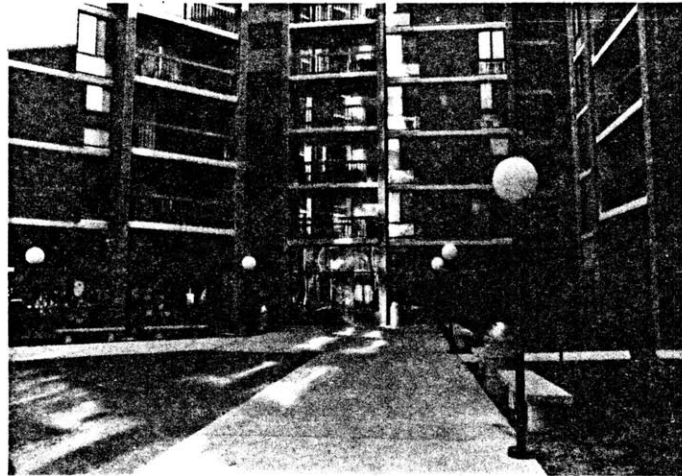
CASE STUDY #1

ELDERLY COOPERATIVE HOUSING OPTIONS (ECHO)
CAMBRIDGE, MASSACHUSETTS



ECHO APARTMENT
1/8" = 1'0"

ELDERLY COOPERATIVE HOUSING OPTIONS (ECHO)



Apartment complex courtyard and entry.

hours a week of social services per resident. In 1976-77 a group called Elderly Cooperative Housing Options (ECHO) combined state housing subsidies, private grants, CETA funds and residents' SSI incomes to help four elderly women move out of Cambridge nursing homes. These women are now housed together in an apartment paying rent equal to one-fourth their adjusted incomes, or \$50 a month, and making a total payment of \$200 for a unit with a market rent of \$350. CETA funds are used to pay for about four (1) hours a week of social services per resident. These services were at first directed toward helping the women adjust to handling as many of their own needs as possible and now consist largely of monitoring the living situation and giving help when problems develop. The apartment is a large four bedroom unit on the second floor of a high rise building which is within easy walking distance of a large supermarket, a health clinic, and the banks of the Charles River. It is a twenty to thirty minute walk, or a short bus ride, from the apartment complex to a major commercial area.

The residents, whose ages range from 65 to 74, had been in nursing homes for five or six years because they felt it was the only housing they could afford and manage. Previously, three of the women had been institutionalized in mental hospitals

⁽¹⁾Williams, Constance. Congregate Housing for Older People in Massachusetts. Citizens Housing and Planning Association, Boston, Massachusetts, 1978.

for long periods. After considerable outreach work, the apartment mates were selected because of their strong desire to leave the nursing home and diagnostic tests which indicated that with some support they would be able to take care of most of their own needs. The common backgrounds and prior friendship of three of the women were seen as additional positive factors.

Once selected, social service agencies analyzed the group for the support services they would require. These agencies, ECHO staff, and the residents agreed that the women would do all their own housekeeping. A visiting nurse and geriatric psychologist were recommended for one diabetic resident who denies her illness. However, the ECHO philosophy, which is to promote independence by providing only absolutely necessary services, resulted in a decision to try to keep the woman's condition stable with the help of the psychologist only. Unfortunately, a medical crisis ensued and a visiting nurse and nutritionist were assigned to the apartment to watch her condition more closely.

"Our philosophy was to give them as few services as possible but to be there to coordinate the ones they needed."

Facilitator

Issues related to sharing housework, space, and equipment began developing immediately after the four apartment mates moved in. Two of the women had assumed they would eat meals together and one of them volunteered to do all the cooking. However, the other two said they preferred to prepare their own meals according to their personal taste. As a result, it was agreed that they would all cook separately and each purchased her own modest assortment of pots, pans, dishes, glasses, and



The kitchen cabinets were labeled.

flatware. Separate purchases avoided the problem of sharing cooking and eating utensils but the problem of storage space remained. The ECHO staff person facilitating their move and adjustment to the apartment resolved the situation by evenly dividing and labeling kitchen cabinets with each woman's name. Two of these name tags have been taken down, but two, yellowed with age, remain more than two years later.

A more serious problem developed around the sharing of food. Due to personal preferences they all purchased groceries separately. However, one woman began "borrowing" others' milk, etc. when she ran out. The others' resentment of this practice was intensified by the fact that they had not done their own shopping in several years. Their lack of familiarity with shopping and their surroundings made this an awesome task which was increased by the roommate's borrowing habits.

In an effort to resolve these kinds of tensions, the ECHO facilitator organized group meetings to discuss problems. The women were unable to use this process, however, and instead made their complaints in private to the facilitator.

"They expected us to do everything for them - even work out all the interpersonal problems."

Facilitator

When the staff person in charge of the apartment changed, the organized group meetings were dropped and residents were told they had to work out problems together.

"I told them... you've got to live together so you've got to work out these problems between yourselves.

Facilitator

An area in which residents did receive staff support was in readjustment to handling their own legal and financial affairs.

"At first a note from SSI (Supplementary Security Income) would throw them into a panic. I helped them take care of these things a few times until they realized it was pretty simple.

Facilitator

These initial adjustment problems seem to have been largely overcome. The women are comfortable handling all but the most threatening legal and financial problems and have fallen into patterns of sharing space and responsibilities which minimize conflict. The solution for them seems to lie in avoiding the need to share more than is absolutely necessary and in making the terms of sharing explicit.

Mutual aid has now replaced the need for the visiting nurse and nutritionist. The other residents remind the diabetic of the need to purchase insulin and stay on her diet. The women either do not remember the difficulties they had in adjusting or do not wish to discuss them, for now, two years later, they report that... "Everything just sort of fell into place".



The women get up at different times.

Each morning the four apartment mates get up at different times. As shown on the floor plan, two women share each bathroom. Each set of women includes an early and a late riser, which minimizes the potential for conflict over bathroom use. This difference in schedules may be due to differences in preference or body clocks. However, it may also be an informal system of avoiding conflict over a shared resource. During the rest of the day the

women sharing one bathroom avoid problems by checking with each other before using it for extended periods of time. The other two women have not worked out this informal checking system and have had problems with overlapping needs for use. In spite of the availability of the other bathroom it is not used as a safety valve because one of its proprietors objects.

"Marie won't use our bathroom when Kate is here. Kate doesn't use their bathroom and she doesn't want them using ours. Me, I don't care." (2)

Resident

(2) In certain portions of this description the use of names becomes necessary for the clarity of issues presented. However, to protect residents' privacy these names are fictitious and the rest of the description is written to avoid personalities being consistently identified.



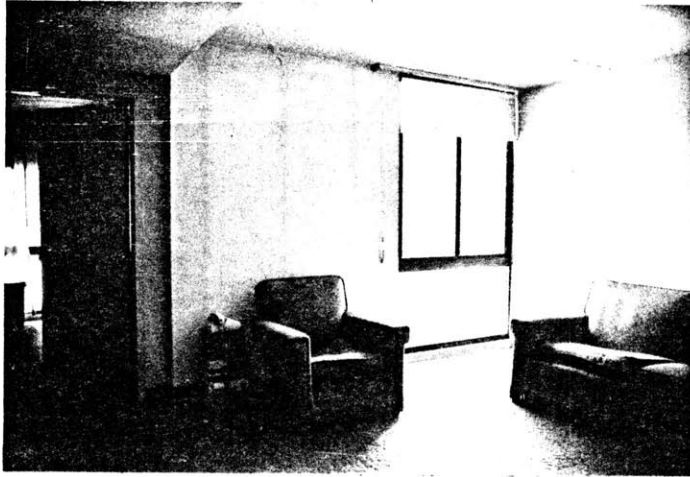
Rebecca's reading chair near the window.

During the morning two of the women are usually in the apartment. They eat a brunch together around 10:30 and spend some time watching television in their rooms. The other two women like to go out if the weather is good. One especially likes to hang out anywhere there are people to watch or talk to. She can be found in the apartment complex courtyard, on the banks of the Charles River, or window shopping in Central Square if the

weather permits. During the winter she spends a great deal of time in the mail, laundry, and community rooms on the building's first floor. The other resident who likes to go out regularly will do so only to take care of specific errands. If she has no errands she says she would rather read a book in the apartment than hang around somewhere. None of the residents has participated in regular activities organized for the elderly except one who plays beano once a week at a larger congregate site. The other women say they dislike the structure of other larger elderly housing sites and their activities except for a few special bus trips.

In the afternoon usually three of the apartment mates are home. One is generally in the living room reading, another in her bedroom watching T.V., and the other is in and out of her room and the apartment. She may fix a cold drink and sip it at the dining table or run an errand at the apartment complex's convenience store.

Territorial behaviors have established themselves in the living room. Rebecca has claimed a large comfortable chair near the window wall which gives good light for



The "back room" offers privacy.

reading. At the other end of the living room is a chair where Lydia is always to be found if she is not in her room. Marie and Kate both alternate between the chairs at the dining table and the couch. Kate, the most assertive member of the group, often tries to claim the whole couch to lie down on in the evening.

"Marie was really proud to tell me that she had stood up to Kate when Kate tried to get her to move off the couch."

Facilitator

The extra room at the back of the apartment, which residents call the back room or the other living room, provides both a safety valve when there are activity conflicts in the living room and privacy.

"It's nice when you just want to get away from it all."

Resident

All the women feel free to use this room when they want to make a private phone call or have a private conversation with the ECHO facilitator. However, only two women, the two whose rooms are closest to this space, use it just to sit and talk. The area may be so effectively claimed by the spatial layout of their bedrooms that the other two residents do not feel comfortable using it except for specific purposes.



The women usually eat separately.

In the late afternoon the women begin preparing light suppers for themselves in half-hour increments. This system was worked out to avoid conflict over kitchen use and was developed on the basis of eating habits and television program preferences. Lydia prepares her supper as early as 4:00 P.M. because she eats only a brunch in the late morning and wants to watch a favorite program from 4:30 to 5:30. Once Lydia is in the

kitchen Marie soon follows. Rebecca and Kate usually cook around 5:00 or 5:30. Each woman prepares, eats, and cleans up after herself separately, although overlaps in kitchen or dining table use are by no means explicitly avoided.

After they finish eating Kate, Marie, and Rebecca watch evening programs in the living room if the television there is running well. If not, Marie goes to her room to watch her own T.V. but the others do not join her.

"We don't go in each other's rooms much. We see each other out here in the living room."

Resident

Rebecca and Kate usually spend the rest of the evening in the living room reading or sewing. After her programs are over Lydia joins them briefly for a cup of coffee. During the late afternoon and the early evening the women see more of each other than

at other points in the day but their interaction at this time is still a curious blend of togetherness and separateness.

The shared living room and back room are sparsely furnished with donated items, arranged by the ECHO staff. The women have not purchased any furniture for these rooms but do not hesitate to point out its delapidated condition.

"None of us know how long we'll live so we don't want to invest in any new furniture."

Resident

The original furniture arrangement has not been altered except for the addition of a couple of small tables cast off by other residents of the building.

"I thought about putting the couch over by the window like I saw in another apartment. But it would be too much trouble to get everyone to agree to it."

Resident

The back room holds only a couch, chair, and a stack of phone books on which the phone is placed. There is nothing on the walls of this room. In the living room only a clock and two framed prints have been hung. In the kitchen two restaurant place mats are taped to cabinet doors and a calendar hangs by the wall phone.

"I'm afraid to put nails in the wall to hang things. That clock is there because there was a nail in the wall already."

Resident



Plants - one form of personalization.

The only other form of decorating which occurs in these spaces is in the living room, where plants are arranged on several small tables.

The private bedrooms seem not to be highly personalized either. A few framed photographs sit on dresser tops or hang on the walls. Since the women had no personal furniture to bring with them, their bedrooms are also furnished with ECHO donations. The few things the women

have purchased have been for their rooms. Such items include a space heater, a television set, a small electric organ, and outdoor folding chairs. The only general expenditures made for the apartment have been for wall-to-wall carpet cleaning, a vacuum, and curtains.

It seems from their lack of personalization and investment in furnishings that the women are not relating to the apartment as if it were a permanent home. As was expressed in earlier quotes their assumption that death is near and fear of being assessed for damages by the housing authority diminishes their interest in personalization. Other fears also affect their decisions. The women think that the apartment will be disbanded and that they will all have to move back to nursing homes if one of them gets sick enough to warrant full time nursing care. They have been repeatedly assured by ECHO staff that this will not happen but still voice it as a concern. They also have a strong desire to save as much of their money as possible for use in

the event of serious illness. Also, their long institutional backgrounds may have provided them with few momentos of life experiences and the multiple-occupancy bedrooms they have shared may have dulled their reflexes for personalization.

The women have very private attitudes toward their bedrooms. As mentioned earlier they do not go in each others' rooms and the doors are generally shut whether they are in them or not. The amount of small group privacy available does not seem to be a problem in relation to outside visitors. The women do not feel the need to entertain them in their bedrooms or the backroom.

"When I have company the others come out to the living room and sit and talk. I don't mind sharing my company with them."

Resident

The ECHO apartment residents have been able to greatly increase their independence and have used mutual aid to do so. When they first moved in the women supplied each other with the moral support to accomplish such seemingly frightening tasks as shopping by doing them together. Now they shop separately, picking up items for each other when necessary. As mentioned earlier the group's watchfulness over their diabetic roommate has eliminated the need for outside services and helped avoid medical crises. Their dependence on ECHO staff has diminished to the point where they take care of medical emergencies on their own. When one of the women fell and broke her ribs, the others got her to the hospital and home again a few days later before calling the facilitator to bring him up to date. This independence, however, brings with it a new set of problems.

"Since they don't depend on each other so much anymore they've grown apart. During a real emergency like when Rebecca went to the hospital, you could see they all got close again. But there is kind of a growing tension amongst them now."

Facilitator

One of the factors which contributes to this tension is the fact that the women have not made many new acquaintances in the building or neighborhood. More friends would provide them with some needed relief from each other. As a solution to this problem the residents want ECHO to find a place in the building for three of their friends from the nursing home who want to come out. The women say they will be able to help with the program by showing their friends how to adjust to a new lifestyle.

It is important to keep in mind that the residents still face many serious problems. The difficulties of aging are compounded for them by the mental health problems they have experienced for years. The potential for severe depression and isolation among the women is always there. ECHO's hands-off approach to the apartment has perhaps left the women more vulnerable to these problems than if the staff were willing to influence and make demands on the women's behavior.

In spite of the problems which remain these women are enthusiastic about their living situation. As one expressed it, she feels "born free again" since she came out of the nursing home.

"It's just that satisfied feeling you get from being on your own."

Resident

SUMMARY OF MANAGERIAL CHARACTERISTICS

ATTITUDE

- independence and residents' control over their lives is of prime importance.

LEVEL OF PRESENCE

- one staff person drops in on the apartment once a week, now that general adjustment period is over.
- other service individuals would be programmed into the apartment for specific short term tasks if needed.

LEVEL OF SERVICES

Personal

- residents discouraged from using personal services unless absolutely necessary.
- mutual aid has eliminated the need for several services.
- residents are entirely responsible for themselves and daily tasks.

General

- residents discouraged from using general services.
- legal and financial counseling are provided by facilitator.
- residents handle most other general needs.

RULES

- all apartment rules are resident generated.

DECISION MAKING

- residents make all decisions on issues concerning their own welfare and use of the apartment.
- help of facilitator is sometimes sought.

SUMMARY OF PHYSICAL CHARACTERISTICS

SCALE

- apartment with four bedrooms, two bathrooms, living room, kitchen and small second living room.

