



HOUSELINK

There's no place like home:

Understanding the needs of Houselink's aging population.



Aging at Home

Study Focus and Rationale

Houselink Community Homes provides permanent affordable housing to psychiatric consumer/ survivors.

The permanence of the housing combined with security of tenure for tenants means that many Houselink member tenants reside with Houselink for many years. Currently 23% of members living in Houselink are aged fifty- five and over. Given that in Ontario the population of seniors is estimated to double in the next sixteen years the number of seniors Houselink will service will only increase. This demographic shift may cause a demand for new services to meet the needs of Houselink's members.

In August 2007 the Ministry of Health and Long-Term Care launched an Aging at Home Strategy. This strategy, to be implemented by the LHINs (Local Health Integration Networks), is to improve community supports to ensure that seniors can maintain a good quality of life and remain in the community as long as possible.

In 2008 Houselink's management and board identified aging at home as an Agency Strategic Priority for 2008 - 2011. Houselink aims to "develop or collaborate to deliver the services Houselink's aging population may require to age at home, in community."

In order to assess the current adequacy of Houselink services for members aged 55 and over, a joint member/staff committee was struck.



When you can't hear as well, or walk as fast, people look at you like you are not important anymore – but here, people listen to me. I am significant again.

Committee

The seniors committee was struck both to investigate how Houselink is currently supporting aging members and also to determine services that may need to be developed. The committee undertook to identify current resources, discover what staff and members have to say about the needs of older members, and explore what external resources are available.

Using both formal and informal measures including qualitative measures the committee collected data in the following three ways: 1) Houselink member focus groups 2) Houselink staff survey 3) interview with outside agencies. Once all the data was collected the committee reviewed it and formulated recommendations.

Membership in the committee came from Houselink's Program, Support and Maintenance departments. Representation of Houselink's membership came from members who had previously shown interest in the subject.

Calleta Johnson
Supportive Housing Worker

Doug Longley
Member of Houselink

Helen Cheung
Support Manager

Joann Boswell
York University Student (social work practicum)

Joni Peden
Member of Houselink

Lucy Gudgeon
Support Supervisor

Naomi Berlyne
Community Development Coordinator

Rena Post
Supportive Housing Worker

Shawn Reece
Maintenance Coordinator

Susan McMurdo
Houselink member



Methodology

Member Focus Groups

The first phase of information gathering entailed conducting focus groups with older Houselink members.

Participants of the focus groups were 55 yrs and over and Houselink resident members. Eighty -seven Houselink members were sent an invitation to participate in one of six focus groups held in Houselink buildings. Care was taken to ensure meetings took place across the city, allowing maximum access to members. Twenty seven members attended the sessions. (See Appendix A: Seniors Focus Groups for details)

The committee developed questions to lead focus group discussions (see Appendix B for questions). In addition focus group members were encouraged to expand on any area they found significant and relevant to aging and housing. All focus groups were facilitated and recorded by Social Work student Joann Boswell. Having only one facilitator helped to ensure consistency,

validity of data and accuracy of transcription.

Staff Survey

In this phase of the research the committee drafted a survey and sent it via email to all Houselink staff asking for their experiences working with members aged 55 and over. Although it was understood that Supportive Housing Workers would have the most direct experience, the group wanted to include input from any and all staff that may have observations and ideas. Survey questions included matters such as safety, health status, resources available, gaps in services and types of referrals required for Houselink members. (See Appendix C for a list of staff survey questions).

I can't move around as easily as I used to, but I know my friends here are looking out for me.



Agency Interviews

During the third phase of this research nine community agencies were interviewed to determine what resources are available for seniors with mental health issues.

There were two groups of Agencies represented; supportive housing providers providing service to senior tenants, and agencies that received LHIN funding in a recent funding call.

Questions were formulated by committee members (see Appendix D for the list of questions) who then conducted the interviews with representatives from the agencies listed below:

- Bill McMurray Residence
- Community Care East York
- Dixon Hall
- Family Service Toronto
- LOFT
- Neighbourhood Link
- St. Christopher House

- Sunnybrook Health Sciences Centre -
- Community Mental Health Framework
- West Toronto Support Services
- Woodgreen



Emerging Themes

Aging in Community

In the focus groups the majority of members indicated a desire to stay at Houselink as they age citing good program service from staff, the community kitchens and affordability as reasons.

