



# ***The Emerging Workforce Caregiving Housing Dilemma***

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## **Abstract**

*This article brings into focus three emerging problems facing our aging urban population:*

- 1. The struggle that frail elderly and their family caregivers have making a decision about where loved ones can live with self-respect and care in their later years;*
- 2. The growing gap between the cost of housing and the income levels of care providers and cared-for;*
- 3. The disconnect between existing housing design options and housing design options appropriate to home-based caregiving.*

*The authors propose that long-term care managers, executives, and investors work with teams of professionals and community representatives to create residences conducive to home-based businesses for caregivers who choose to live in the same home or in the same community as their loved ones. To address the caregivers' housing crisis, a group decision-making process is presented and recommendations are provided for constructing residences that are designed to support caregivers' needs for affordable home-based businesses.*

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## **Introduction**

### ***Why Are New Housing Options Needed?***

The need for new housing options that are appropriate to home-based caregivers is urgent since the incidence of home-based caregiving is increasing dramatically. In the United States today, driven by economic and societal forces, the need for housing and



caregiving have reached a crisis point for many urban families.

A 2003 study shows that 20% of U.S. households provided care to relatives and friends. Of this population, 70% lived in the home or nearby (National Alliance for Caregiving & AARP, 2004). With one in three households expected to provide caregiving by 2020 (McQueen, 2006), the question is not if, but where and how, caregiving support will be provided.

What concerns us is what the research (and our own experience) shows regarding obstacles to those who would like to provide in-home caregiving. One survey conducted in 2003 by the National Association for Caregiving asked, "Have you made modifications in the house or apartment where your (charge) lives to make things easier for your (charge)?" Survey responses indicate that 39% of the caregivers had made such modifications (National Association of Caregivers Survey, 2003). Many caregivers, in our experience, cannot afford to make desired changes (i.e., in bathrooms or kitchens) and instead simply make the best of a poor environment. Today's workers have the problem of both how to adapt housing for aging loved ones and how to find affordable housing for caregiving.

### **History of Caregiving**

In the first half of the 20th century, most families and communities took care of their elderly. Frail older adults would live with members of their own families or with other relatives. The authors grew up in the mid-1950s, an era when many families "lived above the store." The family business would house multi-generations in a single (affordable) structure.

One of the author's grandfather lived with her aunt's family in Massachusetts after his wife died. Grandpa was the primary caregiver for his grandson



during the day, preparing his lunch and watching over him after school while the boy's mother worked as an elementary school teacher, until he passed away in his mid 80s.

The other author grew up across the country in San Francisco. He recalls children playing in the shop or in the kitchen. As with his East Coast colleague, he experienced aging parents caring for young children and being cared for by their adult children. Communication technology was simple. "No cell phones or pagers," he recalls, "we just shouted out the window or down the stairs for immediate results." It was not perfect, but based on the caregiving options of the time, the available live-work options made economic sense.

### **Today's Dilemma**

For those who live in extended families, relationships can become complex. The old style of caregiving described above is not always possible. Children, immediate relatives, friends and in-laws are struggling with the many stresses of caring for an aging person. Beyond the family, this is quickly becoming a major workforce issue as many cannot bear the increased cost associated with being a part time or full time caregiver. Stress is emotional, physical and economic. Add to this the diverse composition of today's extended families (i.e., step mother-in-law, adult children-in-law, distance family caregivers), and the relationships become more complex. "All of this leads us to the growing reality that home-based caregiving for many individuals will be provided by a proximate caregiver who may or may not have a familial relation to the individual(s) he/she is assisting.

Regardless of whether the shared living space includes a business, caregivers will need to develop new ways to balance work and caregiving. The following



process is offered as one way to manage eldercare and work responsibilities.

### ***The Decision-Making Process***

To manage the housing challenges of family caregivers and their loved ones, the authors recommend a decision-making process that takes into consideration the strengths and needs of the frail elderly adult as well as the primary caregiver. The decision-making process includes the following four steps:

1. Assess strengths and housing needs of caregiver and cared-for.
2. Research, with the support of others, live/work housing options that meet the needs of both caregiver and cared-for.
3. Set goals/intentions and develop an action plan that takes into consideration the needs of those involved in the caregiving situation and housing resources available.
4. Build support systems.