NEIGHBORHOOD

- immediate surroundings are a mix of commercial and residential land use.
- immediate access to one public transportation line available.
- major commercial center 10 to 15 blocks away.

PUBLIC SPACES

Living Room/Dining Room and Back Room

- rooms furnished and arranged by ECHO staff.
- for the most part rooms are unchanged and unpersonalized.
- living room seating territorially divided among residents.
- back room used for private conversations.

Kitchen

- storage cabinets and refrigerator explicitly and territorially divided.
- residents use the space and facilities separately to avoid conflict.

SEMI-PUBLIC SPACES

Bathroom

- sharing has worked out better in one bathroom than the other.
- one resident has developed very territorial attitudes toward her bathroom.

PRIVATE SPACES

- residents have not personalized their bedrooms to a great degree.
- women have very private attitudes toward their rooms.

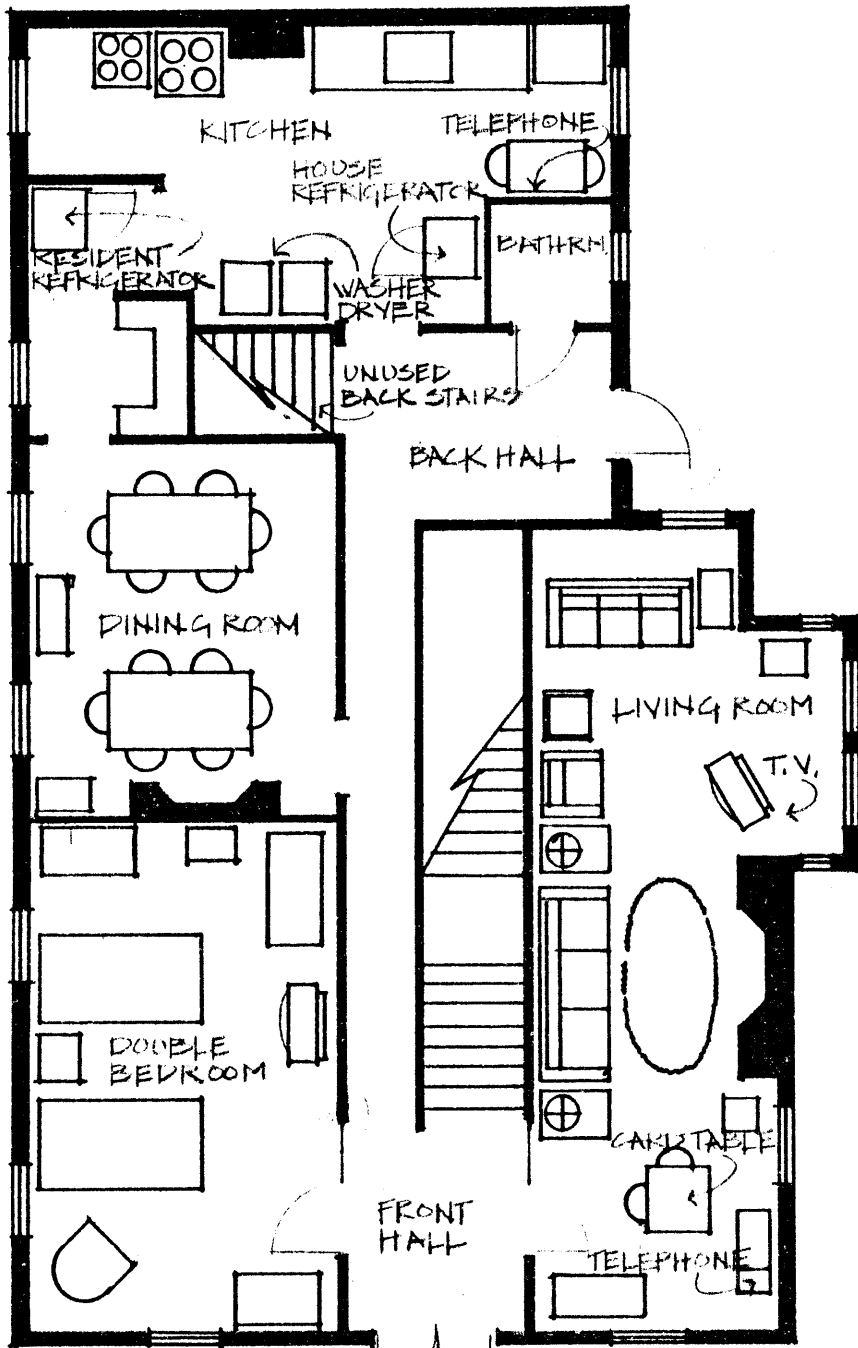
- two women use their rooms more than the public spaces and two use the public spaces more.

RESOURCES

- the shared phone and television set seem to cause few conflicts.

CASE STUDY #2

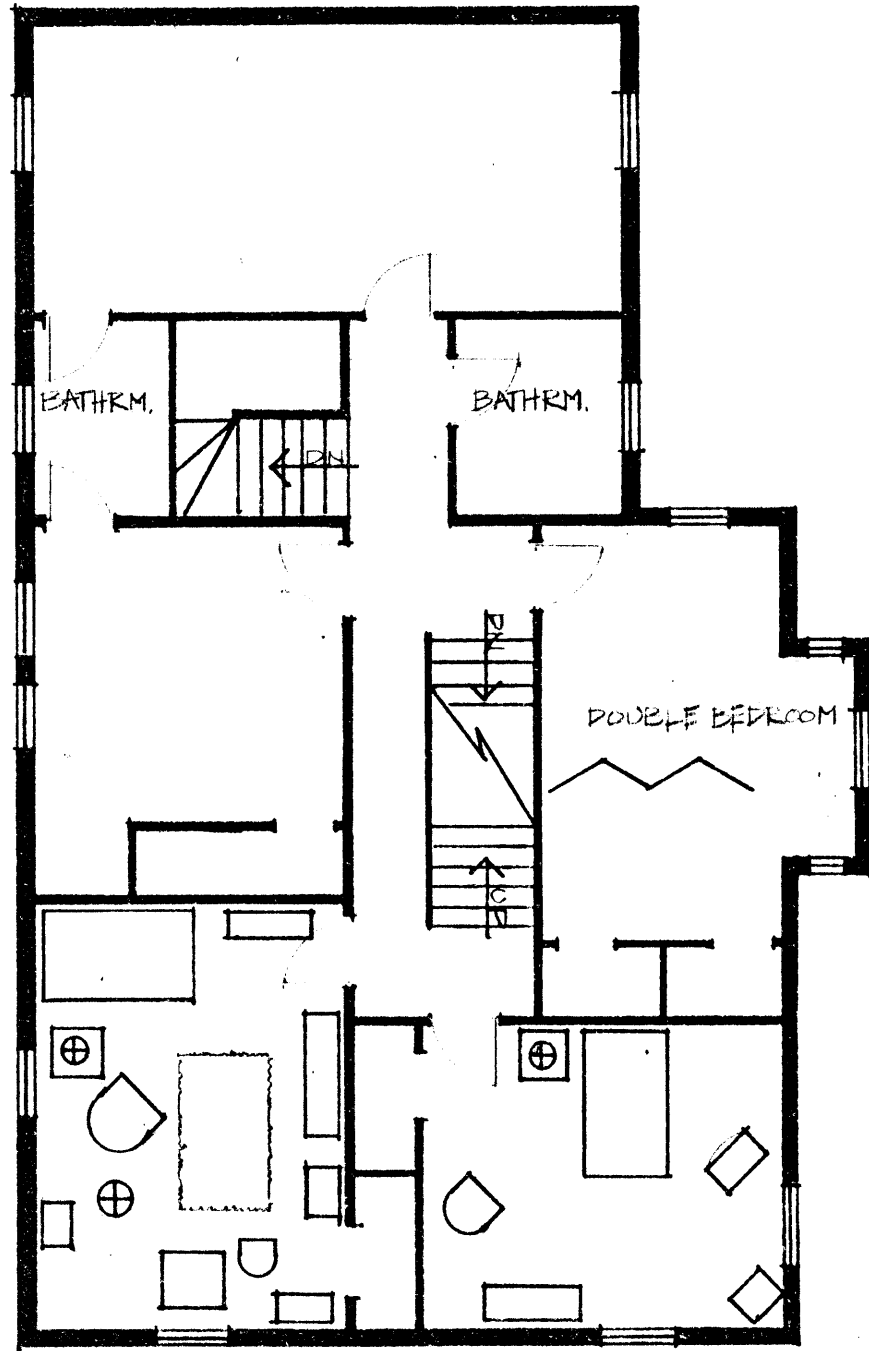
McCROHON HOUSE, JAMAICA PLAIN
BOSTON, MASSACHUSETTS



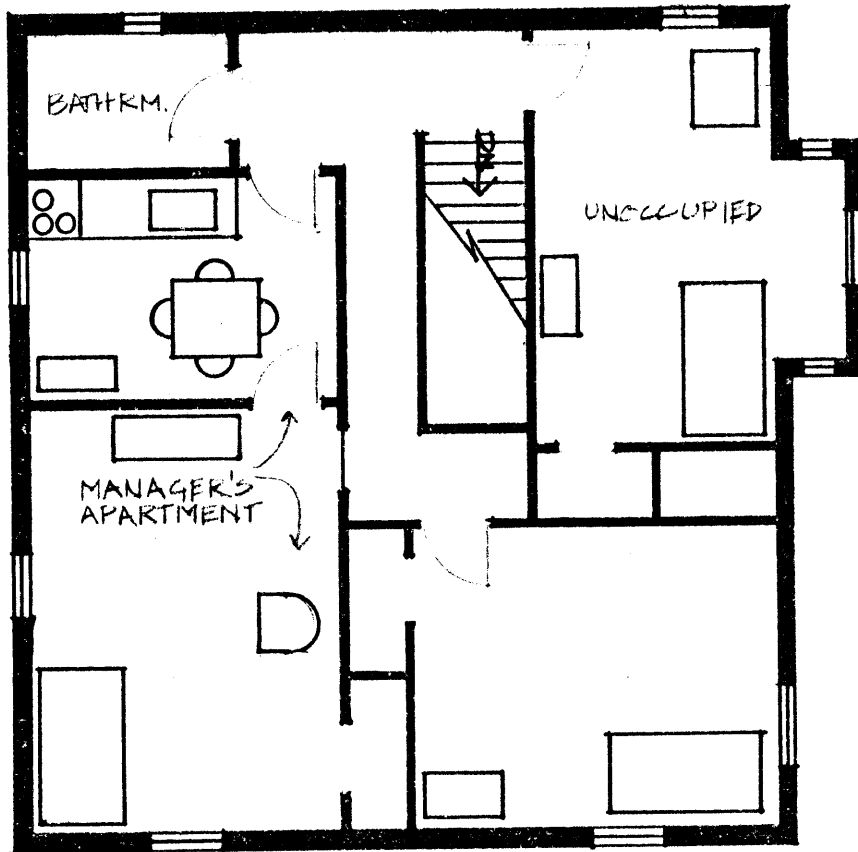
McCROHON HOUSE
FIRST FLOOR



1/8" = 10"



SECOND FLOOR



McCROHON HOUSE
THIRD FLOOR

McCROHON HOUSE



McCrohon sits among 1 and 2 family homes.

McCrohon House, opened as a congregate facility for men and women in 1976, is owned and managed by the Volunteers of America (V.O.A.). The rent is between \$35 and \$40 a week which includes two meals a day during the week and three a day on weekends. The rents do not fully cover the cost of the program and as a result the V.O.A. subsidizes each resident with about \$1,300 a year.⁽¹⁾ The majority of residents are in their early 70's.

Most held blue collar or clerical jobs when they were younger, are now receiving Supplementary Security Income (SSI) and come from urban areas. Three residents have been in the house since it started.

The three story frame house is located in a spacious working class neighborhood and has rooms for ten residents. It is a five minute walk from a busy commercial center in Jamaica Plain providing residents with access to a large assortment of stores, a post office, restaurants, churches, entertainment spots, an Alcoholics Anonymous Center, and public transportation stops. A nearby community school and other housing

(1) Williams, Constance, Congregate Housing for Older People in Massachusetts. Citizens Housing and Planning Association, Boston, Massachusetts, 1978.

for older people offer programs such as hot lunches and health checks.⁽²⁾ Most residents walk to the commercial center at least once a day and mention the availability of the other elderly housing and its programs as a big advantage.

The McCrohon House staff ordinarily consists of a director, resident manager, student assistant, and a couple of part time cooks. When the resident manager, however, was seriously ill for several months other staff and residents substituted for her.

Residents participate in making various house decisions. Although they have no veto power, their opinions and desires are, for the most part, respected by management. The director, who is responsible for resident selection and general program coordination, drops in every day at the house but works in an office about ten blocks away. The resident manager, on the other hand, lives in the house and handles meal planning, shopping, and coordination of the cooks as well as keeping the house running generally, and alerting the director to any developing problems. When she became ill the student assistant did all the meal preparation tasks, one resident was paid to do general cleaning of the first floor areas, and a couple of other residents informally assumed responsibility for things like changing light bulbs and calling the plumber or doctor in case of emergencies.

"One thing we have learned from Angela's being sick is that we don't need 24 hour a day management, but we do need someone to generally coordinate things in the house."

Director

⁽²⁾ Doermann, Lis. Congregate Housing for the Elderly: Physical Design and Resident Behavior. Thesis for the Visual and Environmental Studies Department, Harvard University, Cambridge, Massachusetts, 1979.



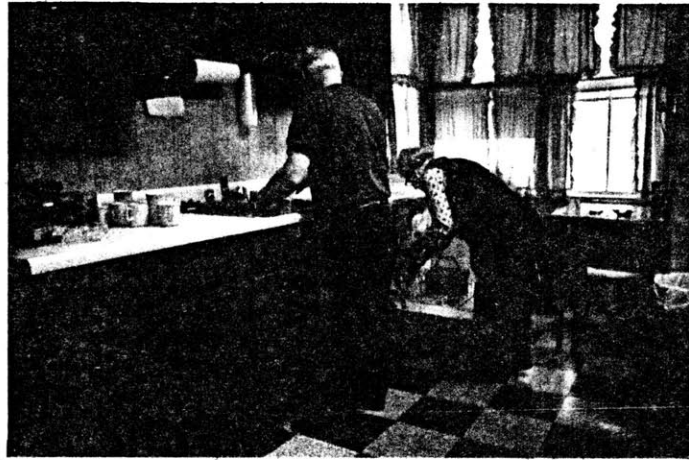
Residents watch the news before breakfast.

Around 7:30 A.M. McCrohon House residents begin to filter into their living room to read the paper and watch morning news shows. At this same time a resident who is paid to prepare breakfast is busy in the kitchen. In his room, across the hall from the living room, a radio plays music loudly. The radio seems to serve as a wake-up call to those who are still upstairs and does not disrupt the living room activity.

"When I used to wake up in my apartment alone in the mornings I'd think what is the point in even getting out of bed. Now in the morning I hear the nice music and there's the smell of coffee brewing, it just makes it nice."

Resident

By 8:15 the "cook" announces that breakfast is ready and the director arrives, as she does every day, to eat with the group. Everyone takes their regular seat at the dining room tables which are set with cereal, juice, and coffee. The walls of this room are hung with calendars, framed prints, and a bulletin board, to which various copies of house procedures are tacked. On the mantelpiece and side tables, papers and other paraphernalia have accumulated in piles. Lively mealtime conversation enables the director to catch up on what is going on in the house. Topics covered range from



Residents help with meal clean-up.

