

Toronto Central **LHIN**

Seniors' Voices on Aging at Home

Community Consultation Report

Winter 2007/08



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Introduction

Acknowledgements

The Toronto Central Local Health Integration Network would like to acknowledge and thank all seniors, caregivers and family members who participated so willingly, and contributed so thoughtfully and sincerely to the dialogue which shaped this report. It is important that their voices are captured, recorded and heard in order to shape future community development and services for seniors in our neighbourhoods.

These consultations would not have been possible without the hard work and partnership of the agencies and organizations who added to their workload at a busy time of year in order to ensure that their seniors' opinions were sought. Their names are listed as Appendix 1. The facilitation of the consultations was shared with Toronto Central LHIN staff and we were pleased with the quality and quantity of the feedback. Thanks are also due to the partners who hosted community consultations in their facilities.

Forward

This report summarizes the input given by seniors, caregivers and service providers to help the Toronto Central Local Health Integration Network shape its Aging at Home Strategy. During this community consultation process from November 2007 to February 2008, the LHIN heard from approximately 650 people in 33 community consultations that spanned 18 neighbourhoods in 10 languages, seniors from diverse cultural groups, different parts of the city, and with a range of socio-economic circumstances provided input. Those experiencing a variety of challenges including mental health issues, discrimination due to sexual identity also participated. In sharing personal stories, the difficult realities that many seniors face emerged together with many smart ideas for change.

The Aging at Home Strategy

Last year, the Ministry of Health and Long-Term Care announced the Aging at Home Strategy. This investment of more than \$700 million across Ontario over the next three years provides support to seniors and caregivers to allow those seniors to age at home should they choose. The focus of this strategy is on innovation and community-based supports.

The Toronto Central LHIN's vision is to enable seniors to live independently in their own homes and communities by providing safe and effective supports that are responsive to their diverse needs and those of their caregivers. The Toronto Central LHIN has \$48 million for its three year Aging at Home Strategy which will be targeted to assist and support seniors who are dealing with age-related health conditions or age-related disabilities. The Strategy will also provide services, programs and supports that allow family, friends and neighbours to continue caring for seniors in the community.

The approach recognizes that factors such as income security, transportation, affordable housing, and cultural and linguistic barriers have as much impact on an individual's health status as their natural endowment or medical interventions. This was strongly endorsed by seniors who shared their challenges with aging at home during the consultations.

This Report

This report summarizes the concerns and suggestions provided during the community consultation process for the Aging at Home Strategy. The critical information gathered will help the Toronto Central LHIN shape its funding strategy and community development activities under the Strategy. It is organized in five parts: Introduction, Section 1. outlines the universal challenges shared by all seniors; Section 2. describes the unique challenges faced by senior populations due to barriers such as homelessness, and cultural and linguistic differences; Section 3. outlines systemic issues that were raised at the consultations followed by Section 4: Toronto Central LHIN Actions and response to what we heard. The Appendix provides a list of organizations consulted.

Note to Report: Relevance of Information provided:

During the consultations some people raised general concerns about aging which were not specific to aging at home. Others offered solutions that clearly fell outside the Aging at Home Strategy's mandate. Where these ideas offered useful context and insight, they were included in the report.

The Community Consultation Process

As a first step in shaping its own Aging at Home Strategy, the Toronto Central LHIN decided to embark on a wide process of community consultation to hear directly from seniors, caregivers and service providers about what they feel seniors need to live healthy and independent lives in their own homes. In particular, the Toronto Central LHIN was looking for innovative solutions that are responsive to the needs of Toronto's diverse seniors' population. A special focus of this process was to reach out to groups of seniors who are not usually asked for their ideas or participate in such forums.

How Were the Neighbourhoods and Organizations Selected?

The Toronto Central LHIN used planning data focused on neighbourhoods where there are large numbers of seniors with unmet needs. The data also identified populations that face extra-ordinary barriers to health and social services, due to cultural and linguistic barriers, poverty, homelessness, disability, and frailty. Community-based agencies that serve these identified neighbourhoods/populations and already run seniors groups hosted the consultations. Where possible, a "local animation" model used the staff person or volunteer most familiar with a particular group of seniors to lead the discussion in a familiar forum and a common language.

The consultations took place at sites where seniors already congregate to make the sessions accessible to the large number of participants. The agencies hosting the consultations were supported by the LHIN to provide transportation and refreshments. Sessions were held in first languages other than English (French, Mandarin, Somali, Spanish, Italian, Portuguese, Tamil, Korean, Farsi, and Bengali). The sessions in first languages were supported with translated handouts including a Question & Answer and an evaluation. (See Appendix listing host agencies.)

What Were the Discussion Points or Questions?