To carry out these four steps, research shows that a team effort is the most effective. For example, in the Enterprise Housing Project, teams were organized around four hypothetical sites in San Francisco. Each team was chosen to represent distinct issues and unique programs for home-based enterprises. Each team included at least one architect, city planner, small business owner, and business student. Each team had the goal of designing housing to accommodate diverse family types and dwelling patterns that meet the following criteria:

- Support community life
- Reflect and extend neighborhood context in the design
- Devise strategies to make units relatively affordable

The authors encourage communities to set up di-



verse research and planning groups, such as those used in the Enterprise Housing Research Project, described in the “Step 2: Exploration of Resources” section. The goal of these research and planning groups is to explore live/work housing options for the elderly, caregivers, and older workers, many of whom will be, or are currently, running home-based businesses. This can be accomplished through discussion, data gathering and community activism.

The four-step decision-making process, described in the next four sections, is most effectively conducted in a supportive group setting, where members of the support group and consultants can be brought in to share information and resources. Because family caregiving is an endeavor that affects all aspects of a caregiver’s home and work life (i.e., psycho-social, physical, intellectual, legal, work, and leisure), it is helpful to include in the planning team caregiving professionals, such as “Family Caregiver Counselors” (licensed or nationally certified counselors with experience and training in family caregiving counseling), social workers, gerontologists and other service professionals, as well as architects, educators, city planners, and caregivers themselves (Christner-Lile & Gelardin, 2007).

### ***Step 1: Identifying Needs and Strengths***

Aging changes our perspectives in many ways. Mid-life and older workers can prepare for caring for their parents and/or spouses and other loved ones by addressing their basic needs, such as the following: (a) safety - how to provide accessible access; (b) security - how appropriate the residence would be for home-based caregiving; (c) self-care - how to balance work with caregiving responsibilities.



### ***Identifying Needs***

To identify housing needs, it can be helpful for caregiving activists to conduct a Housing Survey Questionnaire (Muscat, 2007). See Appendix B. The housing questionnaire addresses housing options that both support and inhibit the employment opportunities of caregivers.

### ***Identifying Strengths***

To identify caregiver strengths that could be adapted to caregiving and building a home business, it would be most helpful to seek the help of Family Caregiver Counselors (Christner-Lile & Gelardin, 2007). Family Caregiver Counselors can assist caregivers in identifying how the strengths that they demonstrated in the past (i.e., at work, home, or volunteering) can be adapted to enable participants to manage future challenges and make important decisions that relate to caregiving (Gelardin, 2008a), career (Gelardin, 2006b), housing (Christner-Lile, 2006), entrepreneurship (Gelardin, 2007f), and other later life transitions (Gelardin, 2006b).

Personal attributes that could be assessed include skills, values, personality, and interests. In addition, it would be helpful for caregivers to become aware of their learning and environmental preferences, as well as entrepreneurial style. A counselor can help caregivers interpret the results of the assessment tools so they could apply the results to their unique caregiving situation. A personal health assessment would also be of value, since caregiving can take a toll on caregivers' health. Stress in family caregivers is inversely correlated to income: the less income a caregiver has, the more stress he or she is likely to experience (AARP, 2001). Female caregivers are more likely than males to suffer from anxiety, depression, and other symptoms associated with emotional stress due to caregiving (Yee



& Schulz. 2000). Caregivers need to do everything they can to take care of themselves so they can take care of their loved ones.

## ***Step 2: Exploring Options***

Caregiving can and likely will be provided increasingly in the home. A generation of newcomers to this country built communities and equity through home-based businesses. In San Francisco, the number of home-based businesses remains substantial in spite of many obstacles. In 2004, nearly 30,000 San Franciscans worked primarily at home (US Census 1).