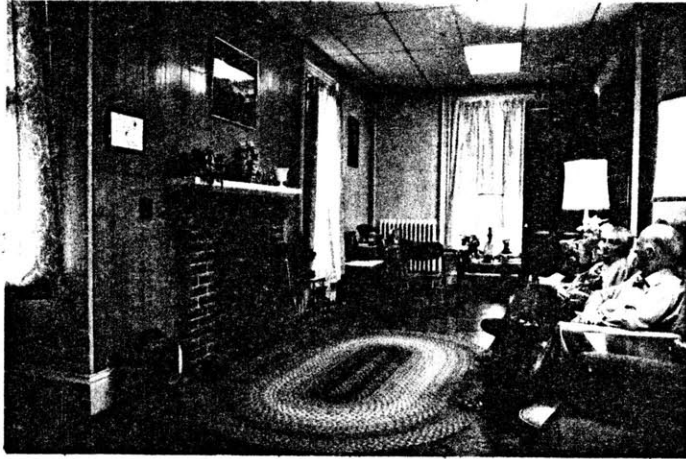
how much was won at beano last night to a broken towel rack on the second floor.

At this time the director also makes necessary announcements and brings up issues which require house discussion. An example of such a discussion centered on whether or not an alcoholic who had just been through a crisis should be allowed to return to the house. The consensus among residents was in favor of his returning on the principle that everyone should

have a second chance. Other issues which have come up are an appeal to keep the front door locked more regularly and whether or not to put on probation a cook who is not doing well.

After breakfast is finished residents carry their own dishes to the kitchen and the "cook", aided by another resident or two, does the dishes. A fourth resident sets the table and all kitchen tasks are finished by around 9:00 A.M. The kitchen is spacious enough for several to easily work there at the same time. Its walls are covered with calendars and bulletin boards to which are tacked lists for meal sign-outs, doctor's appointments, and emergency phone numbers. Several hand made signs on how to use the garbage disposal, when to use the washer and dryer, etc. are posted at strategic points and signed "The Management".

During the breakfast cleanup, the director lingers to see if anyone wants to talk to her about a personal problem; if so, they may go to that resident's room or stay at



The living room receives several uses.

the dining room table.

"Breakfast is to get a head count and make sure everybody is O.K. Jan is here to get any beefs.

Resident

Problems based on personality conflicts usually come up in private with the Director. In these cases she will first urge residents to work it out themselves but if all else fails she will play a

mediating role. If there are no other problems to be taken care of the director leaves for her office and is available to provide transportation to doctor's appointments or for emergencies the rest of the day.

After breakfast, a few residents may return to the living room to read the paper or watch television. Others go to their rooms to tidy up, read, write letters, rest, or get ready to go out. All those who are going out are usually gone by 10:00 o'clock. Typical outside activities include shopping, visiting relatives, a trip to the Alcoholics Anonymous Center or the doctor, attendance at the hot lunch program, or a walk for exercise.

During the late morning and early afternoon shared spaces on the first floor are usually empty except for one deaf resident who watches T.V. in the living room most of the day. The furniture in this room belongs to the house and is modest but comfortable. Most of it is strung along one wall opposite the television to give everyone

a good view. A card table with cribbage board and cards at the other end of the room and a stack of the daily newspapers are evidence of the other major activities which take place here. The room is personalized with the paraphernalia and purchases of various residents. Decorative candles, plastic flower arrangements, and glass bottles have accumulated on almost every available surface. The living room's location near the front door makes it a place where residents stop and chat with others there on their way in and out of the house. This activity amounts to a very informal check-in, check-out system.

Every day around 11:00 A.M. the deaf resident watches for the mail, sorts it, and delivers it to each resident's place at the dining room table.

"She does it to help out and to snoop a little. The residents know it's important to her to have something to do so they don't mind too much."

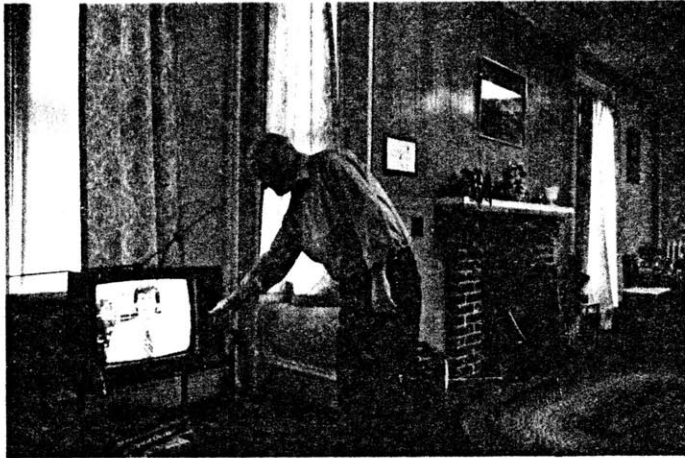
Director

Lunchtime brings a slight increase in activity on the first floor as a few residents come and go, fixing themselves something to eat. There is not usually much interaction at this time because of residents' varying appetites and schedules.

The private rooms at McCrohon House all open onto a central staircase and hall. Most doorways are directly on the circulation path used by others in getting to and from their rooms. Residents' doors are generally open when they are in their rooms.

"I leave my door open for ventilation and to say hi to people. When I don't feel like seeing anyone, I close my door.

Resident



Someone is usually in the living room.

As other residents pass by, greetings are exchanged and conversations often start up in doorways. In spite of this open door policy residents are still expected to knock before actually entering a bedroom.

The most public and accessible bedroom is one shared by two men next to the front door. In spite of the degree of activity which takes place outside their door it is almost always open, even when

its occupants take a nap. Both these men used to answer the front door and phone a great deal. However, one suffered a stroke and now refuses to do so because he has trouble walking and cannot speak clearly. To make up for the loss of his services and alleviate other residents' resentment at having to come downstairs to answer the phone, one was installed on the second floor. The other first floor resident still answers the door and phone and has developed a very proprietary attitude toward the house.

"If anybody comes over here, I tell 'em to introduce themselves and state their business or get out."

Resident

None of the private rooms at McCrohon House has a telephone. While incoming calls are often picked up in the living room there is little privacy there.



Two meals a day are served at the house.

"When I get a call I ask them to call me back in five minutes and I go in the kitchen. There's usually no one there."

Resident

On the two upper floors are six single bedrooms, a double room shared by two men and a kitchenette and bedroom for the resident manager. Different expectations for cleanliness have caused problems in two of the bathrooms where one or two

residents feel that the others do not do their share of cleaning. The most recent attempt at solving this problem on the second floor is a chart assigning responsibility exclusively to one resident each week.

There is a great contrast between mens' and womens' rooms in the degree to which they are personalized. Women display many knick-knacks and photographs while the men's rooms remain fairly bare and impersonal. This tendency might be connected to the director's discovery that it is much less likely for women to share a room successfully than men. Originally there was to be one double room shared by men and another shared by women. However, the women developed highly territorial attitudes toward their room, resulting in many conflicts.

"They couldn't stand it if one moved a picture onto the other's half of the mantelpiece."

Director

Of the two sets of men who currently share a room one set does so successfully because they are rarely there and the other two men, who do not get along, ignore each other.

By 4:30 in the afternoon most residents are home again and the whole group gathers in the living room to watch a favorite television show, "The Streets of San Francisco". The supper hour, which was 5:15, has been changed by the residents to 5:30 so they can finish the show. After supper most of the group gathers again in the living room to watch the news and weather. When these programs are over some residents go to their rooms, others play cards or continue watching television. Game shows are a big favorite and a few programs such as "All in the Family" and "Lawrence Welk", have become ritual events for some residents. If there are conflicts over what shows to watch, there is always the safety valve of the residents' own television sets upstairs. If there is a conflict between the T.V. watchers and card players, the card players move into the dining room.

Four of the most active residents go out two or three times a week at night. They walk to the nearby neighborhood police meetings or beano games. Occasionally residents attend a special evening event such as the Ice Capades, Circus, or Seniors' Night at Lulu White's. Tickets and transportation are arranged by the student assistant for the house. Before the resident manager became ill she planned dinners and dances at the house to which residents' friends were invited. She also planned special celebrations for each resident's birthday and holidays.

"Since she's been gone the residents really miss the parties, but none of them have had the self-confidence to take on the role of party maker.

Director

The development of McCrohon House was strongly influenced by the resident manager's personality. An elderly person herself, she was hired for her experience in motel management and was involved in setting up the house from the first. As each resident was selected she avidly explained that the house was to be their new family, while the director more modestly projected the image of an old fashioned boarding house. However, the resident manager's insistence on the formation of a family and the energy she devoted to creating parties and occasions contributed to making at least some residents feel that way some of the time. The other side of her strong personality meant that she managed with an iron hand.

"There were two ways to do things, Angela's way and the wrong way."

Resident

While residents do seem to miss her sense of humor and energy, most agree that things are a little smoother now. Two or three residents have jointly picked up her undefined responsibilities such as keeping track of who eats what food or calming a sick resident.

"Sometimes they feel good about helping out and sometimes it becomes a burden."

Director

These residents say they do feel there is a need for someone to coordinate the house and that they will be relieved when the situation of the resident manager is resolved.

Two basic parts of the early McCrohon House program have been changed because of



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the experiences and learning which took place there. At first there was to be no meal preparation for residents. The managers expected residents to fix their own meals and through this process develop cooperative relationships and a sense of community. These relationships did not develop and instead sharing the kitchen led to conflicts between residents. To diminish conflict and bring everyone together at one time, breakfast was provided two or three times a week. This seemed to be so successful and residents' desire for meal service so great that this component of the program has grown until 14 meals a week are prepared for residents. The director, however, has refused to offer lunch during the week in order to encourage residents to participate in a hot lunch program outside, eat at a restaurant, or at least do grocery shopping in the neighborhood.

SUMMARY OF MANAGERIAL CHARACTERISTICS

ATTITUDE

- residents are contributing and important members of a resident/staff team.

LEVEL OF PRESENSE

- staff size ranges from four to five.
- program defines need for resident manager but residents currently performing many of these duties.
- director drops in daily to monitor and solve problems.

LEVEL OF SERVICES

Personal

- low level of personal services provided.
- increased incentives for independence and mutual aid.

General

- housekeeping and meal preparation tasks divided among residents and staff.
- increased need for cooperation and activity.
- some services withheld especially to stimulate activity.

RULES

- rules aimed at facilitating the sharing of space, tasks, and resources.

DECISION MAKING

- resident input into daily household decisions encouraged more than input into staff and resident selection decisions.
- resident sense of control is mixed.

SUMMARY OF PHYSICAL CHARACTERISTICS

SCALE

- house has rooms for 10 residents in a compact, three story layout.

NEIGHBORHOOD

- immediate surroundings quiet and residential.
- five minute walk from commercial area and several public transportation stops.
- nearby resources used extensively by residents.

PUBLIC SPACES

Living Room

- receives use off and on all day with peak activity from 7:30 to 10:00 A.M. and 4:30 to 8:00 P.M.
- length of room allows some activities to co-exist and provides a non-smoking section.
- area personalized with residents' decorative purchases.

Dining Room

- generally used only at meals and as safety valve for activity conflicts in living room.
- due to low level of use it offers some small group privacy.

Managerial and Service Areas

- no specific space defined for managerial activities.
- manager's apartment on third floor - not used for surveillance.
- kitchen service area is resident turf except during meal preparation.

Semi-Public Spaces

- central stair and hall provide all circulation to private rooms.
- single circulation path increases possibilities for interaction.

- no semi-public spaces are claimed by small groups.
- sharing of bathrooms has caused conflict over cleanliness but not availability.

Private Spaces

- occupants of bedroom next to front door have been thrown into proprietary roles.
- shared bedrooms tolerated but unsuccessful.
- different levels of personalization found in mens' versus womens' rooms.

RESOURCES

- shared phone increases the need for resident cooperation and interaction.

CASE STUDY #3

THE BRADFORD-RUSSELL HOME
FAIRHAVEN, MASSACHUSETTS

TO THE COTTAGE, 45'