The content of the consultations varied depending on the audience. While most of the sessions were geared primarily to seniors, several sessions focused on the needs of caregivers. One consultation was open to the public and had high attendance by service providers. Local animators worked from a list of questions developed by the LHIN.

Section 1: Universal Themes

In discussions with seniors, common concerns emerged as well as consensus on the types of supports they need to help them age independently and safely at home. Across the neighbourhoods, seniors, caregivers and service providers told us:

Society must change its attitudes about Seniors

“Being a senior is a lot like being unemployed: all of a sudden you are a second-class citizen.”

“Our society is not built with seniors in mind.”

“One nurse’s answer to everything was sedation. This nurse felt that if my wife started to talk she was getting agitated.”

“We need to teach our youth about what is going to happen when they get older.”

A common overarching theme in community consultations recognized a fundamental lack of concern and compassion for seniors and awareness of their needs. Some participants said that society does not adequately value seniors, as evidenced by the shortage of supports available and the desperate circumstances of many seniors.

Seniors urged the LHIN to take every opportunity to educate the general public, health professionals, and support workers about the unique needs of seniors, especially those with conditions like dementia. They would also like to see more geriatric specialists available in the health system because of their specialized training to understand seniors’ needs. They would like health providers in general to be more senior-sensitive.

While changing societal attitudes is not a goal of the Aging at Home Strategy, the following principles could inform initiatives related to this Strategy:

- Promote seniors’ self-determination and empowerment
- Flexibility in what programs can be offered and how they are implemented
- Seniors are central in the decisions that impact how they are supported
- Educate the public and providers about seniors’ needs
- Cultivate empathy and encourage interactions with seniors
- Don’t forget that marginalized seniors have greater needs

Seniors need support with daily living

“Even though my income is only \$8,000, I have to pay someone to clean my house. I simply can’t do it anymore.”

“You have to be almost an invalid before you can get home care”

“Some people need to be fed, not just delivered a meal.”

The ability of seniors to stay in their homes is directly related to whether adequate supports are in place to help them with the day-to-day tasks that they are no longer capable of managing on their own. The greatest concern raised by seniors was having enough support with their daily living.

In particular, seniors want help with their personal care (bathing, help dressing), organizing and taking medicine, homemaking (cleaning, cooking, grocery shopping, laundry) and house maintenance (snow removal, changing light bulbs, gardening, cleaning windows).

Some seniors have difficulty caring for their pets and would like help with walking their pets and financial assistance if their pets need veterinary care.

Seniors suggested that schools—for social work, nursing, and the trades—should assign apprentices to seniors' homes. Compulsory high school community service programs should be expanded to assist more seniors.

Supports That Would Make a Difference:

- Homemaking services
- Home maintenance / handyman services
- Easier access to, and more hours of support from:
Personal support workers, Social workers, Case coordinators, Home attendants
- More housing options that employ the supportive housing model
- Attach supportive housing services to Toronto Community Housing Corporation buildings
- Programs that tie students/apprenticeships to seniors' needs

Accessing affordable transportation is the key to staying independent

“If TTC weren't so expensive I would join more seniors groups, get more exercise and not be so depressed.”
“Safety is a big concern (for our clients) so the fact that we provide transportation to and from our day programs means they can feel safe about venturing out.”

Mobility is a serious concern for seniors. Seniors need the necessary assistive devices to allow them to move about freely, living in accessible buildings (wheelchair accessible, elevators), and having affordable transportation.

Accessible and affordable public transportation was one of the top three concerns expressed by seniors related to their ability to age at home. Simply put, transit is a lifeline for seniors. It allows them to get to medical appointments, grocery shop, and participate in day programs. They need urban transit to stay healthy and engaged in society. Weather is a big challenge for seniors, so having good public transportation is very important in winter.

For frail seniors, taking public transportation is physically impossible so they have no choice but to take taxis, which is prohibitively expensive for most seniors.

Seniors expressed a great deal of frustration about the Toronto Transit Commission (TTC). Issues include:

- Too few kneeling buses
- Scant bus routes outside the downtown core
- Too few drivers willing to help seniors get on and off the bus
- Restrictive eligibility criteria and long waits for WheelTrans

Supports That Would Make a Difference:

- More programs that offer free TTC tickets for seniors
- Subsidized taxi rides
- Free shuttle service from seniors' residences to the grocery store and doctors' offices
- Community buses, especially in the winter
- Ability to book transportation in first language
- More programs like Call-A-Service

Seniors need financial assistance for assistive devices

“I used to volunteer but I can’t get around anymore. My eyesight has gotten worse but I can’t afford glasses.”
“I need financial support to alter my home —automatic shut-off iron and kettle —minor things that are very critical things.”

For many seniors, life becomes significantly restricted when they cannot afford to buy or replace the assistive devices they need. This group includes the senior who rarely leaves home because she cannot afford the eyeglasses for her failing eyesight or repairs/batteries for hearing aids.

