

## VCH Community Engagement



George Pearson Centre Redevelopment

# Resident & Family Engagement Report – Housing and Care Model (Large font version)

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## Background

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George Pearson Centre (Pearson) is a 114-bed residential care facility for adults with disabilities who have complex care needs. Built in 1952 the Pearson Centre sits on an eighteen-acre parcel of park-like land that also includes Dogwood Lodge – a residential care facility for seniors.

Both the Pearson Centre and Dogwood Lodge facilities are aging and no longer meet current facility standards. As such, Vancouver Coastal Health has been working to redevelop the Pearson Dogwood Lands - replacing Dogwood, building homes for Pearson residents on the site and building a surrounding community of market housing as well as a community health centre.

In 2014, following the municipal policy paper process, Vancouver Coastal Health created a Pearson Redevelopment Committee. The purpose of this committee, consisting of residents of Pearson, members of CARMA (a Pearson resident advocacy group), local disability advocacy organizations, and VCH staff, was to collaboratively develop the housing model and care model that would replace George Pearson Centre after redevelopment. Together this redevelopment committee decided that the housing available for the first fifty

residents to move out of Pearson would consist of:

- Ten single units
- Four group units, each supporting six residents
- Four group units, each supporting four residents.

Care for residents of these units would shift from a residential or medical model of care to a social model of care. Residents will primarily be supported by professional nursing staff as well as Total Support Workers who assist residents with activities of daily living and clinical care. Other clinical care, such as physiotherapy, occupational therapy and respiratory therapy, would be provided on an outreach basis to residents' homes, or at nearby locations.

The Pearson Resident Council (a monthly meeting of Pearson residents) felt these models were quite different than what had been originally developed in consultation with Pearson residents and so requested that VCH engage residents and family about the new plans. At the same time, Vancouver Coastal Health identified a need to engage residents and families in the lead up to the rezoning application, particularly because many residents of Pearson would be unable to speak at the rezoning hearing. Subsequently VCH

and representatives of the Pearson Resident Council collaboratively developed an engagement process with the intent to:

- Inform residents and families about what has been planned in terms of housing and care for Pearson residents in the new development
- Gather the thoughts and concerns of residents and family members about these plans in a report that would be presented as part of the rezoning application

This report is a summary of what was heard over two rounds of resident engagement: Round one, which occurred in February, 2017 focused on housing design; round two, which occurred in June, 2017, focused on the model of care. An interim report, which summarized feedback from round one, was presented to Pearson Resident Council and provided to the city. It is available online on the Pearson Resident website and at [www.cean.vch.ca](http://www.cean.vch.ca). Both reports are forwarded to the city prior to the rezoning hearing.

## Engagement Process

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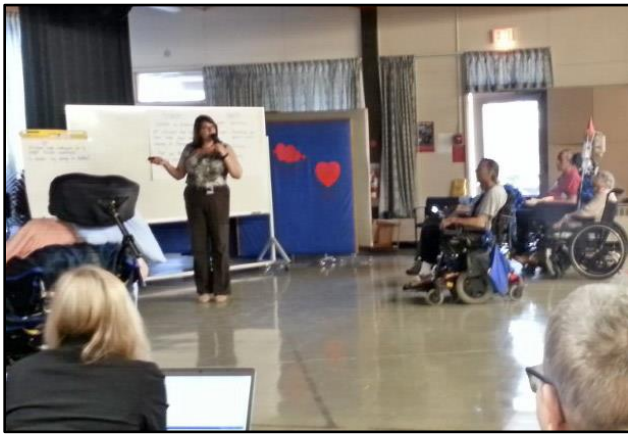
The resident and family engagement process was developed by VCH Community Engagement, VCH Pearson redevelopment project staff, a representative of the Pearson Resident Council and members of CARMA.

The process was planned in two rounds. The first round, held over two weeks in February 2017, focused on the housing design. The second round, held over one week in June 2017, focused on the care model.

The engagement process for each round was roughly the same: One-hour information sessions/focus groups were held with each of the five wards (known as neighbourhoods) at Pearson. This was followed by an evening open house for residents and families who could not attend their ward session. As a means of encouraging participation, the Pearson Resident Council paid residents who participated in the ward information sessions \$10 for their attendance.

During the information session/focus groups, the project director provided a presentation about the housing model or care model. Following the presentation, VCH Community Engagement facilitated questions and answers and asked participants:

1. What did they like about the housing model?
2. What were they concerned about?



Project Director, Joy Parsons, speaking at GPC open house, February 14, 2017.

In round one the opportunity to schedule an interview was offered to residents and family members. In the second round of engagement a set time at Pearson was established to conduct 30 minute resident interviews on a drop-in basis.