DELIVERIES

KITCHEN

WASHER DRYER

NEW WING

BATHRM

DINING ROOM

PIANO

HOUSE LIBRARY

LIVING ROOM

SUN ROOM

MAILBOXES

UNUSED CIRCULAR STAIRWAY

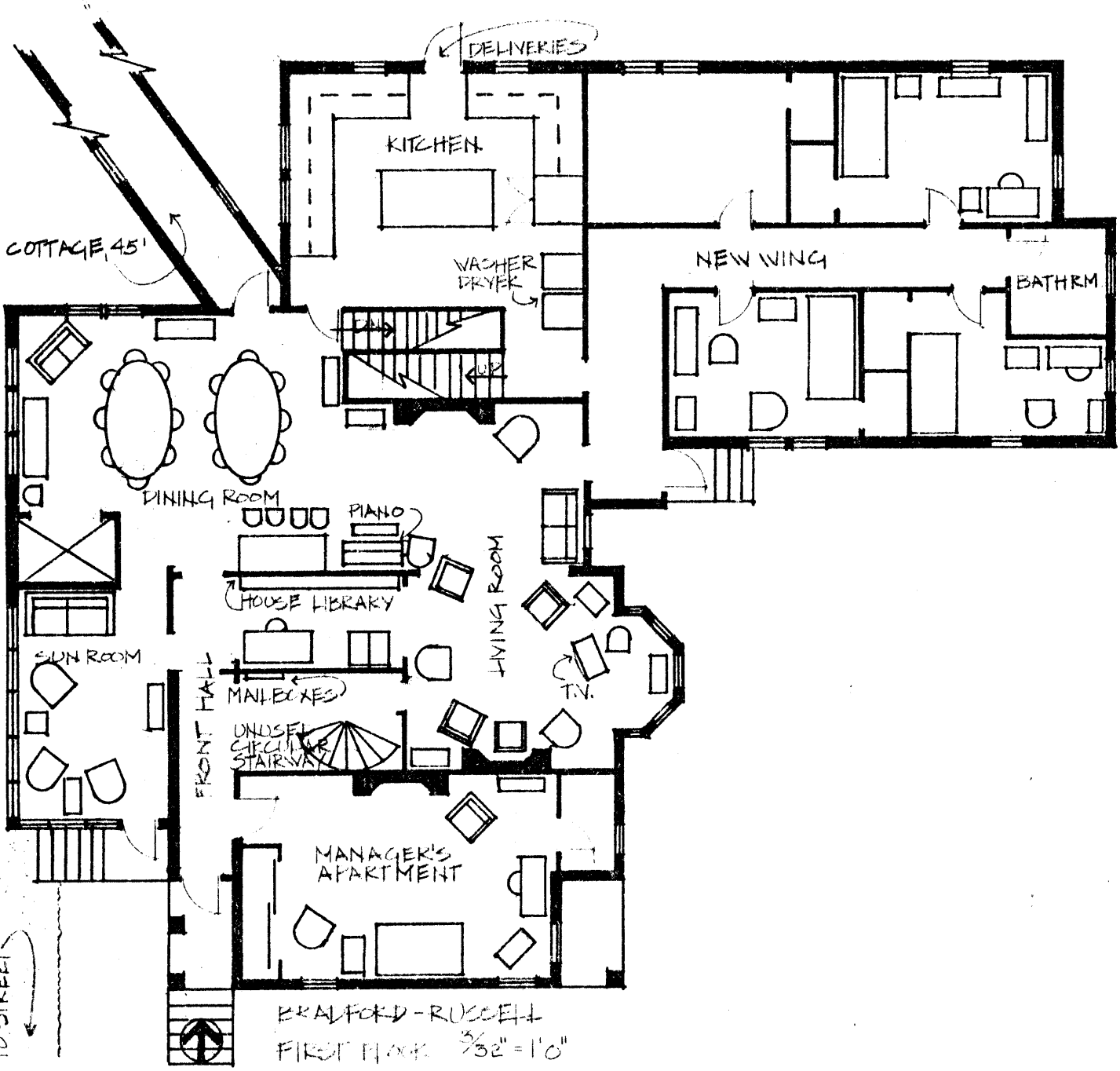
FRONT HALL

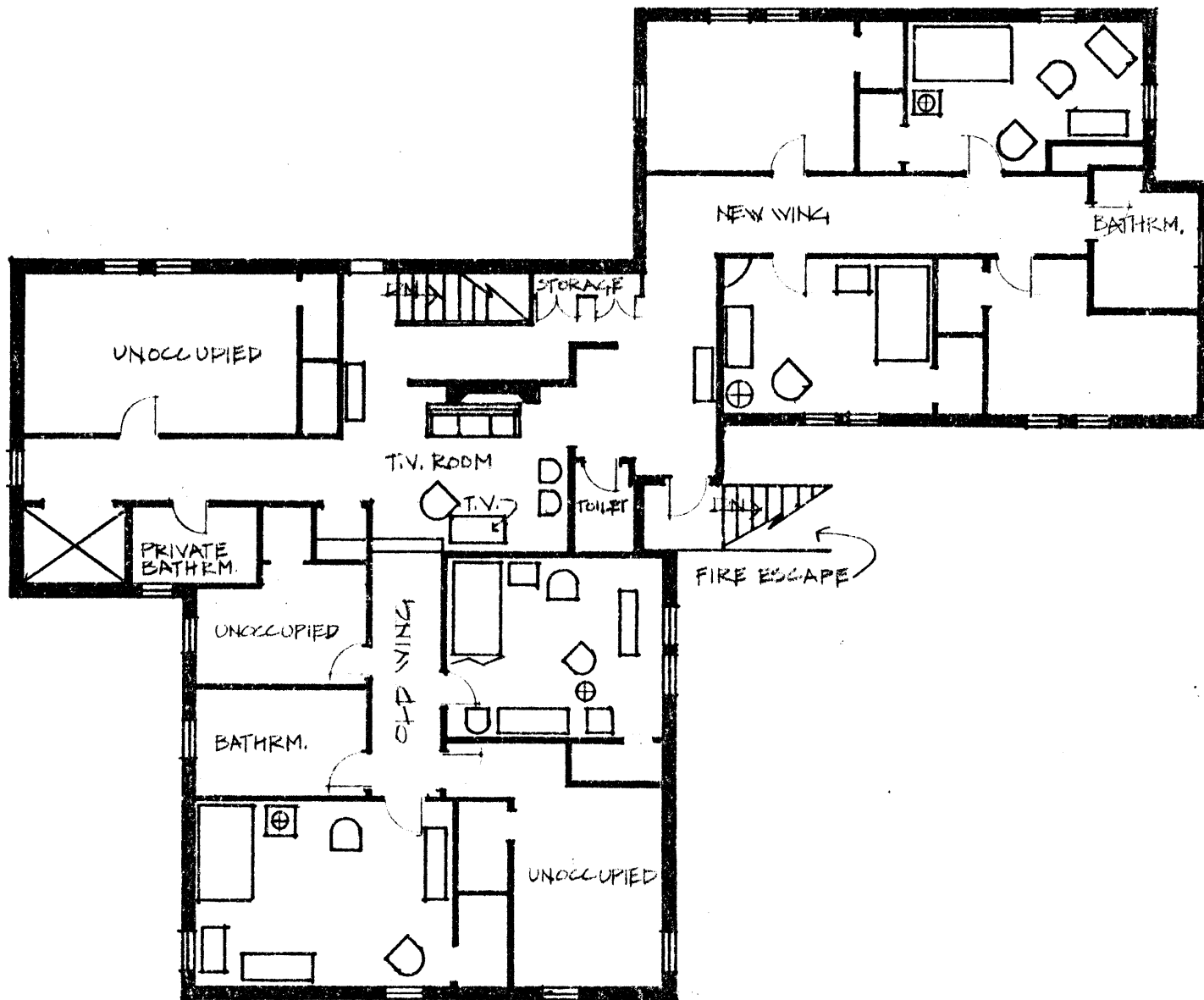
MANAGER'S APARTMENT

DRIVEWAY

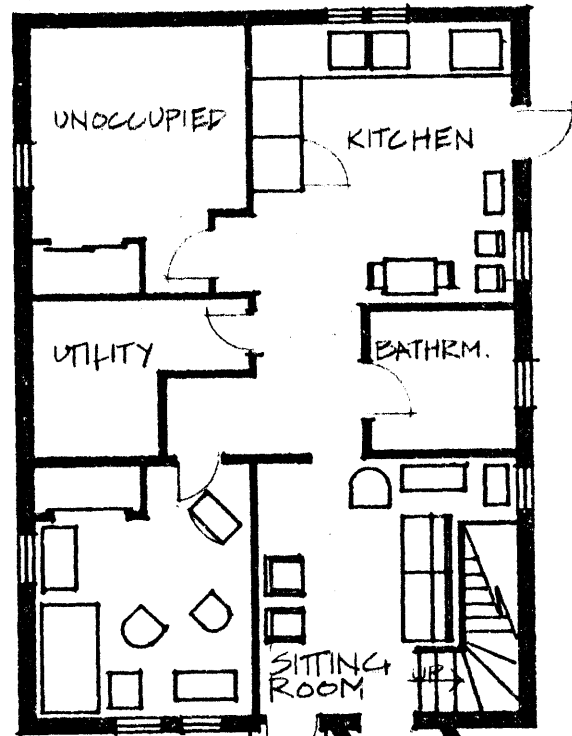
TO STREET

BRADFORD-RUSSELL
FIRST FLOOR 3/32" = 1"0"

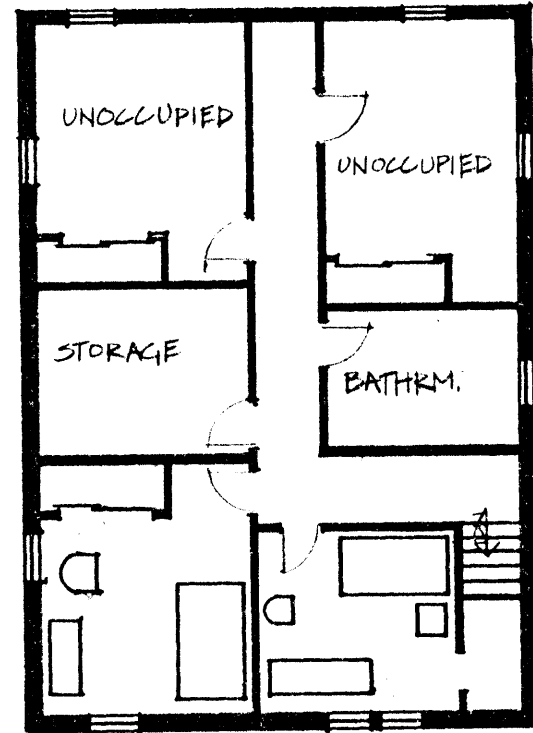




BRADFORD-RUSSELL
SECOND FLOOR



BRADFORD-RUSSELL
COTTAGE
FIRST FLOOR



COTTAGE
SECOND FLOOR

BRADFORD-RUSSELL HOME



The home sits in a large, well-kept yard.

The Bradford-Russell Home is a private congregate facility for women only. The home has a small endowment but to support itself depends largely on the \$325/month rental charge.⁽¹⁾ The rent, clearly too high to be affordable by anyone receiving Supplementary Security Income (SSI), includes three meals a day, cleaning, and some laundry services.

The home is a stately old frame house which has been enlarged to create private rooms for 18 women. Presently, there are only 12 residents, whose average age is 84. Three of these residents have lived in the house eight years, two have been there for five years, and the rest for at least a year. Most of the residents are from the New Bedford-Fairhaven area and are a mix of upper and lower middle class women.

The immediate neighborhood, a quiet residential street, consists of other (not quite as grand) homes, two churches, and a library. Three short blocks away is the town center where shopping and some public transportation are available. Several residents report that they used to walk to the shops there, but are now unable to do so. Only three residents currently walk to the resources in the town center. In general,

⁽¹⁾Williams, Constance. Congregate Housing for Older People in Massachusetts. Citizens Housing and Planning Association, Boston, Massachusetts, 1978.



The dining area is used only for meals.

residents use the community very little except to go shopping or to a restaurant with a friend who still drives a car. Nearby events at the churches and library, to which residents are invited, are rarely attended.

"A typical day?... Breakfast and back to their rooms, dinner and back to their rooms, supper and back to their rooms."

Resident Manager

Starting at 5:30 A.M. residents begin using the shared bathrooms in half hour increments according to the time slot management has assigned them; an effort to avoid any conflicts. About fifteen minutes before breakfast three or four residents may gather to wait for the meal in the sun room, which seats five. As others come they either join the group there or sit in chairs around the periphery of the dining room. At 8:00 A.M. a self-appointed resident rings a bell announcing breakfast. When everyone is seated she begins The Lord's Prayer. The meal is served by two or three housekeepers and a silver bell is rung by the resident manager when anyone needs something from the kitchen. Although the resident manager makes attempts at creating topics, conversation is sparse. Residents leave for their rooms soon after the meal is finished.

The first floor shared spaces are rarely used during the day except to receive an occasional visitor. The living and dining rooms consist of three slightly differentiated areas, none of which receives much sunlight on the brightest of days. The rooms are filled with elegant antique furniture and equally elegant accessories line



Residents use the living room rarely.

the fireplace mantelpieces. These areas are furnished with the things of residents long since gone, but none of the present residents' personal belongings are found here. Even the plants which grow in the bay window were started and are cared for by the staff. The dining room tables, which are always formally set, ready for the next meal, are used only three times a day. No informal cups of tea or coffee are taken here. Although the dining

room's location and the elevator there make it the access point for at least 13 of the 18 private rooms in the house, there is no sense of activity in this area.

The living room and dining room spaces seem to be too large and open to offer residents the privacy they need to use it in small groups. These rooms are also too formally and completely decorated for residents to feel comfortable putting out their own things as expressions of their taste and personality.

Typical morning activities for the residents consist of reading, writing letters, listening to the radio, or looking out the window in their rooms. At least two residents regularly take naps in the morning. A few may go out. These trips usually consist of being picked up by a friend to go shopping, being driven by the resident manager to a hair dresser's appointment, or calling a cab to go to a doctor's appointment.

In connection with this coming and going activity the sun room receives the most noticeable use of any first floor space. Seated comfortably on the sofa here, residents



A woman waits for a cab in the sun room.

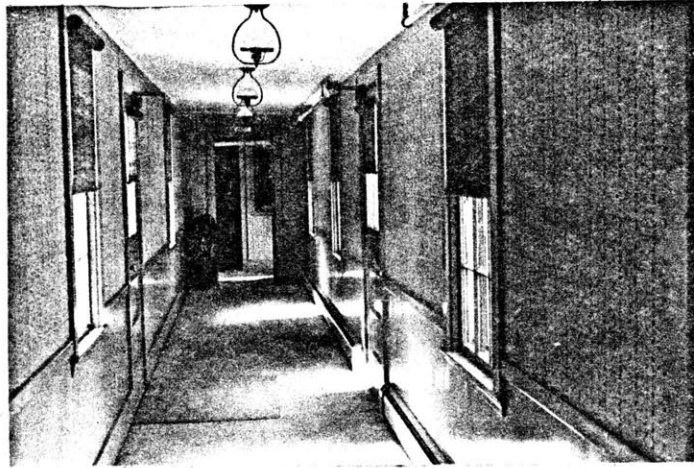
have a good view of the street. They can easily watch for a cab or friend to arrive and then exit by the sun room door, directly onto the driveway. Not only is the sun room convenient for those coming and going, it also holds attractions for those remaining in the house all day. Seated here residents have access to all the activity the house has to offer. They have a view of not only the street and driveway activity, but also other residents

as they enter and leave, check for their mail, or seek a word with the manager. Any outsiders or visitors also pass by this space. The room is sunny all day and its intimate scale and clearly defined space facilitate small group interaction, in contrast to the living and dining room spaces. In spite of all these incentives, the sun room receives only brief and sporadic use during the day.

The general lack of activity in all of the first floor shared spaces makes it seem almost as if there is a taboo on "hanging around". Several comments made by the resident manager and residents confirm this attitude.

"The group here doesn't socialize much, they don't congregate all day long. Everybody has their own interests and things to do."

Resident Manager



A corridor separates house from cottage.

"Everybody here likes their own privacy. People here read a lot in their rooms."

Resident

A little before noon, residents gather once again in the sun room and around the edges of the dining room to wait for the main meal of the day which is served at 12:00. Conversation during the meal ebbs and flows, sometimes spontaneous, sometimes perfunctory. After the meal a

few residents linger a half hour or so in the sun room to wait for the mail while the majority of residents depart for their rooms.

The private rooms at Bradford-Russell are organized around four clusters: the first floor new wing, the second floor new wing, the second floor old wing, and the cottage. Between the second floor old and new wings is a shared T.V. room and in the cottage a sitting room and kitchen are intended focal points for group interaction.

Territoriality arises as an issue in the clusters' shared spaces. While there is little reason to go to any cluster beyond that of visiting a friend, the cottage is one notable exception. The kitchen there has a teapot, sink, and refrigerator for the use of the whole house. While these resources receive infrequent use some residents do store things in the refrigerator or wash out clothes in the sink and several residents report walking the 45 foot corridor to the cottage just for the exercise during bad weather. Some "cottagers" resent group use of this space physically defined so clearly as theirs. The following example of a diabetic resident who needed to keep her insulin

refrigerated indicates the side effects of such territorial feelings.



Photos are displayed in the sitting room.

"She lived in an upstairs wing and had to go daily to the cottage where the only resident refrigerator was available. The woman soon found it uncomfortable to visit the cottage and began leaving the insulin in her own window sill. The insulin did not keep, made the woman sick, and caused her to move to a hospital. Later several of the "cottagers" complained to me that the refrigerator was always full because of women like the one who had kept her insulin there."(2)

Ironically, cottage residents rarely use the kitchen or nearby sitting room.

"We hardly ever use the kitchen or the sitting room. We do have midnight snacks in the kitchen sometimes."

Resident

Perhaps the sitting room which is also the path to the kitchen and the turning point for those exercising has become too public an area to be comfortable for individual or small group use by the cottagers.

The only use the cottage sitting room seems to receive is that of display.

(2) Doermann, Lis. Congregate Housing for the Elderly: Physical Design and Resident Behavior. Thesis for the Visual and Environmental Studies Department, Harvard University, Cambridge, Massachusetts, 1979.

Carefully arranged on a table there are several framed photographs and a plant belonging to a cottage resident. This is one of only two instances of personalization which occur outside of a private room in the entire house. The other example is in the first floor new wing at the end of the hall, where two residents living across from one another have become friends. One woman stuck gift wrapping bows on her and her friend's door.

"Oh, that's just something silly I put up there.
Just something to do, you know?"

Resident

Most of the friendships which have formed in the house have been within clusters. Because of their proximity to one another and the need to cooperate on sharing bathrooms, residents within each cluster have at least developed understanding and tolerance for one another if not friendships.

"Four years ago all the people sharing this bathroom were really good friends. My best friend, Florence, and I used to go out together a lot. Since she moved to be closer to her family, I've gotten a letter from her every week."