Supports That Would Make a Difference:

- Full coverage or subsidies for:
 - Assistive devices (canes, wheelchairs, scooters, walkers)
 - Prescriptions
 - Eyeglasses
 - Dental care
 - Chiropody and Foot care
 - Physiotherapy
 - Hearing aids
 - Incontinence supplies
 - Home retrofits
 - Ambulance costs
 - Alternative medicine
- Pharmacy assessments (more than the ½ hr. which is covered by OHIP)
- More gerontologists and geriatric social workers in the system

Safety is a big concern for seniors

“When you’re older, you can’t take on the pimps anymore.”
“My greatest fear is dying at home alone with no one knowing and then be put somewhere.”
“A security check would be good—someone just to call or knock to make sure you’re okay.”

Safety, in general, was a concern for the seniors we spoke to: their personal safety walking in the streets, safety in the home, falling in and outside the house, living in rough neighbourhoods, and living in mixed subsidized housing buildings that are deemed by seniors to be too loud and unsafe.

The most frequent safety concern raised by seniors was the possibility of a crisis at home and not being able to get help. Most seniors feel that in order for them to age safely at home, they would need to have an emergency response system in place, especially if their health is declining.

Some seniors are fortunate to live in seniors buildings with emergency response device systems. For others, renting a device is expensive. They felt strongly that any senior living alone—particularly when they are discharged from the hospital—should have free access to an emergency response device.

Supports That Would Make a Difference:

- Free/subsidized emergency response devices
- Community support workers to check in on seniors who are frail, sick, or live alone
- Falls prevention programs
- Safety workshops and training for seniors

- More security in subsidized housing buildings
- More subsidized housing for seniors in safe neighbourhoods
- Ability to transfer easily to another Toronto Central Housing Corporation building

Seniors need opportunities for recreation and socialization

“What do I need to keep healthy? A sense of belonging.”
“If there isn’t something planned, there is no reason to get up; I will just stay in bed.”
“Sometimes I don’t talk to anyone for 4 or 5 days. It pulls me inside; I get depressed.”
“What we’re doing here at this type of forum needs to happen on a continuous basis to prepare people to age. I’m 71 and I’ve never thought of any of this.”

Many seniors live alone—some because they have lost their spouses—and for these seniors, aging at home is a solitary experience. Many seniors struggle with isolation, boredom, and loneliness. A loss of connection to people and community can spiral into depression.

Social and recreational programs are essential supports for keeping seniors physically and mentally active, and connected to their communities.

It is essential that programs are culturally and linguistically accessible for the diversity of seniors living within the Toronto Central LHIN. In particular, recreation which is culturally appropriate such as tai chi, mah jong etc. in first languages will draw out seniors who cannot make use of more mainstream programming.

It is also important that programs are affordable. For example: most seniors cannot afford memberships in gyms. Funding for exercise equipment in community housing buildings, community centres and seniors residences will offer seniors affordable access to wellness opportunities and outings.

Many seniors spoke of the central place of volunteers in their lives—the kind, consistent presence who pays a friendly visit or takes them out for a walk or a meal. Volunteers play a big role in providing much-needed emotional and social support for seniors and we heard suggestions for ways to attract a larger pool of volunteers to work with seniors through incentives. Seniors themselves are seeking ways to volunteer their time.

Supports That Would Make a Difference:

Life-Long Learning Programs

- Free/affordable continuing education
- Educational programs that are relevant to seniors
(health promotion, shopping/cooking for one, computer literacy, CPR, safety)
- Increased computer and internet access

Social, Recreational and Exercise Programs

- Culturally diverse programs offered in a variety of languages
- Communal dining
- Organized day trips
- Exercise equipment in community centers and seniors buildings
- More free programming
- Intergenerational programming

Emotional Care

- Bereavement counseling
- Support groups on the aging and dying process
- Stress reduction
- Education about elder abuse and where to go for help
- Counseling and support
- Friendly visits: “Someone to talk to you, listen to you”

Professional Advice

- Legal counseling (i.e. living wills, power of attorney, leases)
- Protection and management of financial resources
- Income tax clinics for seniors

Better Access

- Day and evening programs
- Increased funding for community social service agencies to enable longer hours of operation
- More programs offered in seniors buildings, especially in winter time
- Free transportation to and from programs

Volunteers

- Expand and diversify the pool of volunteers
- Remove financial barriers to volunteerism: provide Toronto Transit Commission tickets, pay for meals, etc.
- Support the creation of volunteer opportunities for seniors

Seniors need services at or closer to home

“How do I get her hair cut, what if she has a toothache?”