Overall, members expressed that they are very comfortable with their home at Houselink.

Staff also described that for many members Houselink is not only a home, but a positive community and family. Houselink support staff report that one of the most difficult experiences is seeing a Houselink member, especially long time members, leave Houselink and their close network of friends. Results from the staff survey indicated that many of the staff had supported a member who moved out of Houselink due to issues related to aging and many more reported they were aware of a situation where it was unsafe for an aging member to continue living at Houselink. Reasons cited include members being confused,

having seizures, having physical limitations and falling.

Aging and Physical Limitations

A majority of members acknowledged increasing physical limitations hindering their ability to complete their daily tasks. Basic daily tasks have become harder to complete as a result of becoming slower, trouble with the knees and pain in fingers. Members expected that in the near future they would have need for accommodations within their unit such as accessibility equipment as well as personal support or medical staff due to age-related illnesses. One member noted that it could be difficult to maneuver within her home even with the use of a physical aid since her home is not physically accessible. This member hoped she would be allowed to transfer within Houselink if/when her physical condition required it.

Houselink Staff identified that a major gap within Houselink is the lack of accessible buildings. A list of desired accessibility features includes:



There's nothing scarier than feeling helpless and alone.

- Wider doors to allow easy access for wheelchairs and scooters
- Ramps
- Automatic doors
- Elevators
- Grab bars and railings
- Seat in showers
- Emergency buttons in rooms
- Accessible units
- Units which are available on the ground floor of each building

This mirrors the key features identified by community agencies (wheelchair accessible with ramps, elevators, wide hallways and doors in apartments, handrails/grab bars in the tubs)

Medical Services

Recent research has shown that psychiatric consumer/survivors have an increased risk of major medical conditions like diabetes, heart disease and stroke. For a variety of reasons

including low income, many survivors tend to have poorer dietary habits and are much more likely to smoke. Many psychiatric medications also have side effects that impair health.

Members named poor eyesight, memory loss and particular illnesses such as diabetes and osteoporosis as specific age related concerns. Physical and medical issues have led some members to require support from personal support workers to assist with daily tasks such as preparing meals.

Staff agreed that access to personal support workers can be vital to assist those with physical or medical limitations maintain their personal hygiene as well as their housekeeping. Unfortunately these supports are difficult to access and have long waiting lists for subsidized assistance.

Research has shown that reduced access to appropriate medical care for consumer/survivors elevates their risk of serious health problems. Staff



Emerging Themes

Aging in Community

expressed concern that members' physical health needs are sometimes overlooked by doctors.

Houselink staff also noted that once on Canada Pension/Old Age Security, dental care is not covered. Although there are low income senior dental clinics in the city they can be difficult to access and necessitate changing dentists. To ensure seniors maintain good dental health, agencies Community Care East York, Dixon Hall, Woodgreen and West Toronto Support Services all provide occasional workshops.

The community agencies interviewed made many of the same comments as Houselink staff in regards to the lack of services for seniors aged 55 and over. Agencies remarked on the difficulty accessing home supports i.e. cleaning and grocery shopping, a lack of dental and foot care as well as a lack of affordable housing, the need for rental supplements, and a need for counseling services for abused seniors.

Some housing providers had personal support workers on site. Some provided daily phone reminders to take medication or had occasional on-site medical services, such as free hearing testing and flu shots for their members.

Transportation

Both members and Houselink staff reported that members sometimes had difficulty accessing Houselink programs due to physical limitations. Extended service could include transportation to allow individuals with medical limitations to complete tasks i.e. grocery shopping and medical appointments, or community kitchens providing food to Houselink members with physical limitations at the front door of his/ her home.

Most of the interviewed agencies refer their clients to Wheel Trans or belong to Toronto Ride for transportation. LOFT and Bill McMurray Residence offer transportation with an agency vehicle.