Resident

I (second floor, old wing) wish Amelia (cottage) lived closer to me. She's the only one I have anything in common with. I've asked her up to visit several times but her feet are bad so she doesn't come by often."

Resident



A lone resident in upstairs T.V. room.

While some visiting between clusters goes on it is infrequent and some residents say they have never been to other clusters.

"I don't spend much time upstairs. If I have something for someone I'll drop it off but I won't sit and talk."

Resident

Within the clusters of four two or three residents become friends who visit in each other's rooms regularly, but some are left out.

"I don't go in other people's rooms, don't like to bother people. When I moved in (2 years ago) people already had friends so I don't push in."

Resident

In the afternoon almost all residents watch from one to four hours of soap operas. In the cottage, two friends watch together. On the second floor of the main house two or three friends watch together in a bedroom while one woman watches alone in the T.V. room. All others who watch do so alone in their rooms. Use of the second floor T.V. room is influenced by the availability of other television sets, program preferences, and residents' interpersonal relationships. The one resident who watches there alone was described by many as mean and aloof. Seemingly, to avoid interaction with this



Each evening about five women gather here.

woman, the others on that wing watch their favorite afternoon programs together in a bedroom. The two residents of the other wing report not watching any television in the afternoon because they don't like the programs.

When not watching T.V. residents spend their afternoons taking a nap, playing a game of solitaire, reading, or perhaps out of the house on an occasional excursion in a friend's car. Only two

residents report going out for walks regularly. One, the oldest, walks around the block every day in good weather and the other walks from two to four miles a day, shopping and stopping to see friends occasionally.

Supper is served at 5:45 and afterwards about half of the residents return to their rooms for the night. The other half, who do not have their own television sets, watch in either the second floor T.V. room or the living room for a couple of hours. Residents from both wings of the second floor usually watch the news and weather there. However, for special programs they are drawn downstairs by the opportunity to watch in color. In the living room they join two friends who watch there regularly. On Saturday night the "Lawrence Welk Show" draws a record crowd of eight to the living room.

The only small group activity besides T.V. viewing initiated by residents is a bridge foursome which plays once or twice a week in the living room. If they play on Sunday they use the cottage kitchen to avoid the displeasure of those who would be upset by card playing on a religious day. Attempts have been made by the management

to create special activities. Beano games at night, an afternoon coffee hour in the cottage kitchen, and a painting class were started but discontinued due to lack of resident interest.

"I liked the beano but the others didn't.
They all have problems, you know."

Resident

"We don't congregate together all day here.
There was one woman here that expected a
sewing circle every day. She got upset
when everyone went to their rooms. She
went somewhere else to live where they
have activities."

Resident

Curiously, the only point at which the residents' seeming disapproval of congregating is relaxed is in sitting outside during nice weather.

"I go out in the yard for an hour or so in
the morning and in the afternoon. We don't
read out there because everybody is talking."

Resident

It seems that the reflexes and taboos which have been set up against "hanging around" or congregating inside the Bradford-Russell home have not been re-created in the out-of-doors setting.

The Bradford-Russell house is a highly managed environment. There is a large

support staff and a manager is always on duty and in charge. The room nearest the front door has been converted into the manager's apartment which facilitates and symbolizes the controlling and protective duties of her position.

High levels of personal service are provided to each resident. Meal preparation, room cleaning, laundry, and bed sheet changing are all provided as a matter of course by the staff. This level of service eliminates a great portion of the residents' responsibility for themselves and also reinforces their role as guests in the house. Guest is indeed the word used by the residents and the manager to refer to those living in the house.

Responsibility for the maintenance of shared spaces is entirely that of the staff. They clean the shared bathrooms daily and the other areas as needed. By eliminating potential for conflicts over cleanliness these areas, especially the bathrooms, are made easier to share. However, these services also eliminate another potential form of resident activity and cooperation.

Rules in the house create clear and separate definitions of staff and resident roles. For example, residents are not to answer the house phone, or open the front door for anyone unless they know them. One manifestation of this division is the rule against residents' entering the kitchen, where the staff spends a great deal of time. The boundary between the two groups and the space they occupy is made explicit in this case.

In summary, management has eliminated all resident responsibility for house maintenance and greatly diminished resident responsibility to supply their own needs or cooperate with others. In doing so the management has also diminished the possibility that residents will be able to develop proprietary attitudes toward the house or mutual aid relationships with one another.

SUMMARY OF MANAGERIAL CHARACTERISTICS

ATTITUDE

- residents referred to as "guests".
- roles of staff and "guests" differentiated.

LEVEL OF PRESENCE

- staff size ranges from eight to ten.
- staff person in charge 24 hours/day.

LEVEL OF SERVICES

Personal

- high level of personal services offered.
- residents have few responsibilities for themselves.
- decreased need for mutual aid.

General

- staff responsibility for housekeeping and meal preparation is total.
- decreased need for resident activity and cooperation.
- increased ease of sharing.

RULES

- rules aimed at protecting residents and house.
- rules eliminate proprietary activities.
- need for rules is attributed to size of facility.

DECISION MAKING

- no clear process for resident input into decision making.
- decreased sense of control for residents.

SUMMARY OF PHYSICAL CHARACTERISTICS

SCALE

- house has rooms for 18 residents in a large dispersed layout.

NEIGHBORHOOD

- immediate surroundings quiet and residential.
- five to ten minute walk from commercial area and some public transportation.

PUBLIC SPACES

Living Room and Dining Room

- used only at meal time and for T.V. viewing in the evening.
- formally decorated with no personalization by present residents.
- spaces large and undifferentiated, offering no small group privacy.

Sun Room

- offers visual access to most of the indoor and outdoor activity the house has to offer.
- small in scale - can be claimed by small groups.

Managerial and Service Areas

- manager's apartment located at front door for control of entry.
- clearly defined boundaries between service and resident areas - residents prohibited from entering kitchen.

SEMI-PUBLIC SPACES

Clusters

- four areas are distant from one another.
- provide focus for friendship formation.

Cluster Shared Spaces

- highly territorial attitudes on the part of cottage residents toward cottage shared space.
- use of shared space on second floor (T.V. room) influenced by program preference, personality conflict, and availability of other television sets.
- shared bathrooms provide opportunities for both cooperation and conflict.

PRIVATE SPACES

- highly used in comparison to semi-public and public spaces.
- degree of personalization varies with individuals.

RESOURCES

- private phones decrease need for resident interaction, increase privacy.
- residents without personal television sets use public spaces for T.V. viewing, especially at night.

PROTOTYPES

In the following section three congregate prototypes (independent, participatory, and protective) are developed from the information gathered in field work. Each prototype is described in relation to a set of characteristics: its purpose; the type of resident who would choose it; its style of management; resident selection and orientation practices; level of managerial presence and services; methods of decision making and problem solving; and the community and site most appropriate for it. The following chart is a summary of the prototype characteristics which will be discussed in detail.

SUMMARY OF PROTOTYPE CHARACTERISTICS

	PURPOSE	RESIDENT TYPE	MANAGEMENT STYLE	RESIDENT SELECTION AND ORIENTATION	MANAGERIAL PRESENCE AND SERVICES	DECISION MAKING AND PROBLEM SOLVING	COMMUNITY AND SITE
INDEPENDENT	Purpose is to enable older people to live independently by showing them how to solve their own problems, use mutual aid, and connect with existing social service programs.	Resident is one who values his or her autonomy more than the comfort of receiving daily services	Managers are committed to the importance of individuals' control over their lives. Role of enabling residents to achieve autonomy.	Resident selection emphasizes applicants' making informed decisions on lifestyle choice. High levels of support directed at the setting for orientation.	Management's presence is limited to drop-in visits and services are kept to a minimum.	Residents are encouraged to develop their own means of making decisions and solving problems.	Existing public programs are used to meet residents' needs. Sites are chosen for their accessibility to these services and community infrastructure.
PARTICIPATORY	Purpose is to create an environment for older people which offers the opportunity to live in a group setting with a sense of community and control over their environment.	Resident is one who seeks some services and is willing to participate in the formation of a congregate community.	Managers support individual autonomy as long as it does not impinge on program goals. Role of stimulating the environment to achieve community.	Resident selection emphasizes applicants' making informed choices. Some form of resident input into selection provided for.	Managerial presence is used to monitor the setting daily, facilitate cooperation, and provide some services.	Residents are drawn into a participatory process for decision making and problem solving.	Existing public programs are used to supplement congregate services. Sites are chosen for accessibility to these and other resources.
PROTECTIVE	Purpose is to provide older people with a setting which meets their needs by offering high levels of security and services.	Resident is one who prefers to meet his or her needs by accepting high levels of direct services rather than using group cooperation.	Managers see the best solution to problems of older people as the provision of high levels of direct support. Role of service delivery.	Resident selection process emphasizes managements' judgement more than that of applicants or residents.	Managerial staff are available 24 hours a day and high levels of services are provided.	Residents are protected from the need to make decisions and resolve conflicts, as much as possible.	The existence of public programs is not crucial because on-site services are emphasized. Sites are chosen for accessibility to resources which meet personal needs.

INDEPENDENT CONGREGATE



Purpose

Independent prototypes are founded (1) on the belief that residents have the rational ability to make proper decisions concerning their own welfare and (2) on a commitment to accept these decisions. The goal of an independent congregate facility is to enable older people who have been, or may be, institutionalized in the near future to live independently by helping them solve their own problems. As a means of accomplishing this, small groups of from two to six individuals are established in shared housing and shown how to handle as many of their own needs as possible, how to make use of mutual aid and support within their own group, and how to use existing public support systems when appropriate. Once this initial education task is completed, management supplies only coordination, monitoring, and emergency assistance. In other words, the role of the manager is one of enabler rather than that of director or leader.

"At first they expected us to work out all their problems but now they know what they can and can't do, now they call only if it's a really big problem."

Manager

Resident Type

In contrast to the total care received in a nursing home, this prototype offers those who can no longer live alone the opportunity to maintain as much responsibility for themselves as possible, the freedom to set their own schedules and priorities, and possibly even integration with an age-varied society. Independent congregate rather than nursing home care will be chosen by those who value these opportunities over the security of knowing immediate medical care is available and the comfort of having all daily chores done for them.

Often older people enter nursing homes not because of illness but because they can find no other affordable housing. These persons, especially, find independent congregate desirable because it offers them an affordable autonomous lifestyle. They are also attracted to other advantages such as companionship, help in emergencies, and the possibility of some services if and when they become necessary.

Management Style

Those who manage and coordinate independent settings are committed to accepting the decisions residents make concerning their own welfare.

"Marie changed her doctor from the clinic to one who would tell her what she wanted to hear. The others in the apartment all think he's a quack, and told her so, but she wouldn't listen. We're expecting a medical crisis any day now but we can't tell her what to do. It was a hard decision for us to make, but we're not her caretaker."

Manager

Managers who support the independent congregate style of facility tend to see their function as education rather than direct service. Therefore, they tend not to be individuals who receive a great deal of satisfaction from paternal roles or others' dependency on them. In order to be effective, however, managers must possess a sensitivity to the problems of the elderly and be able to help pace the process of independence building according to each individual's physical and psychological readiness. Another skill requiring a great deal of sensitivity on the part of managers is to be able to withdraw support from individuals who have achieved a certain level of self-reliance in a manner which cannot be interpreted as rejection.

"When we went to the Housing Authority to complain about Lydia's room she kept looking at me as if I would answer their questions. I just pretended not to notice until she went ahead and answered herself."

Manager

When the manager's role evolves to that of only coordinating and monitoring, his or her value lies in being able to recognize changes or problems which are developing in the independent settings.

Resident Selection and Orientation

A mix of complementary resident capabilities enhances the mutual aid component of the independent prototype. Those with greater physical abilities can help others with such tasks as cleaning and shopping.

"I used to wash the kitchen floor but my doctor told me not to do it anymore. Now Marie washes the kitchen floor for me and I clean the bathroom for her."

Resident

Individuals who are adjusting to the aging process through disengagement can do so in an independent congregate setting at less psychological risk to themselves than if they lived alone.

"Lydia can go back to her room and be withdrawn if she wants to, but she is forced to see the others and interact at least a few times a day."

Manager

Those with some physical or mental disability can usually be adequately supported by the help of willing roommates or a regular visiting nurse.

"They all keep an eye on Marie to make sure she sticks to her diet and that she remembers to take her medicine."

Manager

Residents who do the helping can benefit from new-found roles at a time when their age is eliminating many they have had. However, there is a danger that some residents will take on so many responsibilities for helping others that it becomes a strain. Managers have an obvious and important monitoring role to fulfill here; to

keep track of the changing needs and consequent changing responsibilities of residents in mutual aid relationships.

Once residents are selected and placed in housing, the setting is analyzed to determine what, if any, outside support it will require. The medical services of a visiting nurse and the housekeeping services of a home care corporation are the most frequently used. However, there is a great emphasis on keeping these services to an absolute minimum in order to encourage self-reliance. Experience has proven that it is much easier to add services when it becomes apparent that they are needed than it is to take them away when they are discovered to be unnecessary.

Individuals already in nursing homes and those contemplating the possibility offer different sets of problems and advantages to managers of independent settings. The former group, because of residence in total institutions, has probably lost a great deal of self-confidence and the reflexes necessary for dealing with everyday life. Accordingly, a large proportion of program time must be spent in orienting them to such things as handling their own finances and doing their own shopping. On the other hand, this group has already experienced group living that is, in some ways, more demanding than that expected of them in independent congregate housing. Also, potential residents in nursing homes have often self-selected into small compatible groups through friendship formation. They are willing to try independent living if they can "come out" together. These groups may create problems for the consistency of resident selection criteria but they provide the greatest potential for a successful setting, due to their having already established supportive and mutual aid behaviors.

"There is a group of three that want to "come out."
One is 83 years old and lame, but the others say
they will take care of her."

Manager

In most cases residents coming from their own homes will require less initial help in confidence building. However, they may have a higher rate of failure if they cannot realistically assess their ability to adapt to a group living situation. Furthermore, individuals coming from their own homes will require more careful placement since they will probably not have already established their own compatible groups. Potential residents should be brought together to socialize and help determine their compatibility by discussing concerns and hopes for their future housing. Most individuals will need time to adapt to an entirely new living situation. Consequently, orientation should be gradual and give people a chance to reconsider before commitments are finalized.

For both populations, therefore, an important part of the resident selection and orientation process may be aimed at clarifying the change in lifestyle which independent congregate implies and helping individuals make decisions on whether or not it will suit their needs and personalities.

Level of Managerial Presence and Services

To facilitate a group's adjustment to their new living situation a high level of managerial support can be directed at establishing the setting. Residents can be counseled on their move, aided in equipping their new home, and introduced to the outside services, if any, which they will receive. Any training in self-sufficiency

needed is begun at this time. Meanwhile the environment is carefully monitored to keep track of how residents are adjusting and solving problems among themselves. If immediate problems develop, whatever help is necessary can be programmed into the setting. As levels of independence rise and the environment becomes stable, management begins a withdrawal which is completed when only monitoring is needed. The levels of control defined as part of the monitoring will depend on managerial preference and resident characteristics. It will vary from a phone call check twice a week to drop-in visits twice a month. From this point on the level of presence and services offered will vary with the specific situations which arise in the settings.

Decision Making and Problem Solving

One of the most important managerial responsibilities in establishing these settings is helping residents develop their own process for making decisions and resolving conflict. The actual process may vary from a formalized system of voting to general discussions used to arrive at a feeling of consensus. The most appropriate process will have to evolve from residents' personal inclinations since they will be using and maintaining their settings, for the most part, on their own. At the very least residents' consciousness must be raised to the point where they understand the consequences of not making decisions --- that not to decide is to decide.