Comments and questions from all engagement sessions and interviews were organized thematically and summarized in this report. In addition, all questions were compiled along with answers into a Frequently Asked Questions document. This document was made available to residents, family and GPC staff.

Separate engagement sessions were also held with GPC staff during both the February and June rounds. The feedback from staff is not included here. However, all questions raised by staff were included in the FAQ document.

## How many people participated?

### Round 1: Housing Design

	<b>Pearson residents</b>	<b>Family members</b>
<b>Information sessions</b>	49	12
<b>Open house</b> *Attendees who did not also attend an information session	17 (9 new*)	8 (6 new*)
<b>Interviews</b>	1	0
<b>Total</b>	<b>58</b>	<b>20</b>

### Round 2: Care Model

	<b>Pearson residents</b>	<b>Family members</b>
<b>Information sessions</b>	38	4
<b>Open house</b> *Attendees who did not also attend an information session	13 (4 new*)	7 (6 new*)
<b>Interviews</b>	9	3
<b>Total</b>	<b>50</b>	<b>13</b>

## Limitations

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It is important to note that many Pearson residents who participated in information sessions and open houses did not voice their opinions during the engagement sessions. Many residents are not physically able to speak or not cognitively able to understand the content.

It is also important to note that a limited number of family or friends participated in the engagement process, particularly in the second round. For those who are physically or cognitively unable to communicate, family and friends must act as their representatives. As such, this report has limited information from the perspective of those who are non-verbal or unable to direct their own care. Additional efforts to engage family members is important for future stages of engagement.

## What We Heard

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### Housing Model

#### Theme 1: Improved privacy and dignity

During information sessions, several residents indicated support for the housing model and description of the surrounding community. While most did not offer explanation for why they liked the plans, residents seemed to express the most support for design features

that promote greater privacy and dignity, including:

- Having their own bedroom
- The large size of the bedrooms
- Having their own bathroom and shower
- The inclusion of ceiling lifts from bed to the bathroom.

*<<Thumbs up motion>> [when told the planned size of the bedrooms] – Pearson resident*

*“I’m happy to hear everyone will have their own bedroom. The open wards on Ward 2 are terrible. There’s no privacy.”  
- Pearson resident*

#### Theme 2: Desire among some residents to live in single apartments

Although residents were not asked to state their preferred type of housing, some residents expressed a strong desire to live in the single units that will be included in the first phase of construction. Some of these residents were relatively new to Pearson, while others were long-time residents. Reasons these residents gave for wanting their own until included:

- Not wanting to share space with other residents (some cited having problems with roommates at Pearson)
- A desire to hire their own staff
- Wanting control over their own schedule and food

- A desire to have their own pet

*“I want to live in an independent apartment... more freedom to do what I want, more privacy.” - Pearson resident*

Some residents expressed concern that an independent unit in the new development would not be possible for them despite their desire to live alone. For some, CSIL (self-directed funding for individuals to purchase their own home support services) was insufficient to cover their complex care needs. Others worried they might not be eligible because of their cognitive impairments. One resident expressed concern that there would not be enough one-bedroom units in the first phase for all those who wanted them.

### **Theme 3: Improved access to the broader community**

Some residents indicated that the community amenities proposed for the new development would mean an improved quality of life.

*“It feels like a community.” – Family member*

*“I think the plans overall are pretty good. I like the retail on the ground floor. Having coffee shops, SkyTrain, or a newspaper stand will be great.” – Pearson resident*

### **Theme 4: Skepticism that the housing described during the presentation would be delivered on-time or at all**

Redevelopment of the Pearson Dogwood Lands has been talked about for twenty years or more, leading to a significant level of skepticism among some residents and staff that this redevelopment will happen. Some residents felt that the permitting processes and construction problems would create significant delays in the housing being ready for move-in. Others mentioned that a change in provincial or municipal government would likely stall or terminate the project.

Following one of the information sessions, one resident cautioned the facilitator to be clear about the likelihood of delay to avoid disappointing residents who were eager to move into this new development.

### **Theme 5: Concern that some design elements of the housing design were inadequate or inappropriate**

Although detailed designs for the housing units have not yet been created, some residents and family members were eager to discuss requirements for detailed design.

Based on the conceptual drawings presented during the engagement sessions, a small number of stakeholders raised concerns that some elements of

the housing design would be inadequate or inappropriate for residents. The power wheelchairs that Pearson residents use can often be quite large and require significant space, not just for turning, but also for two wheelchairs to pass one another. Kitchen design was identified as an area that needed careful consideration and engagement of residents to maximize functionality. One family member felt that the kitchens were too small and lacked sufficient fridge space and dishwashers for feeding six adults plus staff.