- Caregiver of a homebound senior with dementia

If seniors are to continue living at home, they need ready access to essential services. This is especially the case for health services, and particularly true in the wintertime. While accessible and affordable public transportation is one piece of the puzzle, ideally seniors would like more services to come into their homes and communities. In particular, they need health professionals such as doctors, nurses, physiotherapists, occupational therapists, social workers, and pharmacists to conduct home visits.

They would also like to see an assortment of services centralized and bundled, like a multi-disciplinary one-stop-shop, so there are less visits to make. Buildings that are equipped to support seniors living with minor disabilities would enable many more seniors to continue living at home.

Supports That Would Make a Difference:

- Financial incentives for health professionals to do home visits
- Nursing stations in seniors buildings
- Mobile health clinics and dental clinics
- Multidisciplinary team approaches to service provision
- Food services (i.e. farmers markets) brought into seniors buildings

Seniors need better support on discharge from hospital

“I was so weak when I left the hospital, there was no one at home to help me—no one called to make sure I was OK.”

Seniors feel strongly that no one should be discharged from the hospital without supports in place to help them when they return home. This is especially critical for seniors who live alone. Hospitals should work with community-based agencies to provide comprehensive supports for seniors—from healthcare to meal preparation—when they are discharged.

Supports That Would Make a Difference:

- A clear discharge plan
- Case management/coordination of services from hospital to home to community
- Community supports for seniors who live alone
- Regular calls or visits to make sure the person is well

Seniors want more individualized care

“I need someone to ensure that I will get the right services.”

“I don’t need someone to give me a bath; I need a good cleaning lady!”

“I need a support system that is organized and works together to meet my needs.”

“My experience in working with seniors is a lot of times they don’t tell anyone about how they are managing at home. At home visits, I have learned so much about how a senior is not coping.”

Seniors want more individualized care. Specifically, they want and need care paths designed with their participation and the oversight of their family. Seniors spoke passionately about the need for greater creativity and flexibility in service provision so that programs are able to support seniors with the help that they most need and want (rather than the current ‘take it or leave it’ approach).

And for homebound seniors, it is about having ongoing contact with one service provider—a case coordinator—who knows the individual’s circumstances and checks in regularly to ensure that they are okay.

Seniors want case coordinators to:

- Make sure they are healthy and safe
- Assess and coordinate their needs on a regular basis
- Inform seniors of their rights and options
- Help seniors navigate the maze of services and access the right services

Supports That Would Make a Difference:

- Case coordinators for seniors living at home
- Free home visits in different languages
- More flexibility in programs, and supports that are built around the individual’s needs
- A standard of minimum care that is specified and adhered to

Seniors want dedicated information portals about Seniors services

“The system is difficult to navigate. It is frustrating not knowing where to ask for help.”

“If I could be better informed, I would be more independent and feel better about myself and be a respected member of society.”

“We need a live person, not ‘Emily’ on Bell Canada.”

Across all the consultations, seniors were learning from each other about services that currently exist. There are, in fact, many services and programs for seniors; the problem is that many seniors do not know about them. Most seniors have difficulty finding appropriate services for themselves. A consistent request was for a centralized, dedicated portal for information on programs and services for seniors, available in a variety of formats. Seniors also mentioned the need for case coordinators to help them navigate the maze of services and connect them to what they need.

Many seniors shared their frustration with automated information on the telephone where the caller is asked to press buttons before they get to speak to a real person—if there is someone at all.

Supports That Would Make a Difference:

- Centralized information for seniors in variety of formats
- A “Yellow Pages” for seniors
- Dedicated website
- Telephone helpline with a live voice
- Flyers and newsletters inserted with bills and government cheques
- Information disseminated in local social service agencies
- A ‘welcome wagon’ when you turn 65
- Translated information
- Information for the hearing impaired and for blind seniors
- Better outreach to those who are not connected to the ‘system’
- Case coordinators to help find and access services

Seniors need affordable housing

“Housing is numero uno—it’s always been like that. You can either live like a person or like an animal—or look at a squirrel or a cat, they have a home. Why not people?”

“I can’t afford to live in my house, even though I own it.”

Affordable housing is a huge issue for seniors. The common perception is that the wait time for subsidized housing is six to ten years. Those who are not fortunate enough to get into subsidized housing often spend the bulk of their fixed incomes on housing in substandard rooms or apartments.

Even for seniors who own their homes, affordable housing is still an issue. While they may have paid off their homes, the tax and utility bills, and maintenance and repairs are financially draining. One woman we spoke to cannot afford to update the electrical wiring in her home, which means that the insurance companies will not insure her. As a result, she no longer cooks in her home for fear of causing a fire. Many seniors brought up the idea of rents being pegged to income, and believe that property taxes should be pegged as well.