The current economic turmoil in the U.S. has at least one positive aspect. The inventory of available housing on the market has dramatically increased in many cities. Since aging often encourages “downsizing,” the mortgage crisis may make it possible for seniors to make a housing change without an increase in monthly expenses. For caregivers who are interested in finding suitable housing for their loved ones and possibly living in the same house or near their loved ones, they might consider engaging a housing professional (i.e., agent or broker) to identify appropriate properties. In this section, we explore the value of Enterprise Housing as a live/work option for caregivers.

### ***Enterprise Housing, a Viable Option for Caregivers***

Enterprise Housing is a well-defined option to improve the affordability of urban housing for select individuals and families. Enterprise Housing is “the use of a residence to generate income from a home-based business or through work done for another” (Adams, et al., 2007). A San Francisco team adopted this terminology to distinguish their effort from the existing alternatives of live-work, work-live, mixed-use housing, or hybrid housing. The term Enterprise Housing was preferred because it emphasizes the first use—supporting busi-



nesses operated from home. Once the economic sense of the mixed-use concept is clear and justified, we will move on to the second topic in this section of modifying homes to facilitate home-based caregiving.

Although the Enterprise Housing Research Project did not address the specific needs of caregivers, the principles contained in the report may help inform the home-based caregiving community. Since the result of implementing the recommendations contained in the Enterprise Housing report would result in the construction of affordable live-work options, the initiative offers some hope to home-based caregivers.

The San Francisco group provided detailed recommendations on how to accommodate business operators and customers in the same residence, housing complex or neighborhood (Adams, et al., 2007). It is clear to us that some of these design options are well suited to supporting caregivers and clients.

Enterprise Housing is relevant to caregiving if the income generated is for an individual providing home-based care. Enterprise Housing is a concept that can range from the most informal live-work situation, such as using an extra bedroom as an office, to a large-scale, planned live-work community such as the East Clayton project near Vancouver (Pynn, 2000).

For this article we are primarily focusing on single-unit Enterprise Housing examples that include offices, studios, workshops, and retail spaces located in or attached to a home.

### ***Benefits of Working at Home***

Living near a large urban center (San Francisco), we observe the economic benefits that accrue from working at home:

- Increased income (see Aspen study below)





- Not paying rent for a separate workspace
- Tax deductions for business use of the home
- Transportation cost savings (reduced commuting)
- Reduced childcare costs
- Reduced eldercare costs

### ***Increased Income***

The first benefit on the above list is taken from the Aspen Institute's Self-Employment Learning Project data. The SELP report found that over a five-year period, 72 percent of the low-wealth entrepreneurs who were studied increased their income from \$13,889 to \$22,374, and increased household assets by approximately \$13,000, excluding home ownership (Edgecomb, 2005).

### ***Reduced Eldercare Costs***

The last benefit (listed above) of home-based businesses for caregivers is reduced eldercare costs. Although we focus on the effect working at home has on the family budget, we also note that working caregivers can give more support for their loved ones by living with or near them. One analysis has documented that home-based employment may allow individuals to work part time, yet maintain a desired target income. That study notes that owners of home-based businesses do not usually work full weeks or full years, although in some cases that is because the business is a sideline or a supplement to a primary job. The same author showed that individuals in non-home-based businesses usually work more than 40-hour weeks (Pratt, 2006). It seems fair to say that time is money when it comes to caregiving. The time saving potential, therefore, is an important benefit in balancing economic and family issues.

Sherry Ahrentzen of the Stardust Center for Affordable Housing and the Family at Arizona State University



provides the following typology of hybrid housing designs in a single family dwelling (Ahrentzen, 1991):

1. Adaptable Workspace rooms designed without pre-set use (living or working)
2. Bedroom Replacements
3. Converted Attic
4. Converted Garage (attached or detached)
5. Dogtrot (living and working spaces on opposite sides of a central foyer)
6. Foyer Appendage (workspace directly off foyer, similar in size to bedrooms)
7. Grafted Workspace appended to residence (ground floor, may have separate entrance)
8. Integrated Workspace (live/work space with shared uses, no physical boundaries)
9. Office Den (an indistinguishable room, slightly larger than a bedroom)
10. Office Treehouse (room on upper story, partly or fully enclosed)
11. Saddlebag (separate work and living areas, side by side, individual outside entrance)
12. Separate Structure (physically distinct structure on same lot)
13. Shotgun (aligned rooms with workspace entered through another room)
14. Stacked “House Over Shop” (entry on ground floor, residence on upper level/s)
15. Workspace Corridor (small room, also acts as a corridor to connect other spaces)
16. Workspace Showcase (larger in size and volume than other rooms)