The decisions which residents make most often concern the sharing of responsibility and space. What housekeeping tasks need to be done, how often, by whom, and on what basis are all issues of potential conflict. Their resolution will depend entirely on residents' personal styles and may vary from explicit rotating assignments to informal arrangements which depend on everyone "pitching in when things need doing".

The sharing of space and resources presents another set of problems which

residents must resolve. Who uses the kitchen, bathroom, or phone, for how long and when, are only a few potentials for conflict congregate living presents. In independent congregate living residents develop their own responses to these problems; from creating a set of rules to simply adjusting their schedules without discussing matters.

When independence of this sort exists there is always the possibility that the more assertive residents will dominate others in the allocation of rights and responsibilities. In such cases the role of management can be to enable those who are less assertive to demand the adjustment of decisions they are unhappy with. Management must recognize the development of these and other serious problems, such as those resulting from physical deterioration or strain from exterior pressures, if they are going to support residents' independence. Once problems are identified managers either provide support themselves or arrange and coordinate help from outside sources.

The Community and Site

In order to truly maximize residents' independence, the services and housing which they depend on should be affordable with a resident's income or with a combination of resident income (usually SSI) and large, long term public programs. Small unreliable subsidies and grants which, if withdrawn, could force residents out of their housing can limit long term independence. The types of communities in which independent congregates are located and the extent of their social services are particularly relevant as supports to independence. Especially important components of the community service system are transportation, home care, and subsidized housing. Clearly, a community's level of commitment to the elderly is also an essential factor. The need for this commitment becomes apparent when considering the need for large subsidized housing units which can comfortably accommodate groups of unrelated adults. If a local

housing authority does not see the need for congregate facilities it can justifiably refuse to make a large unit available because the limited number of such units in any one community are also badly needed by large low income families.

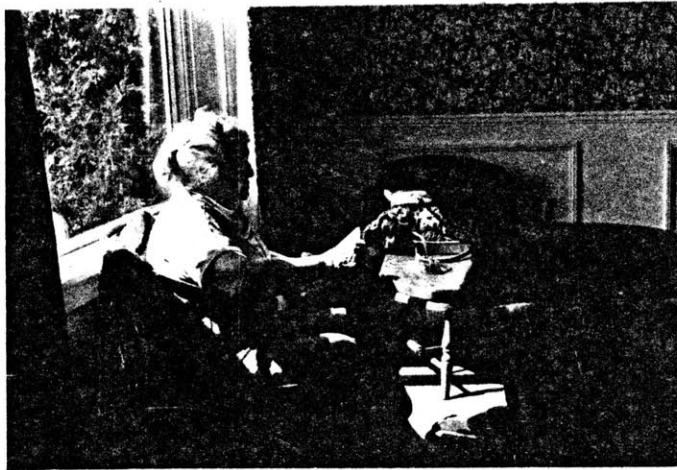
This prototype can be effectively used by communities emphasizing age integrated housing through the establishment of small scattered units. On the other hand, several independent congregate units near one another or linked by phone can strengthen the mutual aid component of the prototype and provide residents with access to a community of older persons --- a trait sought by advocates of age segregated housing.

Whether scattered or clustered, the location of independent congregate units is important. To reinforce the self-reliance which is basic to the program, congregate sites must be readily accessible to the stores, medical facilities, and resources residents will be using.

"This is a good location. The supermarket is just up the street and we get on the bus right out front to go to the Square."

Resident

PARTICIPATORY CONGREGATE



Purpose

The overall purpose of a participatory congregate facility does not vary substantially from that of an independent congregate. The goals of a participatory setting are to provide older persons with affordable housing, an independent lifestyle, a sense of community, and support when needed. Basic to both settings is the commitment to individuals' complete

autonomy on issues concerning their own welfare and the importance of their maintaining as much responsibility for themselves as possible.

Still there are significant differences. In an independent setting residents define their own levels of community and interaction according to individual preferences, and these are expected to vary with the groups that form. Managers of a participatory congregate, on the other hand, have a clear idea not only of the level of community they wish residents to experience, but also of an image they wish to project to others over time. In short, a sense of community in an independent setting is allowed, for better or worse, to evolve naturally for the residents; while it is a high priority and actively encouraged by managers of the participatory congregate.

As a result of this difference the participatory setting is more deliberately managed than the independent one. In order to accomplish their goals, participatory

managers make some demands of residents and set up processes and stimulants for interaction.

"It was important for the building of community to get everybody down to breakfast together. We really discouraged anyone from eating later or using the third floor kitchenette for meals."

Director

This prototype, clearly, cannot rely simply on mandating behavior to achieve goals. In fact, the goals are perceived to be contingent on residents' sense of control over and responsibility for their environment. Accordingly, a great effort is made to instill the importance of the prototype's ideals and priorities in residents and then give them control of their environment through participatory decision making. If resident decisions are at complete variance with house goals, however, management retains and uses the right to veto them.

"At first they wanted to put barbed wire and broken glass on top of the wall to keep neighborhood kids out of the yard. We just couldn't go with that idea."

Manager

Residents are also expected to participate in the general functioning of the environment by taking responsibility for housekeeping tasks. They are at least expected to clean their own rooms. Usually, daily chores in the shared spaces are done either on a volunteer basis or divided among residents.

"I kept telling everybody we ought to put the newspapers out everyday, instead of letting them stack up, you know? Now everybody pretty much helps out with that."

Resident

Each goal of the participatory setting is served by encouraging resident responsibility and control. The responsibility residents are given for maintaining their environment provides affordable housing by keeping staff costs down, enhances independence by challenging residents to perform duties up to their capacity, and generates a sense of community through the performance of proprietary tasks. Resident control in decision making helps increase feelings of independence by allowing residents to determine the details of their daily existence and increases the likelihood of community by setting up processes of communication and consensus building. The final goal, that of support, is supplied not only through the direct service and referrals of management but also by the mutual aid relationships which materialize when a sense of community is developed.

Two final characteristics which differentiate participatory settings from independent settings are the level of services offered and scale. A primary means used in these settings to create community is group dining. To facilitate these meals someone is usually hired to plan and prepare them. This service and the coordination required for resident participation make it an environment characterized by daily managerial presence and a higher level of services than independent settings. These two characteristics, in turn, impose the need to establish larger groups in order to economize on managerial time and other elements of cost. The minimum size possible for such a

setting is probably ten residents.

Resident Type

Individuals who prefer a participatory setting include those who are willing to give up more direct responsibility for themselves than those in independent settings. They are accepting an environment which is coordinated for them and in which daily chores such as shopping, cooking, and housework are diminished either by management's direct services or the cooperative efforts of the group. Men who have never enjoyed cooking for themselves are likely to choose this option if meal service is provided. While residents of participatory settings are abdicating some of their responsibilities they must at the same time be willing to assume new ones for the group, such as participatory decision making or coordinated housekeeping and mutual aid relationships. To be comfortable with the setting, they must also desire the same level of community and interaction which it advocates.

Management Style

Managers of participatory settings must be committed to maintaining resident independence and responsibility. They must respect all individual decisions as long as they do not impinge on the lives of others or program goals.

"It's important to give these people a place to live that makes them feel secure, but doesn't take away all their responsibility for themselves. You've got to let them be their own boss and take care of their own problems."

Manager

Managers must, however, believe that program goals are important enough that if priorities are not being realized it is their proper role to stimulate or manipulate the environment in an effort to achieve them.

"I didn't let the residents put locks on their bedroom doors. I wanted them to develop the trust necessary to walk away and not worry about it."

Manager

There are several skills which managers should possess if they are to realize participatory goals. First, they must be able to clearly communicate these goals in a manner which enables residents to understand their importance. Secondly, they must set up a usable, productive process in which residents can discuss their attitudes toward goal related issues and generate satisfactory means of resolving these issues. It is also important that managers be able to sense when residents require assistance and when it is better to let them work things out themselves.

"The manager, perhaps, mixed in people's lives too much. It's hard to find someone who knows when to help and when to let people alone."

Director

Finally, managers must be able to coordinate the high degree of cooperation defined into participatory settings (sharing space, tasks, and decision making) in a manner that maintains a sense of equity and diminishes conflict among residents.

Resident Selection and Orientation

"I try to look for people who will fit in. I admit there's no concrete basis for making that type of decision, but I look for a cooperative attitude, an interest in group living, and someone who is not a loner."

Director

Residents in participatory facilities may be drawn from nursing homes, mental hospitals, halfway houses, their own homes, and other housing that is inappropriate for them. A mix of physical capabilities and personality types is an asset to the mutual aid component of programs. However, similarity in lifestyle, background, and interests is a help for friendship and community formation. Large settings, by affording a greater mix of such characteristics, may enable the greatest potential for enjoyable relationships.

Several levels of resident input into selection of newcomers are possible in a participatory setting. The alternatives range from resident representation on a committee which reviews applications and interviews potential residents to actual selection by management with the option of resident review.

The selection process, as in every other type of congregate, must emphasize applicants' making well informed decisions so that they foresee potential problems in the environment. Applicants can be invited to see the facility, meet residents, ask questions, and receive help on deciding whether or not they will enjoy such a housing option. It is hoped that those who would not "get along" will reject the facility once they become familiar with the option. Unfortunately, this is not always feasible.

"Most people who apply to the house are in a crisis situation like an eviction or death of a spouse. I try to get them to think about whether the house will be good for them, but they're not usually in the mood to be rational."

Director

In these cases management and established residents might take responsibility for determining if the setting is appropriate for an individual. Institutionalizing a process through which the group or a new resident can admit a mistake, such as a three month trial period, can help detraumatize the need for someone to leave.

Some participatory facilities, while not accepting those who would create constant crises, allow applicants with serious problems such as alcoholism and severe depression to move in. These individuals are then offered professional counseling, and as much support from the other residents as possible. In such situations, however, both management and residents must be prepared for failure as well as success.

"They remember when they first moved in here they didn't have their best foot forward either, so they are willing to try to help."

Director

Orientation in a participatory setting may consist of calling a house meeting to review all house procedures in a self-affirming and informative manner. In other cases it may be considered more effective to let new individuals learn informally by asking residents questions as issues arise. In either case the environment is carefully

monitored by management for any problems or misunderstandings which develop as the result of a new resident's presence in the setting. These problems are then dealt with either in general house meetings or in private if they are sensitive issues.

"I had to learn not to shoot my mouth off so much. I didn't realize how easy it was to hurt people's feelings. Now if I see something I don't like I try to make a joke out of it to tell people."

Resident

Another important part of accepting a new individual into a participatory setting can be an official resident welcome, such as a party or special meal in honor of the occasion.

Level of Managerial Presence and Services

In participatory settings there is a regular but by no means 24 hour/day presence of managerial staff. The management which takes place is informal and there is no physical place explicitly defined as a full time managerial area. In order to keep staff presence at a minimum, tasks such as bookkeeping and general supervision of the program can take place outside the living environment. In this way, the presence of staff is no greater than that necessary to provide agreed upon services.

As mentioned earlier the major day-to-day services offered in participatory settings are geared to facilitate residents' taking responsibility for themselves, other residents, and the functioning of their living environment. In working toward that goal managers define the needs of situations as they arise, but may do such specific things

as reassign housekeeping tasks as residents' physical capabilities change, suggest when it is time for a house meeting to air small gripes, or refer someone to a professional counselor. In addition managers might want to provide some set of direct services such as meal preparation, community resource referrals, and heavy house maintenance.

Decision Making and Problem Solving

Residents' understanding of how to use a participatory process and their right to use it is fundamental to this setting. A great deal of reassurance and encouragement are necessary to dispel the fear of expressing dissatisfaction often experienced by elderly people who feel they have few housing options. In most cases residents are put in control of the matters which affect the day-to-day quality of life in their environment. They determine meal schedules and menus, cleaning schedules and responsibilities, and most other house rules. While residents do not have control of decisions which more directly influence program goals such as staff, resident, and service selection, their input and opinions are often sought on these matters. If and when managers feel it is necessary to veto resident decisions, sound and explicit reasons for doing so are important if resident confidence in participation is to be maintained.

Management in a participatory setting takes responsibility for helping residents solve house related problems but not those that are merely personality conflicts between individuals. In the latter case residents are encouraged to work things out themselves. Only if the situation is not resolved do managers step in as mediators,

A danger which is always present in a participatory setting is that only a few individuals will do the participating. These individuals may not only make many decisions but also take on more than their share of responsibility.

"A lot of 'em come to me and say the light bulb on the stairs is out, or the drains are stuck. The things that upset them are so simple. That's O.K. I can take care of that stuff.

Resident

While some residents may enjoy this leadership role there is a cost to those who abdicate their personal responsibilities. In these cases it is management's role to encourage all residents to maintain responsibility for their environment.

Community and Site

The considerations of community and site are the same for participatory settings as they are for independent settings. The emphasis on residents' use of community resources rather than high levels of direct service makes it crucial that these resources be adequate and accessible. Likewise, residents' sense of independence and control over their lives will be enhanced by accessibility to shopping, transportation, and other resources.

"Transportation is a problem. To visit my friend right over there in Dorchester you have to change buses three times. I don't go anymore. I used to miss it, but I don't much anymore."

Resident

PROTECTIVE CONGREGATE



Purpose

The major goal of the protective congregate setting is to provide other persons who can no longer live independently with a high level of support services in as home-like an environment as possible. This prototype's significance lies mainly in the alternative it provides to nursing home care. In a protective congregate, however, a limit is placed on services

available, and residents in these settings must at least be ambulatory and able to administer their own medication. This assures a fairly homogeneous level of health among residents and precludes the presence of medical stations and equipment. Nevertheless, the level of services provided in these settings remains quite high, including such things as three meals a day, housekeeping and laundry services, transportation, and activity planning.

"The important thing to them is that there be someone here in case of emergencies and that they don't have to worry about a lot of details like shopping."

Manager

The second major difference between protective settings and nursing homes is

determined by the physical environment. Protective settings are planned at a smaller, more intimate scale than nursing homes. In the planning of space and furnishings a great effort is made to avoid institutional images and to create as home-like an environment as possible. Two other positive factors mentioned frequently by residents of protective congregate settings are that they have private bedrooms and that they are not surrounded by individuals much more incapacitated than themselves.

"It's important that it's a family, not an institution. The residents are known as individuals. The staff can know each one of them and care about them.

Resident

The principle on which the protective prototype is based is that resident satisfaction flows from a sense of security and comfort. As a result the bulk of managerial time and effort is allocated to the delivery of services. This prototype differs from the others in that there are no explicit strategies aimed at maintaining or building residents' sense of independence, autonomy, or self-reliance. Managers and planners of a pure protective congregate do not necessarily use the group setting they have created as an additional resource for meeting resident needs.

Resident Type

Individuals who choose to live in a protective congregate have some significant physical and/or emotional need to do so. While these problems are usually not acute enough to warrant nursing home care, residents seek such a special setting as a precautionary measure. The protective environment is used to alleviate strain which might cause a crisis and to eliminate the possibility of being alone if an emergency

does occur. The resident best served by a protective setting is one who prefers to meet these needs by accepting direct services rather than using mutual aid or group cooperation to do so.

The low levels of service and the challenges to increase levels of self-reliance which are the basis of independent congregates clearly make them inappropriate settings for those individuals who wish to minimize strain and risk. The levels of services offered in a participatory setting, in many cases, would be adequate for those who seek a protective environment. Such people would probably find it undesirable to expend the amount of energy necessary to take on responsibilities for the group and engage in decision making which has a high potential for conflict.