Supports That Would Make a Difference:

- Shorten waiting lists for subsidized housing and expedite seniors’ applications
- More accessible and affordable seniors’ residences and co-ops
- Rent subsidies for seniors
- An emergency fund for seniors who are about to be evicted

- Advocacy for reduced property taxes for seniors
- Better outreach and education for seniors about programs like reverse mortgages

Seniors need food income and security

“A lot of us do exist on one meal a day.”

“Sometimes I eat what I shouldn’t; I eat what is available and cheap.

Having \$100 more per month would make a big difference.”

- A senior with diabetes

“If you don’t have money, you can’t stay home.”

“When one member of a couple passes on there is a tremendous difference in income,

yet your expenses remain the same. Governments need to think about that.”

Simply put, there are many seniors who are destitute and hungry in Toronto. Despite how sensitive this topic is, a surprising number of seniors spoke openly about how marginally they live, and their need for regular, nutritious meals.

The topic of poverty and food was vocalized in a variety of ways. Seniors say they manage to find a week’s worth of free meals by going to local community and drop-ins centres; seniors who wish that food banks could deliver because they are too frail to bring the food home themselves and therefore cannot benefit from these programs and the gentleman whom, when asked what keeps him up at nights as a senior aging at home, replied: “Not having enough food.” Seniors told us that even \$20 more per month would significantly improve their quality of life.

At a minimum, seniors would like to see Ontario Disability Support Program (ODSP) and pension rates go up with inflation. They also suggested that the government should introduce a food supplement cheque for poor seniors, styled after the baby bonus cheque.

Supports That Would Make a Difference:

- More Meals on Wheels type of services
- Meal services that offer good-quality, nutritious food
- Meal services that offer a range of cuisines (not just Western food)
- More communal dining opportunities
- Food banks that deliver to seniors
- Advocacy to raise income levels for seniors

Caregivers’ needs

“I want someone to fill in when I’m not there or burned out.”

“You need a social aspect for caregivers in addition to respite. Help the caregiver retain, in some tangible way, active interests.”

“I often postpone paying attention to my own health problems because I don’t have time.

In the past I have been depressed without being aware of it.”

Caregivers are the adult children, spouses and friends of seniors. They are a tremendous resource in society, yet rarely is any attention paid to their realities and needs. They often experience exhaustion with little chance for a break. Some also struggle with depression as their professional and social networks disintegrate over time.

Caregivers need respite services in order to shore up their energy and attend to their own needs. They need emotional and social supports to address the loneliness and isolation that many face. They need planned opportunities to meet other caregivers in order to share information and encouragement.

Supports That Would Make a Difference:

- Respite services and paid substitutes to take over duties in the home
- A readily available “sitting service” that doesn’t require a month’s advance booking so that caregivers can take a break
- More short term beds in long term care facilities
- Social opportunities to meet other caregivers
- Support groups
- Mentoring programs for individuals who have a newly diagnosed family member to discuss what to expect and ways to cope
- Training on how to advocate for your family member
- Health support for caregivers: counseling, massage, integrate health services for caregivers at the Community Care Access Centre

Caregivers need help around the house

“Four hours (from a personal support worker) is not very much for a whole week. Tripling that would begin to address some of the needs of us getting tired and the rest of it.”

Caregivers need practical help at home to relieve exhaustion so they can focus on caring for their loved ones.

Supports That Would Make a Difference:

- Prepared meals delivered to the home
- Help with meal preparation and housework
- Availability of personal support workers after 6:00 pm
- More personal support worker hours to help seniors

Caregivers need financial support

“Families that are caregiving at home are our greatest resource.”

Caregivers forego incomes and careers, and often deplete their savings in order to care for their loved ones. They need financial support so they can afford to leave their job and care for their elderly loved one on a full-time basis.

Many caregivers are older people themselves. After having cared for their loved one for years, many caregivers face an uncertain future marked by poverty and poor prospects for employment. As such, they need financial assistance and training so that they can re-enter the workforce.

Caregivers are clear that governments should not download their responsibilities for seniors onto their families and friends. While it is a personal choice, caregivers deserve financial and other supports from society to care for their loved ones.

Supports That Would Make a Difference:

- Pay caregivers, even if they are family members
- Financial supplements for those 55+ and the newly retired that care for a senior
- Emergency funds so that family members can leave the workforce to care for their loved ones
- Skills upgrading and job training opportunities
- Financial planning for families who are caring for a senior

Section 2:

The Needs of Special Populations

Immigrant Seniors

“If I weren’t so dependent on my children, I’d have a better sense of self-worth.”

“To receive a pension, I will have to work another 8 years.”

- A 64-year old sponsored immigrant who has been in Canada for 2 years

“My greatest fear is having things done to me (in the hospital) without my consent.”

“When you’re older you want what is familiar, especially when you’re sick.

Hospitals should offer a choice of different foods, not just Western food.”