Which of these design options is best suited to caregiving? The answer is unique to each caregiving relationship and need. What we know from experience is that home purchases for current and future home-based caregivers should take into consideration specifications for bedrooms, bathrooms, exercise space, medication storage, security, and wheelchair access.



Estimating the modifications required to meet caregiving needs can help determine which of these design options will provide the best value to the resident. This article does not provide design recommendations. We have, however, provided a methodology that supports self-education on the housing needs of caregivers in one's community.

### ***Step 3: Setting Goals and Taking Action***

Since the aging process is often intercepted by unexpected events that change the course of one's life, "intentions" is a kinder word than "goals," a more outcome-oriented educational and business term. By setting intentions rather than goals, the process becomes as important as the outcome (Miller-Tiedeman, 1999).

It is very difficult to set specific timetables for the nearly unavoidable housing migration that occurs as we age. Two general benchmarks occur with frequency. For families with children, we recommend that home migration begin not later than the beginning of the "empty nest" phase. For single seniors or childless couples, the migration/renovation process could begin not less than five years prior to the retirement of the eldest wage earner. The process accelerates when and if the family takes on the caregiving responsibilities for an aging parent, relative, or friend. One goal might be to move to a residential option that supports all lifestyle essentials. The action plan could include financial, lifestyle, and medical components.

With the support of caregiver group members, participants can start implementing plans at this point. The group can be helpful for sharing resources and for giving group members feedback when they face challenges to their plans.



## ***Step 4: Building a Support Network***

Support systems include both internal and external sources of support. According to Nancy Schlossberg, a life transitions counselor educator, individuals who are undergoing life transitions can benefit by becoming aware of these two forms of support (Gelardin, 2001; Winkler, 2002) described below.

### ***External Sources of Support***

Working at home and/or providing caregiving in a residence will be most successful if it includes a strong support network. The network could include, but not be limited to, economic, civic, medical, and social support. Economic support could include a relationship with a financial institution and a financial service professional. Civic support could include active participation in civic planning and political action. Medical support could include regular contact with medical and exercise professionals. Social support will differ for each individual, but regular contact with family, faith, academic and other community members is encouraged. There are many other network components that have value to caregivers. For instance, access to academic and faith-based institutions encourages lifelong learning. These institutions are excellent sources of seminars, technology, and contact with youth.

We discussed the value of working with a caregiver team to determine caregiver housing needs and to identify strengths of team members that could be used to conduct research, design, construction, and other housing planning. Caregiving advocates might also set up “Live/Work-shops” in community centers, eldercare facilities, and at community cafes, such as those run by Mathers LifeWays (Mathers LifeWays Cafes and More, 2009). Participants (caregivers and those who expect to be caregivers) might choose to form a cohort group that meets in-person for three to six meetings. They



might prefer to continue the group through distance-delivered technology, such as the following: e-mail, listserv, e-community, wiki, blog, or tele-conferencing (Gelardin & Harryman, 2006). The ongoing group may take the form of an in-person or distance-delivered caregiving or entrepreneur book club, movie club, or TV club (Gelardin, 2006a, 2008a). The initial in-person meetings, facilitated by trained professionals, and contributed to by guest speakers, would empower participants to take charge of their aging process with the support of others with whom they have something in common (i.e., caregiving challenges, housing needs, home business aspirations).

### ***Internal Sources of Support***

Building internal sources of support includes listening to music or playing a musical instrument, meditating, physical exercise, reading, listening to guided visualization audio recordings (Joseph, 2008), and other activities that help one relax and re-energize. This form of support is especially important for caregivers, since, between work and caregiving responsibilities, they may not have much time to participate in group activities.