Community Resources

Currently staff are referring members

I never expected that this is where I would be at my age...but I'm thankful that I have a roof over my head, and people I can call when I need help.



to a number of agencies for additional supports as they age. Most respondents have used Community Care Access Centres (CCAC) to assess needs and provide service. Services provided include:

- on site medical/nursing care (changing bandages, administering medication)
- assessment for and provision of physical aids within the home (washroom bars and bath tub seats)
- Meals on Wheels which deliver meals to individuals who are unable to prepare or purchase their own food

Supportive Housing Workers have also arranged pharmacy delivery, nursing home placements, occupational therapy visits, homes with accessible units, and have found resources for seniors on government websites.

Income

Members identified financial worries as a

cause for concern as they age. Houselink staff also indicated income as a concern. For individuals who rely on Ontario Disability Support Program or those on CPP/ OAS their low payments do not match the current cost of living. One staff commented that when members turn 65 they may become poorer due to loss of benefits and changes in rent.

At some interviewed agencies minimal financial services are available to assist seniors to complete their income tax or, on a needs basis, provide escorts to the bank.

Impact on Staff Workload

Houselink staff reported a change in their workload because of the extra demands of supporting aging members. Support staff spend more time with these members by accompanying them to appointments and more frequent monitoring/follow-up. This echoed members expressed wish for more time with their Supportive Housing Worker as they age.



Emerging Themes

Aging in Community

In relation to residential staffing ratios LOFT and Woodgreen provide on-site staff (social worker or personal support worker) with a caseload of twenty five clients. Dixon Hall provides six personal support workers and two case managers to one hundred clients.

Death

Members and staff were asked about death of members. Staff noted feelings of loss, stress or sadness surrounding death. Both staff and members found dealing with the death of a member to be difficult.

A death impacts the organization in multiple ways. Staff attends the funeral, often participating in and/or planning it. Members often attend. At these times members may react in different and complex ways and staff must support them while at the same time dealing with their own feelings.

Before and after the funeral staff either debriefed or received support from their teams. Although there is an informal

support system within Houselink, there may become a need for more support in the future. Assisting members to develop peer support may address this.

Of the interviewed agencies, two provided specific bereavement counseling. One agency made a pastor available to facilitate member funerals.

Social Activities and Services

Several members reported feelings of exclusion and discomfort when attending social recreation activities due to a high proportion of younger individuals who live in Houselink. Members suggested developing and implementing an age related peer support program that would allow them to gain a bond with individuals the same age.

Agencies noted referring or providing their seniors with programs as a method to decrease the degree of isolation.

These activities include:

- Arts and crafts: sewing and knitting;

I have friends. I have family. I have a home. I am happy.



- Games: bingo, movies, cards; ping-pong, karaoke
- Discussion groups: health and wellness group, literacy groups, computer knowledge
- Dinner/Lunch events
- Field trip/ bus weekly outings

Because people become more susceptible to illness as they age, incorporating physical activity into daily routines provides the dual benefit of reducing the effects of illnesses as well as reducing social isolation. Agencies have incorporated several in-house activities such as dancing to promote healthy living. Discussion groups on health and wellness have been developed to reinforce and promote seniors to be physically active. In addition, LOFT and Bill McMurray Residence provide nutritious meals to seniors to ensure optimal health for their residents.

Professional Development

Houselink staff expressed interest in further education in several areas to

equip them to work more effectively with aging Houselink members. Suggested training included understanding the aging process, gerontology, age related illness such as Alzheimer's, diabetes and dementia, ways to promote good nutrition and benefits available to seniors, i.e. Canadian Pension/Old Age Security. Staff suggested that it would be beneficial to have a few staff that develop specialized knowledge who can act as resources within their teams. Some staff also felt a resource kit would be helpful.

Interviewed agencies reported they provide their staff with a variety of training opportunities including front-line crisis intervention, Recovery, psycho-social rehabilitation training, mental health training for personal support workers, CPR, anti-discrimination, and mediation skills. Several agencies have created their own resource book available to both staff and seniors. Other agencies use the 211 Toronto website to locate services.



Recommendations

The Road Ahead...

Organizational

Other organizations currently provide dedicated services to seniors including those with mental health needs. Houselink should develop links/ partnerships with these organizations.

1. Advertise and encourage member participation in community led initiatives such as Toronto Seniors Council.
2. Contact the City of Toronto to be placed on the senior's service contact list to stay connected to ongoing developments such as the current Toronto Public Health campaign - Injury Prevention for Older Adults.
3. Connect with local geriatric and psycho geriatric teams in community hospitals and CAMH.
4. Advertise and encourage members to participate in self advocacy in the area receiving coverage after the age of 65 in dental, eye care, physiotherapy.