Residents of protective congregates place a high priority on securing support services in a comfortable, predictable environment. They also seek opportunities for companionship, but under circumstances where interaction is optional and disagreement can be avoided. In order to secure these goals residents are willing to give up levels of control and responsibility available to them in independent living and other types of congregate settings. They accept their present level of capability and do not seek to increase it by choosing challenging environments.

In spite of this acknowledgement of their limitations these residents have an aversion to living with others more ill than themselves. This results in their strong desire to remain outside of nursing homes and with a group which is fairly homogeneous in its level of capabilities.

"We had a person in a wheelchair here for a little while and it nearly scared the other residents to death."

Manager

Management Style

Managers of protective congregates are committed to the provision of direct services and care as a solution to the problems of aging. They must have the skills to plan and coordinate the great number of detailed tasks which constitute protection. While managers of protective environments do not necessarily need the same interpersonal skills important in other prototypes, such as the ability to form and use a participatory process or build self-reliance, such skills can enrich the manner in which they carry out their jobs.

Since group decision making, mutual aid, and other natural incentives for resident interaction are lacking in protective settings, managers' skills at stimulating interaction must compensate for this absence. Although they cannot control residents' willingness to interact, managers can create the occasions and activities which facilitate it.

Another problem which requires special sensitivity from protective congregate managers is the tendency for residents to become overly dependent on them. The manager's role as the provider of all services often results in residents' identifying their welfare and happiness with them personally.

"If I come in at 10:00 instead of 9:00 there is always someone who will say, 'Well, you're finally here!' or 'Where have you been?' "

Manager

This attitude must be discouraged if damaging repercussions are to be avoided when a manager withdraws from a situation.

One way to counteract this tendency is for managers to consistently resist

paternal attitudes and roles. The temptation to underestimate resident capabilities is great, since their choice of living situation explicitly states that they have low expectations for themselves. However, acceptance of low levels of capability can set off a cycle of downward expectations. As less is expected of them, residents may actually be capable of less. In spite of the fact that there is no organized program for building self-confidence, managers must help residents avoid increasing levels of dependence which are due simply to the ready availability of services in the protective setting.

Resident Selection and Orientation

Most congregate facilities have age and income limits and, as mentioned earlier, require that residents be able to walk and administer their own medication. Aside from these requirements the level and type of services offered will play the largest role in determining who applies. The more services offered, the more frail will be the population attracted and the fewer services offered the more capable.

Protective settings tend to offer one set of services without options since this is usually the most time- and cost-efficient manner in which to organize them. As a result the residents of these settings tend to be homogeneous in their desire or need for services. If their needs do not match the service package it is likely that residents who select the setting will be over serviced rather than under serviced.

In general, the lack of this prototype's emphasis on resident autonomy results in selection techniques which stress management's judgement rather than helping applicants make informed and wise decisions themselves. However, once a setting is established, applicants will measure their potential housing satisfaction not only by the level of services offered but also by comparing themselves to present residents.

In this manner settings begin an inevitable and almost irreversible process of aging. In other words, as residents chosen at one level of capability grow older and become more frail, the population which is subsequently attracted to this setting will also be more frail.

Level of Managerial Presence and Services

The protective setting is generally characterized by high levels of managerial presence and is the most managed of all the prototypes. Relief staff are scheduled to take over when the manager must be absent; there is always someone in charge. Emergency buzzer systems and intercoms are often installed in residents' bedrooms to provide 24 hour/day availability of staff.

There is usually a specific area designated as an office where managerial tasks like rent collection and record keeping take place. The managerial space is often located near or in a direct line of vision with a setting's entrance in order to facilitate surveillance and control of this area.

The level of services is also high and residents' responsibility for themselves and their environment is at a minimum.

"Sometimes I let the guests pull the shades all around the house for me in the evening, but I don't want them to have to do anything."

Manager

Ease of service delivery is one of management's primary concerns and shapes the character of day to day existence for residents. Various house rules are used to facilitate the protective and service goals of the setting, as the following examples

illustrate. In one such place residents are not to leave personal possessions in shared spaces because they may be misplaced when the staff cleans. Residents are not to pick up or distribute mail in order to avoid the possibility that any of it might be misplaced in the process. Residents are not to open the door to the house for anyone unless they know them, because there is the possibility that unseemly characters could gain access to the setting. Differences between the roles of staff and residents are made explicit not only through these kinds of understandings but also through the use of space.

"The residents aren't allowed in the kitchen.
The staff works there and they need room to
work and privacy sometimes."

Manager

For many residents these arrangements are ideal, while others miss the opportunity to play proprietary roles.

"It's best if the guests don't help out because
everybody has different ways of doing things
and there would be trouble over what was done
how. This way the staff does it and that's the
way it is."

Resident

"They don't ask for any help. I'd like to help if they wanted me to. I miss not keeping house sometimes.

Resident

Decision Making and Problem Solving

The protective prototype assumes that residents prefer to be relieved of the need to make decisions concerning the functioning of their daily environment. While these settings can establish processes through which residents may voice concerns and suggest changes, unless the commitment to resident input is clear, they will not yield valid results. The results will be influenced by residents' fear of expressing dissatisfaction or managerial attitudes which are based on the need to fulfill the protective and service delivery goals of the setting.

"One resident wanted to change supper to a later time. We had a house meeting to vote on it but the vote didn't change it. I told them that they need to eat early to give them enough time to digest things before they go to bed."

Manager

The responsibility for problem solving is more readily assumed by the management of protective environments than in the other two congregates. Conflicts between individuals are often resolved through managerial mediation. Conflicts over the use of shared space or resources are resolved by allocating time slots for equal use or mandating behavior.

"One resident wanted to keep everyone out of the living room when she had her bridge club come in. I had to put a stop to that."

Manager

When residents develop serious physical or psychological problems, management, with the advice and consent of residents' children, decide the point at which it is best for them to enter a hospital or nursing home for specialized care. This point varies with management's willingness to accommodate illness.

"If they're sick in bed more than three days they go to a nursing home till they're better. It's best that way."

Manager

"If they're sick I try to nurse them like any mother would. I call the doctor for advice and keep them in bed. I try not to upset the other residents by letting them know all the details."

Manager

Community and Site

Development of the protective prototype is called for in communities which find nursing homes to be inappropriate housing for at least part of their frail elderly population. In order to offer a protective setting as an alternative these communities must be prepared to pay professionals who can deliver services and invest in the purchase and rehabilitation of housing appropriate to the needs of the frail elderly.

The extensive community service systems necessary to the success of the independent and participatory prototypes are not as important to this setting because of the principle of direct service delivery on site.

In spite of on-site services, however, proximity to shopping and transportation is still an important consideration in the location of protective settings. Accessible resources can contribute greatly to residents' self-esteem by enabling them to accomplish personal errands. Another important feature to consider in site selection is the opportunity for residents to watch activity flow-by because passive participation increases in significance as physical and psychological constraints imposed by the aging process increase.

SUMMARY

In summarizing the main characteristics of the three prototypes it is useful to distinguish between ends and means in their operation. For congregate settings, ends can be thought of as goals other than independent living, such as a high degree of sharing or interaction among residents. Means, on the other hand, are the ways in which these goals are met. In the independent setting residents are in complete control of both ends and means in determining their environment, while in protective settings they have little control of either. In participatory settings residents have some say about the means which are used but the ends are established by those in charge of the facility.

It should be reiterated that each of these approaches to setting and attaining goals for congregate living has its drawbacks. In independent settings the risks taken to assure autonomy, such as leaving all personal welfare decisions to residents, can jeopardize those who are not capable of handling such independence. Secondly, the full potential for the development of community and mutual aid in these settings may not be realized because of management's resistance to entering or stimulating the environment.

In participatory congregates, problems arise if there are residents who cannot cope with the inherent responsibilities. In such cases, the setting also places a strain on other residents, who must assume an additional burden. Problems can arise from group decision making, a long and time consuming process, which requires a great deal of energy on the part of residents and expensive staff time for the program.

The major problem in protective environments is that residents who do not need a full range of services may become dependent on them just because they are easily

available. The acceptance of low levels of control in the environment can start a cycle of increasing dependency. Clearly, if there are mismatches between the congregate environment and its residents the resulting problems can be just as damaging as those produced by any inappropriate housing arrangement.

No matter what personal opinions the reader has formed on the three prototypes, it should be kept in mind that each setting is usually seen as desirable by those who have chosen it.

DEFINING APPROPRIATE CONGREGATES

COMMUNITY PLANNING AND REVIEW QUESTIONS

From the preceding discussion it should be clear that there are several different types of congregate facilities which communities might choose to endorse and fund. In order to establish priorities among these types or define appropriate combinations of prototype characteristics, those planning for a system of congregate facilities must fully understand their community's needs and resources. The following list of questions is an attempt to structure a thought process through which community planners can consider the:

- characteristics of the population of older people
- existing housing options for older people
- available social and municipal services which serve older people
- potential monetary and human resources for meeting congregate program needs
- possible sites and structures for congregate facilities

POPULATION CHARACTERISTICS

- What are the characteristics which will be used to describe and define the target population?
- At what age is an individual defined as elderly?
- What categories of physical and mental health will be used to describe the elderly population (for example, good, some disabilities, frail, very frail?)
- On what basis will individuals be assigned to these categories?
- What ranges of income will be used to further describe individuals and their levels of need?
- What particular set of categories will be used to define target populations for different types of congregate living?
- How many individuals are in each of the established composite categories?

HOUSING OPTIONS

- What housing options, other than independent living, exist for older people in the community? (For example, boarding houses, residential hotels, retirement villages, nursing homes, and public housing)
- How many individuals can each of the existing options accommodate?
- What congregate settings would most expand older peoples' choice in housing options?
- Are there elderly citizens who are inappropriately housed in either independent situations or alternative options?
- In particular cases, what is the nature of the mismatch between housing and resident? For example, is it a mismatch between housing cost and level of income or physical capabilities and structural barriers, etc.?
- Which of these problems will be assigned high priority for resolution?
- Which congregate settings are most appropriate for alleviating the problems with high priority?

EXISTING SERVICES

- What municipal services and social programs which offer aid to older persons are currently present in the community? Examples of such programs include public transportation, hot meal programs, housing maintenance programs and home maker services.
- Which congregate settings could make good use of existing service systems?
- Are the levels of existing services and their geographic distribution sufficient to make them readily available to the entire population of older people in need?
- What groups of older people have not been able to take advantage of these programs or are insufficiently supported by them?
- Which congregate settings can best serve those who are not being helped with existing services?



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POTENTIAL RESOURCES

- What existing federal and state programs can be used to fund congregate settings?
- What levels of local funding could be made available for congregate settings?
- What contributions can be expected from the community's volunteer associations, religious groups, and private enterprise groups?
- What personnel, with the skills appropriate to managing congregate housing, would be available to a new program?
- How many of what type of congregate setting could be supported with a combination of existing and potential resources?

AVAILABLE SITES AND STRUCTURES

- What housing sites which are suitable for older people are available? Considerations include proximity to resources, zoning for group living, minimum presence of psychological and physical barriers, opportunities for watching human activity, and a high potential for neighborhood acceptance.
- Are potential sites compatible with current land use plans for the city?
- If an existing structure is to be used, is it structurally sound and adaptable to the needs of older people?
- If new construction is planned, does the site have suitable soil and topography conditions and access to municipal services?
- Which congregate lifestyles (independent, participatory, or protective) would be most compatible with available sites and structures?

BEHAVIORAL ISSUES AND OPTIONS FOR RESPONSE

The three prototypes presented in the preceding chapter describe pure forms of congregate settings. It is unlikely, however, that congregate facilities will be planned and administered without mixing the characteristics of independent, participatory, and protective environments. The needs and desires of the target population, managers' preferences, the actual physical environment, and many other characteristics of the existing situation will greatly influence the specific definition of each setting.

Congregate environments are made up of a multitude of dimensions upon which conscious managerial and design decisions must be made if they are to facilitate intended goals. In order to clarify some of these dimensions and possible responses to the choices they present, the following section discusses six behavioral issues in relation to managerial and design decisions. The first three issues (personalization, proprietary activities, and privacy) refer to resident control of the physical environment and the second three issues (mutual aid, sharing, and independence) refer to residents' relationship to the social environment of their settings. These issues are first briefly defined and then specific activities relating to them, such as furnishing bedrooms or using the phone, are listed with managerial and design responses that influence their nature.⁽¹⁾

The responses, rather than being defined explicitly as appropriate to independent, participatory, or protective settings, are presented more broadly as two contrasting points on a continuum which ranges more independent to more protective.⁽²⁾ The presentation of options on a continuum is used in order to facilitate decisions that relate

⁽¹⁾ These responses are marked D and M in the text to indicate their design or managerial nature.

⁽²⁾ There will be some cases in which there are no contrasts to present.

to the actual requirements of a setting rather than those that match a favored prototype. The following outline presents the issues and related activities to be discussed.

Resident Control of the Physical Environment

Personalization

- Decorating Shared Spaces
- Identifying Bedrooms
- Furnishing Bedrooms

Proprietary Activities

- Opening the Door and Answering the Phone
- Helping Around the House
- Making Decisions

Privacy

- Using the Bedrooms
- Claiming Space
- Using the Phone
- Using the Bathroom

Resident Relationship to the Social Environment

Mutual Aid

- Programming the Setting
- Forming Small Groups
- Keeping Track of Each Other

Sharing

- Sharing Space and Resources
- Sharing Tasks and Responsibility
- Sharing Experiences

Independence

- Providing for Autonomy
- Developing Self-Confidence

RESIDENT CONTROL OF THE PHYSICAL ENVIRONMENT

← MORE INDEPENDENT

MORE PROTECTIVE →

PERSONALIZATION

Personalization refers to individuals' display of objects to make statements about themselves. It is a means people use to confirm their self-image and create comfortable environments by filling them with things that are pleasing and familiar. Personalization is also a means of communicating to others... "This is who I am," and "This is where my personal territory begins." All three congregative prototypes would define resident personalization as a desirable activity. However, a purely independent setting would not seek to actively stimulate it. Both participatory and protective congregates would encourage personalization, but protective settings might choose to sacrifice a degree of resident involvement and freedom in this activity in order to assure the protective nature of the environment.

DECORATING THE SHARED SPACES

- M In decorating and furnishing the shared spaces, allow for the use of personal furniture and accessories which residents wish to share with the group. Set up a process through which residents can make joint decisions on furnishing and arranging these areas.
- M Minimize the potential for conflict between residents by making staff responsible for decisions concerning the furnishing of shared spaces. Furnish these areas in a non-institutional manner but discourage residents from putting personal possessions in the public spaces to avoid the possibility of their being misused or misplaced.

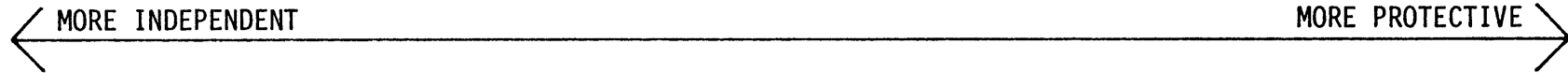


IDENTIFYING BEDROOMS

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| <p>M Encourage residents to make individual statements which identify the entry to their personal territory.</p> <p>D Facilitate personalization by allowing adequate space in hallways for decorative items to be set outside bedroom doors. Use wall and door materials which accept thumbtacks, nails, and tape easily.</p> | <p>M Organize a name tag or number system for bedrooms to assure that residents, staff, and visitors find their way.</p> |
|--|--|

FURNISHING BEDROOMS

- | | |
|---|--|
| <p>M Encourage residents to bring their own furniture and accessories or, if necessary and financially feasible, to pick new items for their rooms.</p> <p>D Maximize resident choice in furniture arrangements with floor plans that provide uninterrupted wall space and furnishable corners.</p> | <p>M Provide "house furniture" if residents have none of their own.</p> <p>D Sacrifice some freedom in the degree of personalization and furniture arrangements to increase the ease of bedroom cleaning by staff.</p> |
|---|--|



PROPRIETARY ACTIVITIES

The term "proprietary activities" refers to the acts residents perform to maintain and facilitate the smooth functioning of their households. The impetus for proprietary actions comes from residents' feelings of responsibility for a setting which they define as their home. Examples of such acts include directing a visitor to his or her destination, changing a burned-out light bulb, or picking up a piece of trash in the yard. The emphasis on proprietary activities for residents varies in each of the three congregate types. The major premise of independent settings is that residents will perform all (or as many as possible) of the proprietary tasks in their environment. Proprietary activities are encouraged in participatory settings and seen not only as beneficial to the functioning of the household but also as a means of developing residents' sense of community. The protective environment, on the other hand, is set up to alleviate the need for such resident responsibility.