### **Summary**

Providing housing for family activities is a timeless issue in all societies. Throughout the ages, caregiving has also been an essential nurturing activity. The need for housing that is affordable and appropriate to community and home-based caregiving for these aging individuals is critical and will become an increasingly bigger challenge as baby boomers age.

In the introduction to this article, we described our longing for a contemporary adaptation of “living above the store” for today’s entrepreneurs. Then we discussed the overlap between the desire to create resi-



dences that are appropriate for home-based businesses and the need to modify residences that are appropriate for home-based caregiving. To meet these goals, we discussed a caregiver decision-making process, in which support teams, including housing professionals, can work together to identify the strengths of members, conduct field research (i.e., collect data on the number of home-based caregivers in specific communities and determine the most common design modification needs), and implement live/work plans, such as Enterprise Housing (in which caregivers work out of their homes), that are in the best interest of caregivers and their loved ones.

In the Appendices, three activities are suggested to implement the concepts discussed above:

1. Create a "Caregiver's Live/Work Portfolio."
2. Conduct a housing survey of caregiver needs.
3. Conduct a post-evaluation to determine effectiveness of the housing survey.

### **Where Do We Go From Here?**

The authors have emphasized the value of group process to determine housing needs of current and potential home-business owners who also have caregiving responsibilities. The group process (Gelardin, 2008) could also be of value for family and other informal caregivers to manage challenges such as health, legal and financial issues; work; leisure; psychological issues; and family and social relationships (Gelardin, 2008b).

Architects and developers might choose to follow the lead of Lawrence Halprin, landscape architect of the Chicago waterfront, by encouraging family caregivers to actively participate in the creative process of designing live/work spaces. Decades ago, Halprin "carefully 'scored,' or choreographed, 'Take Part' workshops (Beeson, 1970) that cultivated a common



language of experience in order to encourage creative consensus among participants” (Hirsch, 2005). One of the co-authors recalls attending a Halprin lecture during which he commented on a film of the planning of the Chicago waterfront. To create the design, Halprin gathered together community leaders and government officials to physically build a model waterfront. He included ecological, psychological, and social values in his process and dealt “existentially with issues of our times, emphasizing people (all people) and their use and enjoyment as the major purpose of design, accepting change and anticipating it...” (Simo, 1992 cf Hirsch, 2005). Many of the original residents of the townhouses overlooking the Chicago waterfront must be in their 80s now. We ask our colleagues in Chicago, “Are their voices and the voices of their caregivers being heard in the revitalization planning process?”

Not to put our colleagues on the spot, we look closer to home at the challenges of our elder residents and their family caregivers. Marin County, home community of one of the authors, has the highest percentage of aging residents and one of the highest housing costs in the state of California. One in three persons over the age of 65 in Marin is a caregiver. Nationally, 28 percent of the U.S. population will be 60 years or older by the year 2030. The National Family Support Act recognizes and supports “the importance of family caregivers in maintaining the independence of millions of older adults” (Marin County Department of Health & Human Services, 2007/08). As aging baby boomers, we ask ourselves, “What are we doing now to support the independence and housing needs of frail elderly and their caregivers in our community and how are we preparing for our own future as caregivers and care receivers?”



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## Appendices

### *Appendix A: Caregiver's Live/Work Portfolio*

To organize the caregiver's live/work decision-making process, the authors suggest that it would be helpful to create a "Caregiver's Live/Work Portfolio" in a 2" three-ring binder, divided into the following four sections:

1. Identify strengths and needs
2. Conduct field research to explore options
3. Set goals/intentions and take action
4. Build support systems

#### Section 1: Identify Strengths and Needs

Participants first fill out responses to a Housing Survey Questionnaire (Muscat, 2007). See Appendix B. Under the guidance of Family Caregiver Counselors, they then identify their strengths. They divide this section of their live/work portfolio into "Strengths" and "Needs" with smaller tabbed dividers as shown in Figure 2. After performing self-assessments, participants record their results in the tabbed sections of their portfolio. The purpose of this step is to discover how the strengths that they demonstrated in the past (i.e., at work, home, or volunteering) can be adapted to enable participants to



manage future challenges and make important decisions that relate to caregiving (Gelardin, 2008a), career (Gelardin, 2006b), housing (Christner-Lile, 2006), entrepreneurship (Gelardin, 2007f), and other later life transitions (Gelardin, 2006b).