“Race, ethnicity and language have to be addressed if we want to be accessible to all seniors.”

The immigrant seniors consulted for this report tended to be the most marginalized of all: recently arrived, still working meager jobs despite their senior status, refugee claimants or in Canada illegally with no status, and living alone in subsidized housing or rooming houses.

There are many immigrant seniors who are in Toronto with no family support. But even more vulnerable, are those seniors who are sponsored by their families, but their relationship has broken down.

Cultural and linguistic barriers and a lack of familiarity with the system are the greatest barriers immigrant seniors face in their ability to utilize existing health and social services (e.g. knowing about them and using them). Even though these services are available to the broad public does not mean that everyone can use them. This is the daily reality for immigrant seniors. Many immigrant seniors—even the skilled and educated ones—are stressed by how socially isolated they’ve become because of these barriers.

Immigrant seniors are uniquely disadvantaged in that they are often entirely dependent on others (e.g. family members, volunteers) to meet their health care needs. Specifically, they require assistance to navigate the health system, make appointments, communicate with health providers, and even to physically get to medical appointments. For immigrant seniors living in the inner suburbs—where new immigrants in Toronto tend to settle—affordable and accessible transportation are an especially important issue since health facilities may be a long distance from home. Even in the downtown core, an immigrant senior may have to travel a long way to visit a culturally and linguistically appropriate health care provider.

There are many informal grassroots efforts—through faith-based and culturally-affiliated organizations—that provide support to immigrant seniors. These groups rely on volunteer help and tend to have minimal organizational capacity. Support to build the capacity of this emerging sector would enhance the ability of immigrant communities to take better care of their seniors.

Like francophone seniors, immigrant seniors say they would benefit from more access to culturally competent health and social services in their first language. This covers the gamut: from home attendants and personal support workers, to social and recreational programming, to more diverse meal services. Immigrant seniors—who rely so heavily on others to access services—need a larger and more diversified volunteer pool to support them.

Supports That Would Make a Difference:

The following changes would enable immigrant seniors to age at home:

Culturally Competent Service Provision

- Expand the pool of health and support workers who have cultural knowledge and speak different languages
- Interpretation available throughout the episode of care in all health facilities so that immigrant seniors do not have to rely so heavily on family members
- Important health information translated in various languages
- Greater linkage of community-based organizations serving immigrants with health services
- Coverage for alternative medicine (e.g. Chinese medicine, acupuncture)
- Culturally appropriate meal services
- Ability to book transportation (e.g. WheelTrans) in first languages
- Targeted outreach to immigrant seniors
- More community workers to help immigrant seniors access services
- Supports for vulnerable seniors in cases where family sponsorships have fallen apart

Culturally and Linguistically Diverse Social and Recreational Programs

- Culturally appropriate social, recreational and educational opportunities offered in a variety of languages
- Computer classes geared to communicating with family back home
- Build the volunteer pool so that more volunteers speak different languages

Increased Capacity of the Immigrant-Serving Sector

- More support to grow and diversify the volunteer pool
- Funds to hire staff
- Organizational capacity building for agencies

Policy/Legislative Changes

- Reduce/eliminate the 10-year waiting period to receive Old-Age Pensions for immigrant seniors

Lesbian Gay Bi-Sexual Trans-gender (LGBT) Seniors

“I spent 40 years coming out of the closet and I’m not going to let someone shove me back in. I shouldn’t have to feel threatened that a stranger (home attendant) might have feelings about my being LGBT.”

“I don’t feel comfortable with activities in my building. I get slur remarks against me. People are prejudiced against transgendered people.”

“My (chosen) family may be others who are also aging and therefore not able to help me.”

Historically, LGBT people have had negative experiences with the health care system. Many have faced discrimination, harassment, neglect, excessive curiosity and misdiagnosis. The legacy of this history has resulted in mistrust in the medical system, and hence, many LGBT people do not seek medical attention in a timely fashion.

Safety is a critical issue for LGBT seniors. Some fear that the people upon whom they are dependent for care — personal support workers and home attendants—will come into their homes and make disparaging comments or worse. They would like attendants to respect and accept LGBT seniors.

While loneliness and isolation is an issue for seniors across the board, it is especially poignant for LGBT seniors as many of them are disconnected from their families of origin. As a result, access to community is even more

important. Many LGBT seniors take care of each other and would like their chosen family members to have the same involvement in decision-making that a family of origin automatically enjoys.

Supports That Would Make a Difference:

More LGBT-Specific Community Supports for Seniors

- Culturally competent services by staff sensitive to LGBT issues
- LGBT seniors web portal or directory
- Drop-in, social groups and support groups for LGBT seniors
- Sensitivity Training for People who Take Care of Seniors
- Training in LGBT cultural issues and concerns
- Inclusion of LGBT issues in the curriculums of health care professionals
- Safeguards in place to protect seniors against homophobic and other oppressive behaviours by caregivers

Homeless Seniors

“I want a safe, drug-free, quiet place to live.”