OPENING THE DOOR AND ANSWERING THE PHONE

D Locate activity-generating spaces near the house entry and telephone so residents are naturally available to open the door and answer phone calls.

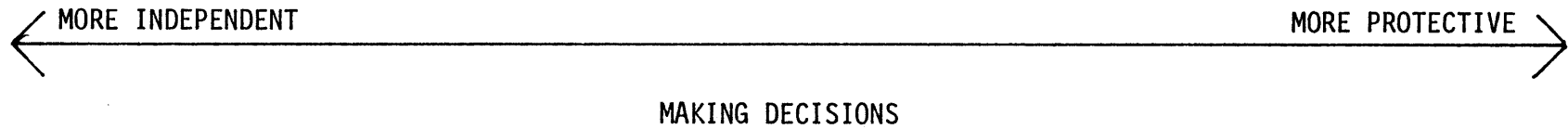
D Locate a desk at the front door for a receptionist or manager who monitors and directs visitors and handles telephone calls.

← MORE INDEPENDENT

MORE PROTECTIVE →

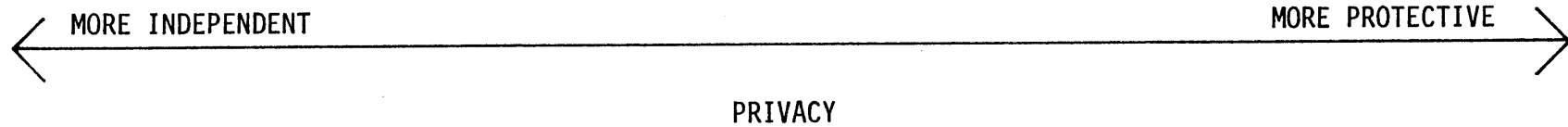
HELPING AROUND THE HOUSE

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|---|---|
| <p>M Help residents establish an equitable system for allocating light housekeeping tasks and other responsibilities. Supply the information and training which enables residents to deal with the problems that arise in day to day functioning of a household.</p> <p>D Minimize physical and psychological boundaries between staff and resident areas in order to facilitate residents' participation in managerial tasks and natural interaction with staff.</p> <p>D Plan service areas, such as the kitchen, for use by several people at once. This facilitates residents' preparation of their own meals at the same time or assistance to kitchen staff. Design details of the kitchen to maximize safety, adaptability, and accessibility for older people with various handicaps and limitations.</p> | <p>M Organize the services of staff to eliminate the need for residents to help with housekeeping or take care of household problems.</p> <p>D Create boundaries which keep resident and staff activities separate and clearly define staff versus resident roles.</p> <p>D Design service areas to maximize staff safety and efficiency.</p> |
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M Create an effective process for generating resident input and group decision making on issues pertaining to the household's daily functioning.

M Avoid involving residents in daily decision making in order to relieve them of the need to worry about details and the stress which might result.

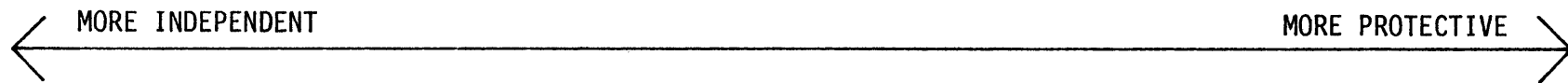


Privacy refers to people's control over their interaction with others. This means not only their ability to be alone but also their ability to be with others as they choose. Privacy can be an issue for groups as well. In these cases it refers to the group's ability to control others' access to it. Creating as much privacy as possible for residents is a goal for all three congregate types, although the reasons for providing this privacy are different. Independent settings see privacy as basic to maintaining residents' autonomy. Participatory settings offer as much privacy as possible, believing that interaction is actually increased when residents feel they are in control of it. Finally, protective facilities offer privacy as a means of shielding residents from conflicts with others, although in some instances these settings are willing to sacrifice privacy if it provides more protection, as shown in the following example.

USING THE BEDROOMS

M Assure residents of absolute freedom to do as they please in their bedrooms, as long as their actions do not impinge on others. Rules which make an obvious contribution to the common welfare (such as a ban on smoking in bed) are legitimate.

M Create restrictions on activity in the bedroom which protect residents from themselves (no drinking in the room) and from emergencies (no locking of bedroom doors).



D Plan a dispersed layout of bedrooms and limit the amount of visual access to rooms which open doors permit.

D Centralize bedrooms and provide visual access through doorways to increase the ease with which staff can check on residents.

CLAIMING SPACE

D Create spaces other than the bedroom that are claimable by small groups. These spaces can be used by residents to entertain guests or interact among themselves with some degree of privacy.

D Provide residents with space outside their own rooms for private interaction. By creating semi-public as well as private and public areas, residents' options in using space are maximized.

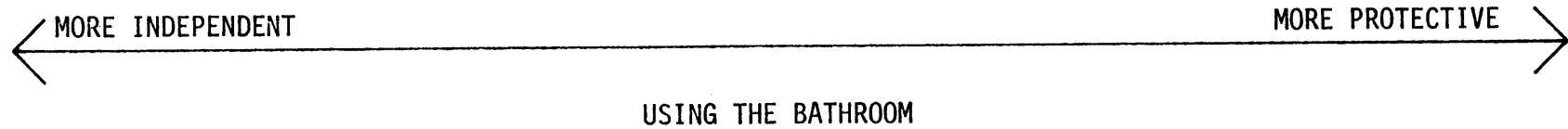
USING THE PHONE

D Provide for phones in each room and if this is not possible create private places for phone conversations.

D Make provisions for private phones. If this is not financially feasible, provide phone booths or phone rooms where private conversations can be held.

M If there are no private phones, help residents develop a system for handling in-coming calls and messages which protects individual privacy.

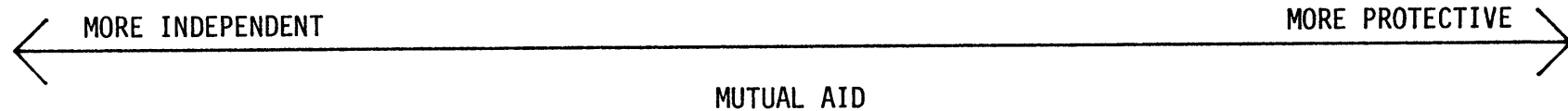
M If there is no private phone system develop a means for management to receive calls, alert residents, and take messages.



D Provide each resident with a private bathroom. If this is not possible create as high a ratio of bathrooms to residents as possible.

D Supply each private unit with its own bathroom. If this is not feasible, make shared bathrooms visually and auditorally private.

RESIDENT RELATIONSHIP TO THE SOCIAL ENVIRONMENT



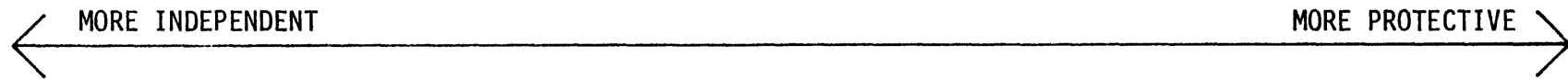
Mutual aid refers to individuals' helping each other and watching out for each other's welfare. This kind of activity can consist of picking up something at the store for a friend or just checking to make sure the person next door has started the day at the usual time. Independent congregates depend on mutual aid relationships to increase the self-sufficiency of their settings. Participatory congregates see these relationships as a means to supplement services and create a community, while protective environments are not likely to encourage mutual aid.

PROGRAMMING SERVICES

- | | |
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| M Keep the level of services and staff presence low in order to encourage the development of mutual aid relationships. | M Concentrate on the delivery of services to eliminate the need for mutual aid. |
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FORMING SMALL GROUPS

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| D Organize bedrooms into small identifiable clusters to encourage subgroups of residents to establish special feelings of responsibility for one another. Provide a focus for each clusters' identity such as a semi-private lounge/living room to reinforce the group's self-image as a unit. | D Constant availability of staff and emergency buzzer systems provide residents with a sense of security and replace the need for mutual monitoring. |
|--|--|



KEEPING TRACK OF EACH OTHER

D Provide residents with a means of signaling to each other that they are up and about for the day (i.e. that they are all right). Such signals might include curtained windows or doors facing the shared spaces which can be opened.

D Provide residents with a heightened awareness of one another by planning circulation paths which pass by bedrooms and entrances that are near activity areas. This awareness provides an informal check-in check-out system which keeps "the house" abreast of where residents are and when they are expected back.

D Staff presence and emergency buzzer systems again provide for keeping track of residents' well-being.

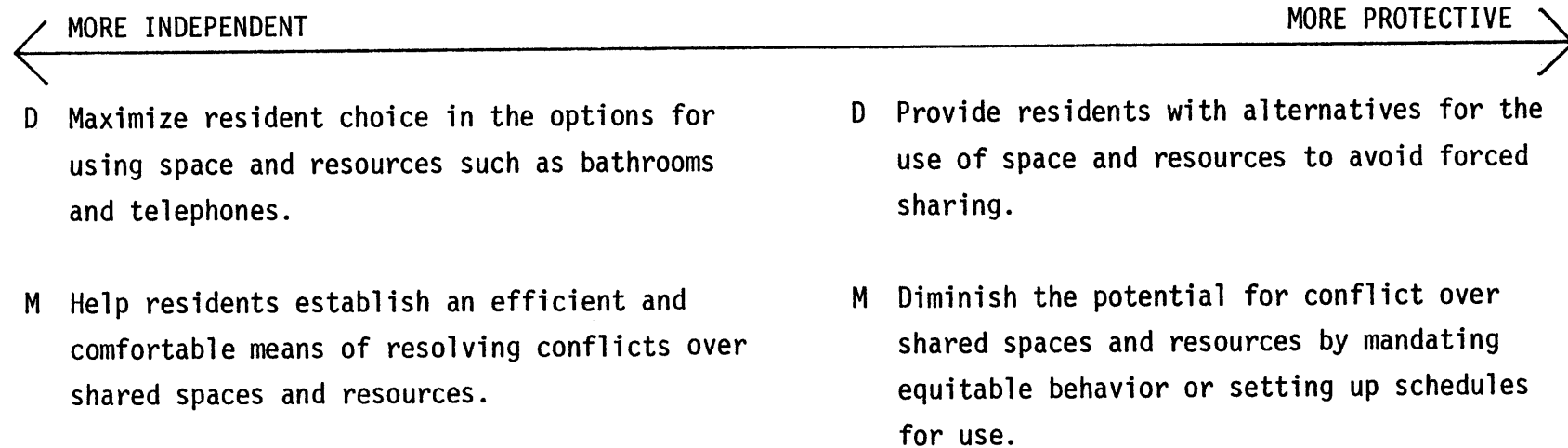
D Provide a managerial area near the front door and ask that residents report their departures and estimated time of return in order to keep management up to date on their activities.



The sharing of space, resources, and experiences is a major means used by congregate facilities to create the group interaction which can produce a sense of community. All three congregate types would agree that to facilitate sharing, resident choice and control in their environment should be maximized. This can best be done by offering residents as many options as possible in the space and resources they use. However, in every group living situation conflicts develop and each of the prototypes has a different way of dealing with this problem. In the independent setting residents are encouraged to work out their own means of solving problems; in the participatory they are provided with a group process; and in the protective management assumes as much responsibility as possible for problem solving. The sharing of responsibility is, of course, present in only the independent and participatory settings.

SHARING SPACE AND RESOURCES

- D Increase the ease with which environments are shared by planning spaces which do not require a great deal of effort on the part of residents to maintain.
- M Maximize the ease of sharing by making staff totally responsible for cleaning and maintenance tasks.



SHARING TASKS AND RESPONSIBILITIES

- | | |
|---|---|
| M Facilitate residents' ability to establish an equitable means of distributing tasks and responsibilities. Monitor the setting to make sure that a few individuals do not perform all necessary tasks. | M Eliminate the need for this type of cooperation through staff performance of all necessary tasks. |
|---|---|

SHARING EXPERIENCES

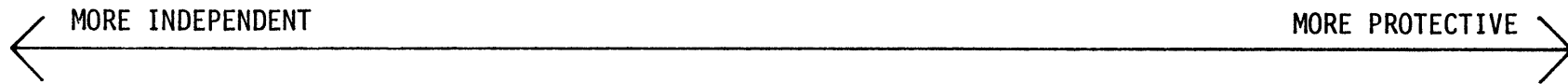
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| M Support resident-initiated events. An example of such an event is group viewing of a favorite television program. Support can consist of eliminating any conflicts between | M Schedule regular group activities to provide a reason for residents to be together. Examples of such activities include a coffee hour or beano night. |
|--|---|



the "house schedule" and program time or providing refreshments during the show.

M Encourage residents to plan and carry out their own celebrations of holidays, birthdays and welcome back parties.

M Plan special events to celebrate holidays and occasions.



INDEPENDENCE

Independence as it is used here refers to individuals' having as much control over their lives as possible. For residents of congregate settings it means being able to come and go as they please, making decisions on issues which affect the day-to-day quality of their lives, and being helped to maintain as much responsibility for themselves as possible. As indicated by the prototype names, the degree of independence encouraged in each setting is one of its major characteristics. Independent and participatory congregates make conscious efforts to maintain and build independence and are willing to take some risks in order to do so. Protective settings, on the other hand, place high priority on shielding residents from the strain which might result from too much independence.

PROVIDING FOR AUTONOMY

- | | |
|--|--|
| M Give residents absolute control over decisions affecting their own welfare. Such decisions might include discontinuing the help of a visiting nurse or changing doctors. | M Help residents make decisions concerning their welfare. If decisions do not seem rational consult with residents' children or other next of kin. |
| M Give residents actual power to make decisions on the household details which affect their daily lives. Issues may range from the | M Relieve residents of the need to make decisions on the everyday functioning of the household. Provide them with a means of |

← MORE INDEPENDENT

MORE PROTECTIVE →

change of a dinner hour to acceptance of a resident who will present special problems for the group.

voicing concerns and suggesting changes when they so desire.

MAINTAINING SELF-CONFIDENCE

M Orient program time around maintaining and increasing residents' self-confidence in their ability to perform tasks necessary for carrying out daily life.

M Concentrate on the delivery of services to create a sense of security for residents and remain alert to the problem of increasing dependence due to easily available services.

D Provide a dwelling unit with physical characteristics which reduce or eliminate resident need for assistance in daily activities.

D Provide an environment which presents as few physical barriers as possible and reduces the possibility of accidents.

D Choose a site which minimizes the physical and psychological barriers between it and the community resources residents will use to meet their needs.

D Minimize the physical and psychological barriers between residents and the resources they will use for personal errands.

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