Staffing and Organizational

5. Ongoing staff training in the area of senior gerontology i.e. Alzheimer's, understanding the aging process, nutrition, bereavement
6. Assessing service issues including staffing workload

Services

Staff and members identified ongoing upkeep of units as a challenge to an aging population. Some housing providers we contacted (Neighbourhood Link, Bill McMurray Residence) have homemakers on staff to address this need.

7. Create a resource list for members and staff of agencies that provide homemaking services at lower costs.
8. Network with above agencies to ensure smooth referral process as well as to support them in advocacy for increased funding.
9. 10. Investigate possibility of hiring homemaking staff to work directly with members.



Houselink staff and members identified affordable, accessible transportation for Houselink seniors as an issue.

10. Provide information to staff and members on the Wheel Trans program.
11. Provide information to staff and members about ODSP requirements for taxi reimbursements.
12. Investigate the viability of agency vehicle purchase to transport seniors to appointments as well complete personal needs (grocery shopping).
13. Encourage participation in existing Food program van shopping.
14. Investigate the possibility of Houselink joining the Toronto Ride program which provides lower than average cost transportation for seniors.

Programs

In the focus groups, Houselink members identified a desire for a social club or drop in time to serve their specific age group. Agencies we surveyed providing age specific services to seniors provide social, recreational and informational opportunities.

15. Develop specialized support groups for Houselink seniors i.e. dedicated drop in time for older members.
16. Adopt social programs targeted for this demographic. Activities may include bingo, arts/crafts, karaoke, and exercises in form of dances.
17. Provide in house workshops focused on dietary needs and aging i.e. diabetes, nutritional requirements, heart health, etc.

Maintenance

Members, staff and other agencies all identified the need for buildings that have basic accessibility features such as widened doorways and elevators.

18. Assess current Houselink housing stock for accessibility. (This has been completed for 805 Bloor by CILT - Centre for Independent Living Toronto)
19. Develop design standards to ensure future buildings built or managed by Houselink are physically accessible for individuals with decreased mobility.



Appendix

Questionnaires

Questions Proposed to Senior Focus Groups

- What do you think about getting older?
- How do you think that (aging) will affect you housing?
- What is your personal wish?
- Do you want to stay at Houselink?
- What challenges are you facing?
- Do you think you are going to move into a senior housing program?
- If so, how will the housing look like?
- If you are staying in Houselink, what can Houselink do to make it possible?

Questions proposed in questionnaire to Houselink staff

- Do you know members who have moved out because of aging issues? What are the issues?
- Do you know situation where it has become unsafe for aging member to continue living in House link and need higher support?
- What sort of challenges do you see aging members facing?
- What kind of resources have you set up for aging members?
- Are there any gaps in services?
- How do the aging of members impact on your workload? How does is impact on you?
- What physical structure and design will be necessary for Houselink to meet the need of aging members?
- What do staff need in order to serve aging members better?
- How has staff been coping or how does it impact on staff when a member has died?
- How do member's deaths affect our programs?



Questions proposed to Agencies

- Accessibility - how do they make their units accessible? What are the most important accessibility features? Did they access special funding to make their units accessible, and/or for new buildings?
- What types of social activities do they provide to seniors?
- If they provide food, what kind of food?
- What kinds of services do they provide to seniors? (Visiting nurses, homemakers, meals, medication reminders, etc.)
- What services do they provide to seniors who are low income? (e.g. referrals to food banks, places with free meals, etc.)
- Do they provide any services specific to seniors with mental health issues and/or addictions?
- How do they deal with deaths of seniors? For both staff and other seniors.
- What kinds of training do they provide staff?
- Do they have any kind of list of resources for seniors?
- For support workers, what is the worker/client ratio?
- How do they deal with the issue of isolation?
- Do they provide any transportation service? If not, how is this issue dealt with?
- Do they provide any education around good nutrition/health and dental care?
- What are the eligibility requirements for seniors who stay in their housing? How independent do they have to be?
- What do they see as the gaps in services?
- Who else should we be talking to?





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