“I want privacy and dignity—a chance to have my own thoughts.”

“Moving means that I don’t live well for a month or two because of how much it costs.”

“It is not good enough to warehouse women downstairs for 20 years.”

- Service provider at a women’s homeless shelter

At the top of the list of challenges for homeless seniors is the need for adequate, affordable, safe housing. They described their visions of aging at home: what they wished for spanned a range of housing options from subsidized housing to a clean bachelor apartment to the homeless shelter as a permanent home. Whatever the setting, they consistently stated the desire for a safe, quiet place to call their own.

There are many complex reasons why it is difficult for homeless seniors to transition to better housing. For example, people with physical or mental illnesses or addictions have great difficulty even being able to search for an apartment; they face prejudice and stigma from landlords; and they have inadequate income levels under government programs to afford a room. Homeless men describe their difficult existence in a shelter: lack of privacy, theft, and no screening system to separate those with mental illness, addictions and aggression from those who simply want a quiet place to rest.

Because of the heavy toll living on the streets takes, many homeless people are effectively geriatric at age 50; however they are unable to access seniors’ services. Eligibility for seniors programs needs to be lowered for this population. And although they experience age-related illnesses, some older homeless people feel uncomfortable living in nursing homes because everyone else is much older than them.

Of considerable concern is the gap in housing options for ‘The Bottom Third: those who are the hardest to serve and most vulnerable.’ Homeless individuals with mental illness, addictions, behavioral problems, a criminal past, or who smoke are typically not accepted for long-term care or subsidized housing. Other than shelters, there are few housing options for this segment of the homeless population. This group of homeless seniors is likely to live in the shelter system for the rest of their days, and would like to see changes made to the shelter system so that it is safer.

Supports That Would Make a Difference

Many homeless people value their independence, and like other people, value choice in options. Many do not want to live communally—which is typically what is available for the homeless. They want to live in the community but have supports in place. They need a range of supportive housing options that includes a phased-in approach to independence, where a person can access supports even though he is living outside the shelter system. Staff in a

shelter point out that there are already great supportive/subsidized housing programs in the community, like Houselink, that are oversubscribed. The waiting lists are so long that the service is meaningless to a homeless person. They suggest that the LHIN move quickly to expand the capacity of these successful programs.

Many of the changes that homeless seniors would like to see fall outside of the purview of the Toronto Central LHIN. Nonetheless, they are listed here to provide a comprehensive picture of what is needed to enable this vulnerable population to age in safety and dignity.

Better Housing Options

- Mixed subsidized housing so that “you meet a different segment of society”
- Create housing options for the “bottom third: hardest to serve/most vulnerable”
- Expedite applications for supportive or subsidized housing for the homeless
- Reduce waiting lists for programs like Houselink

More Community Supports

- More outreach workers (because familiarity with a worker is key to the homeless being willing to access services)
- Security in seniors’ buildings: “When you’re older, you can’t take on the pimps anymore.”
- More supports that are integrated into where people live –e.g. Kennedy Residence, a privately run rooming house where there is an occupational therapist and nurse onsite

Less Stigma about the Homeless

- Public education to change public attitudes about the homeless
- Mandate staff training and strengthen human rights complaints policies: “The staff doesn’t respect you. If you question anything, you have an attitude.”

Systems Changes

Raise income levels by:

- Raising Ontario Disability Support Program and Ontario Works levels
- Increases in Ontario Disability Support Program and Ontario Works tied to inflation
- Lower the eligibility for seniors services to 50 (or earlier depending on the population)
- Coordinate systems so that people can apply once for services and the application is extended across various programs and levels of government

Seniors living with mental illness

“I miss my family. I am lonely sometimes.”

“This group of seniors (living with mental illness) is a very ‘quiet’ group of consumers. Most seem to not assert themselves in regard to their needs, their wants or to defend themselves against any forms of disrespect. Many of these seniors have had negative experiences with the ‘system’ in the past so they have disconnected themselves.”

- Service provider

Seniors with mental illness report being stigmatized and treated with disrespect, which deters them from seeking and accepting services.

Many seniors with mental illness do not have family or other supports in their lives. As a result, finding and maintaining safe, affordable housing is a constant challenge.

Mainstream services for seniors generally may not have the degree of flexibility that is required to care for this population. The programs and services that exist for this population tend to be uncoordinated. As a result, seniors living with serious mental illness fall through the cracks.