## Section 2: Conduct Field Research To Explore Options

Participants sub-divide this section of their live/work portfolio into smaller tabbed sections, such as the following: “Live/Work Communities” (Thomas Dolan Architecture, 2002), “Aging-in-Place” (Christner-Lile, 2006; Gelardin, 2008b), “Co-Housing” (Aiken, 2008; Aiken & Gelardin, 2008), “Mid and Later-Life Work Issues” (Gelardin, 2006a), “Move-Management” (Christner-Lile, 2006; National Association of Move Managers), and “Entrepreneurship” (Gelardin, 2007f). A participant who is in the process of moving an aging parent might want to sub-divide the “Move Management” section into even smaller tabbed divisions such as the following: Moving Companies, Estate Sale, Real Estate Agent, Yard Work, Repairs, Donations, Final House Clean-up, and Legal Issues. Whatever material cannot fit into the binder can be filed in labeled magazine holders available at office supply shops.

## Section 3: Set Intentions and Take Action

In this section of the portfolio, it would be helpful to write goals/intentions and action steps to complete goals, including a calendar or a list of what needs to happen when and a place to check off when each task is completed. The documentation of progress in a portfolio and sharing of experiences and resources in a group setting gives participants a feeling of accomplishment in what might otherwise be a stressful, isolating situation.

## Step 4: Build Support Systems

In this section, all contacts are written down. Even if one keeps contacts in a hand-held organizer or address book, it can help to include in this section of the portfolio a contact list, listed alphabetically by last name and by category.

### ***Appendix B: A Questionnaire To Assess Caregiver Population and Needs***

One way for caregivers and caregiver advocates to educate themselves is to complete the activity included in this article (below). As a knowledgeable citizen, you can influence city planning and development by sharing your findings with city planners and requesting supportive housing designs from developers and landlords. This will be a slow process, but in the end could make it easier and more affordable for more caregivers to provide home-based services. The result of this effort can and should be incorporated into the three-



step process for caregiving planning that is provided in the last section of this article.

### Identify a Pool of Caregivers

A suggested preliminary step for professionals in the self-education process is to identify a pool of caregivers within an organization. Church groups, social clubs and community centers are good starting points. Once armed with data that describes the number of caregivers and the most common housing deficiencies, the next step is to contact an existing community agency involved in housing/public health/city planning in your community. Work with the agency to determine the requirements of caregivers in the community and select a small number of existing housing units that could serve as models for at-home care. Analyze the strengths and weaknesses of each unit in a real-world environment for all involved. Identify a small number of qualified caregivers and potential clients. City planning steps might include proposing tax incentives for builders and rent incentives for caregivers to speed the construction of model caregiving residential units and communities. Building on this model for caregivers' housing may be an option worth exploring through U.S. Housing and Urban Development (HUD) funding or other sources.

### Conduct Interviews with Caregivers in a City or Region

Conduct interviews with those who currently provide home-based caregiving. In our experience you can find these individuals through your acquaintances, medical professionals, faith-based organizations, and healthcare product retailers.

We encourage activists to contact local colleges for student interns who can help in the canvassing and interviewing. Students enrolled in architecture, business, education, law, and nursing are likely interns.

In the interviews, ask interviewees to address the following topics:

- Identify one or more of the economic obstacles that caregivers in your community face that are directly related to the housing options available to them.
- Identify housing options that both *support* and *inhibit* employment opportunities for working caregivers.
- Make a preliminary assessment of the inventory of local housing options that support the employment opportunities for working caregivers.

Interviews and research should be informal and based on the participant's professional network. Each interview (minimum 2, maximum 5) would take 15 minutes each.