### **Theme 6: A desire to live with loved ones or have overnight guests**

Some residents live far away from their families and are unable to travel home. In several sessions Pearson residents mentioned wanting to be able to accommodate overnight guests. Pearson currently has two family rooms available for short-term, accommodation for visitors. These family rooms are well utilized by family members some of whom may have limited means to pay for hotel accommodations. There is currently no plan to provide such accommodation in the new development, however, the large size of the bedrooms could accommodate a cot for a visitor. This was satisfactory to some residents, however some feel this may reduce visits by family members.

*“My visitors have small children. They can’t all stay in my room.” - Pearson resident*

In both rounds of engagement residents and family members also spoke about wanting to have a two- bedroom unit so that they would be able to live with their families or spouses again.

*“We’ve been married 56 years. I took care of her as long as I could. I spend every day here but we want to live together.” – Family member*

*“I want to live with my family. Everything else feels like a hospital.” - Pearson resident*

Others asked that priority for access to market and social housing on the Pearson lands be given to Pearson family members so that they can live closer to their loved one.

### **Theme 7: Parking needs to be free**

Visitor parking was raised as an issue in several information sessions in round one. At present, staff and visitor parking is free at Pearson. Many family members spend whole days at Pearson with their loved ones. Expensive parking may reduce visits, put financial strain on families or put additional pressure on street parking in the surrounding community.

## **Theme 8: Fears about safety in a multistory building**

Some residents raised concerns about living on above-ground floors. Reliance on elevators which can break down or stop functioning in a power-failure makes some residents worry about being trapped in their unit.

*"[My friend who lives in her own place] has had times when she's been homebound for three days because of elevators." - Pearson resident*

Residents also expressed worries about the ability to evacuate a large number of people in power wheelchairs in the event of an emergency. One resident asked who would coordinate fire drills in this new housing.

## **Care Model**

### **Theme 8: Support for the concept of Total Support Workers and the care model overall**

Many residents expressed satisfaction with the proposed care model, particularly the notion of Total Support Workers. Participants looked forward to having the opportunity to build a relationship with their support staff and have someone who knows their preferences and where they keep their belongings. A number of participants talked about their present lives being

organized around the nurses' schedules at Pearson, rather than by their own preferences. They look forward to this changing under this new philosophy of care.

*"I like the [proposed] care model. I don't want it to change or be amended beyond recognition." – Pearson resident*

*"Good." – Pearson resident*

For some residents who were interested in living in one-bedroom units, the ability to hire their own staff in the new care model was very appealing.



Heather Morrison from CARMA describes her experience with Total Support Workers at GPC open house, June 2017.



### **Theme 9: Concerns about staffing**

Although most liked the concept of Total Support Workers, several participants raised questions about the feasibility of recruiting and retaining Total Support Workers for such a large number of residents. Many believe that there are few individuals who are proficient at the range of skills required and have the personality necessary to provide the kind of holistic care being described in the care model. Moreover, some participants believe that the planned wage level will not be enough to retain good staff and so some of the key benefits of a Total Support Worker model – relationship and familiarity – will not be realized.

Several participants questioned whether current Pearson clinical staff would be given priority for positions in the new housing. For some, current Pearson staff are well-trained and experienced and they would like to see them retained. Other participants, however, feel that many existing Pearson staff would not fit well into the new social model of care and wish to see an open competition for these positions.

### **Theme 10: Concern that quality of care will suffer**

Some participants expressed skepticism that a Total Support Worker can provide the same level of care as the specialized staff roles at Pearson. While many participants were pleased by the proposed staffing ratios, others thought

that the scope of the Total Support Worker role would be unmanageable at the proposed ratio.

*“Nurses notice a lot of things that Care Aides don’t pick up on.” – Pearson Resident*

*“If a Total [Support] Worker is mopping the floor and then my son needs immediate suctioning, they’re supposed to drop the mop and go and suction him? That’s an infection control risk.” – Family member*

### **Theme 11: Questions about food**

Residents and family members wondered how they would divide the cost of food in a shared unit. It was also wondered how Total Support Workers would provide meals for six adults who may have different incomes, different preferences or nutritional requirements, e.g. some residents require purees, others do not. Residents questioned what would happen if their Total Support Worker wasn’t a capable cook!

Some family members questioned the apparent inefficiency of having clinically trained staff shop and cook for individual or small groups of residents as opposed to a centralized kitchen.

## **Theme 12: Fear that care won't be available in an emergency**

Some participants, particularly family members, stated that the proposed housing and care model may be appropriate for some residents of Pearson, but would not be appropriate for those with very complex care needs.

Many worry that residents, particularly those with tracheostomy and ventilators would be at higher risk for infection or suffocation in this type of housing. At Pearson, staff members including a respiratory therapist are available very quickly to intervene, particularly for emergency suctioning or ventilator trouble-shooting. Stakeholders worry that this quick response won't be possible in this care model because sufficient staff may not be present, especially at night. One participant noted that three staff members are needed to respond to a respiratory emergency (code blue).

*“Even the idea of floating staff is scary – what if someone can't breathe and the Total Support Worker can't reach the float staff?” - CARMA representative*

## **Theme 13: Concern about greater social isolation and desire for continued organized group recreational activities**

Social isolation is a serious issue for many people with disabilities. Many residents feel that Pearson is their community and the move to more independent forms of housing puts them at risk for greater social isolation. For residents of Pearson who are immobile, family members described the stimulation that their loved ones receive living in a busy facility or on an open ward. For other residents, simply being able to independently move around the halls of Pearson is an important source of social interaction and stimulation, especially during cold or wet weather, which can pose mobility challenges or health risks.

*“In the new model people are going to be very isolated. One of the best things about Pearson is that we get together. Here you know you're going to meet friendly faces every day. That's not always true about the cruel world out there. There's prejudice about people in wheelchairs.” – Pearson resident*

At present, Pearson operates a recreation department that offers a range of activities on-site, in the local community, and day-trips for residents. In almost every session and interview stakeholders spoke of how much this programming adds to their quality of life

and raised concerns that this recreation department would be lost.

*“Recreation and the pool make life here really special. If they didn’t have that, no one would come out of their room. They’d just sit and watch TV all day.”*  
- Pearson resident

Some participants asked that space be made available on the site to allow groups of residents to continue to participate in gatherings and group recreational activities. The community garden and monthly community kitchen program currently organized by CARMA with community volunteers was frequently mentioned. An appropriate accessible kitchen and large dining space, as well as staff to provide coordination of volunteers would be required to continue to hold such a program.

### Other themes

Some resident and family feedback fell outside of the topics of housing model and care model, but warrant inclusion.

#### **Theme 14: Disappointment over the lack of a residential care option on the Pearson lands**

Throughout both rounds of the engagement process residents and family members spoke about their disappointment that the residential care

option included in the original redevelopment planning (groups of 10 – 12 residents living together in a self-contained home with two homes on the same floor) is no longer one of the on-site housing options offered to residents. Among the reasons for wanting a residential care option on site, residents and family members mentioned:

- A sense of community and opportunities for socializing and stimulation
- Safety in the event of emergency
- Ease of access to care like a family doctor and physiotherapy
- Ease of access to basic needs like hairdressing and dental care
- Family rooms for overnight guests

*“I have no objection to this [housing and care model] for those who want to do it. But I’d like to see an option of a facility where services are readily available and where my son is not isolated.”* - Family member

This change to the plans resulted in a feeling of disenfranchisement for some who participated in earlier phases of resident engagement.

*“If Pearson has to be replaced, it should be replaced but with a better building. It was a big shock when we found out that Pearson was not being replaced.”* - Pearson Resident

## **Theme 15: Appreciation for the therapeutic pool**

Part of the second round of engagement included a discussion about the YMCA's decision not to build a new facility on the Pearson site and the impact that has on the planning for the therapeutic pool. Several residents spoke about the importance of the pool to their quality of life and feel it is essential to maintain it on the Pearson site. Some wondered why VCH requires a partner to operate the pool as they feel like the pool works very well now.

## **Theme 16: Worry about what will happen to remaining Pearson residents as residents begin to move out**

As the construction of the new units of housing is planned in phases, groups of Pearson residents will move out over the course of several years. Some participants questioned what would happen to the quality of life and care at Pearson as the number of residents decreases.

## **Acknowledgements and Conclusion**

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Thank you to the Pearson Resident Council for entrusting me with the responsibility of capturing your voice to inform the rezoning process. Thank you to all the residents and family members who shared their ideas, fears, hopes and frustrations with me so openly. I hope I have lived up to your expectations.

I would also like to thank Pearson resident Joy Kjellbotn, and CARMA representatives Taz Perbhai, Heather Morrison and Sarah Wenman for their invaluable advice, feedback and help through the engagement process.

For further information about the engagement process or content of this report please contact [ce@vch.ca](mailto:ce@vch.ca).

For further information about the Pearson Lands redevelopment project, please visit:  
<http://www.vch.ca/about-us/development-projects/pearson-dogwood-redevelopment>