Most individuals think that their personal and professional housing issues are unique. For this reason, they are reluctant to discuss the issues they face. Only when caregivers and other home-based business owners share their experiences with professional associations



and civic leaders will the inventory of appropriate housing options improve.

#### A Housing Survey Questionnaire for Caregivers

To assess the needs of family members who have (or who are considering starting) home-based businesses, as well as caregiving responsibilities, following is a Caregiver Housing Questionnaire (Exhibit A). It can be administered by caregiving advocates or self-administered by the primary caregiver. Also included are recommendations for working caregiving professionals on how to collect data regarding the number of home-based caregivers in specific communities and the most common design modification needs.

Exhibit A: Caregiver Housing Questionnaire (to be completed by family caregivers who also own home businesses)

Instructions: This questionnaire is designed to capture information describing the caregiving activity in a specific community or region. If completed questionnaires are forwarded to [info@careerwell.org](mailto:info@careerwell.org), the results will be used for research purposes only.

Do you provide caregiving services for one of the following?

(check all that apply)

parent

sibling

relative

neighbor

paid client

Other (describe)

Where do you provide the caregiving services?

(check all that apply)

your home - parent lives with you

your home

your parents home - near

your parents home - more that 1 mile away

neighbor's home

paid client's home - near

paid client's home - more than 1 mile away

Other (describe)

What is the postal zip code of the residence where services are given? (enter all zip codes where caregiving is provided)

Describe the design (layout, quantity and quality of space) of the residence in which the caregiving takes place.

(check all that apply)

Very appropriate for the caregiving activity

Somewhat appropriate for the caregiving activity



No effect on the caregiving activity  
Minor obstacles to the caregiving activity  
Major obstacles to the caregiving activity  
(Comments)

What effect does the cost of housing options have on your ability to provide caregiving? (check all that apply)

Housing costs are a major obstacle to providing caregiving

Housing costs are a minor obstacle to providing caregiving

Housing costs have no effect on my caregiving activity

Some obstacles to the caregiving activity

(Comments)

What features would you recommend in housing design that would support your ability to provide caregiving services? (check all that apply)

Build housing on a single level

Build housing with handicapped access

Build housing with elevator access

Build housing close to public transit

Build housing close to free parking

Build housing close to fee parking

Build housing close to food service options

Build housing close to daycare options

Build housing that includes high-speed connectivity

Build housing that includes a shared reception area

Build housing that includes secure temperature-controlled medical storage space

Build housing that includes a commercial kitchen

Build housing that includes an exercise space

Build housing that includes a shared storage area

Build housing that includes a shared private office area

Build housing that includes (other/describe)

Build housing that includes (other/describe)

Build housing that includes (other/describe)

Build housing that includes (other/describe)

General comments on the challenges of providing caregiving in a residence:

Discussion: Most self-employed individuals think that their personal and professional housing issues are unique. For this reason they are reluctant to discuss the issues they face with other peer professionals. Only when caregivers (and other home-based business owners) share their experiences with professional associations and civic leaders will the inventory of appropriate housing options improve.





### ***Appendix C: Post-Activity Evaluation***

Instructions: This survey is designed to capture information describing the learning outcomes that are achieved by the completion of the Caregiver Questionnaire. The activity is intended to raise awareness of the need for improved housing design that will support home-based caregiving. Completed questionnaires can be emailed to [info@careerwell.org](mailto:info@careerwell.org). The results will be used for research purposes only.

1. Completing the Caregiver Questionnaire/Interview affected my knowledge of the level (quantity) of home-based caregiving in my community in the following way:

(check the choice that best describes the outcome)

My knowledge increased

My knowledge was unchanged

Other (describe)

2. Completing the Caregiver Questionnaire affected my knowledge of the design obstacles faced by home-based caregivers in my community in the following way:

(check the choice that best describes the outcome)

My knowledge increased

My knowledge was unchanged

Other (describe)

3. Completing the Caregiver Questionnaire/Interview empowered me to take the following action in my community:

(check the choice that best describes the outcome)

I changed my housing selection criteria

I contacted local city agencies

I contacted local developers

I took no action

Other (describe)

General comments on the challenges of providing caregiving in a residence:

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