Supports That Would Make a Difference:

Seniors living with mental illness require comprehensive, hands-on supports to deal with day-to-day challenges, delivered in a non-judgmental environment. Services must be flexible and geared to the needs of this population. Case coordinators, personal support workers and social workers are cited as essential supports. They help seniors living with mental illness learn coping skills, provide emotional support, access services, and advocate on their behalf. Seniors living with mental illness say that without this support, many areas of their lives would not function well, which in turn jeopardizes their housing.

To age at home, seniors living with mental illness need stable housing. They also need community, understanding and acceptance. More flexible and creative programs and services that are geared towards the individual's needs while building a sense of community around seniors with mental illness are called for.

In summary, seniors living with mental illness need:

- More supportive housing options specific to this population
- More specialized services for seniors living with mental illness and addictions
- Onsite psycho-social supports and crisis intervention
- Increased and ongoing support delivered by personal support workers, social workers and case coordinators to deal with daily living
- Formulas that flow more funds down to the community level, where seniors with mental illness are most likely to access programs
- Better resourcing for community support services

Francophone Seniors

“What would enable me to live a healthy and independent future? En français, en français, en français!”

Franco-Torontonians are a diverse population, composed of francophones born in Canada (about 2,400 seniors in Toronto) as well as French-speaking immigrants (about 1,200). Given that the Francophone population is aging faster than the population as a whole, demand for seniors' services in French is expected to increase significantly.

In Toronto the main francophone service providers are the Centre francophone de Toronto, a community health centre, and Les Centres d'accueil Héritage, which provides community support services including supportive housing for seniors and people living with disabilities. Some mental health services are available in French from the Centre for Addiction and Mental Health (CAMH), as well as from the Canadian Mental Health Association. There are limited programs from Toronto Public Health and the Community Care Access Centre in French. And in addition to CAMH, five other hospitals have been identified within the Toronto Central LHIN to provide services in French, although the levels of service are limited and none is specifically geared to seniors.

Most of the concerns that francophone seniors have about aging at home are the same as those of the general seniors' population. Their unique challenges are related to cultural and linguistic barriers. Many francophone seniors are reluctant to go out or reach out to the community because of linguistic barriers. Aside from the Centre francophone de Toronto, there is really no other place to access a range of primary health care services in French.

Supports That Would Make a Difference:

Francophone seniors want to be served adequately and appropriately in French. They also want places of their own that are identified with the community and where the atmosphere is French. Les Centres d'accueil Héritage is one such place, but it is not able to meet all the demand.

- Increase the provision of culturally and linguistically appropriate services
- Build the capacity of mainstream agencies to provide service in both official languages
- Expand the capacity of services like Les Centres d'accueil Héritage

Housebound, frail Seniors

“Everything becomes a terrific challenge when you’re as weak as I am... If I can be perfectly candid, even going to the toilet is a challenge.”

“My greatest challenge is shopping. I can’t get out now because my health is so bad. The home help people do cleaning, dishes, cooking. But who will get the food?”

Everything that has been mentioned for the general senior population is even more urgent for homebound seniors: need for onsite services and home visits from health professionals, more hours of help from personal support workers and home attendants, more concrete supports for house-related chores, more outreach and resources to keep homebound seniors engaged and active.

Supports That Would Make a Difference:

- Home visits from health providers
- More volunteers to come into seniors’ homes for social support
- ‘Personal trainers’ to come help seniors exercise at home
- People to come in to provide haircuts, massage, footcare
- More outreach to homebound seniors
- At-home recreational opportunities

Aboriginal Seniors

The Toronto Central LHIN is developing an Aboriginal engagement strategy in partnership with key Aboriginal health service providers in our LHIN to ensure that the voices of the Aboriginal people, including seniors, are considered in our planning. The strategy will build on successful engagement during the development of our Integrated Health Service Plan including with Aboriginal seniors and health service providers in our LHIN.

Section 3: System Changes

The current system needs to change

“Our model is crisis-based, mandates are too restrictive and prevention is out of the picture.”

“I know what I need, but it’s just not there for me.”

“My mother is in late-stage Alzheimer’s and eats very slowly. The staff is too rushed and has too many people to look after to give a slow demented resident the care she needs.”

“I would like my supports to work together and communicate with each other, as well as with family and friends.”

Seniors and service providers alike expressed great frustration over the shortcomings of the current system. Some seniors talked about the long waiting lists for services, which are so long and seemingly out of reach that these services are simply irrelevant to them. Others talked about how difficult it is for them to coordinate their care between primary care physician, specialists and other community social agencies.

Service providers spoke of the lack of communication and coordination amongst service providers, creating a system that is difficult to access and leaving seniors to cobble together the services that they need.

The lack of coordination of services is partially due to the fact that seniors programs are funded by different ministries (including the Ministries of Health and Long-Term Care, Community and Social Services, and Health Promotion) and different levels of government that do not communicate or plan together.

Concerns that people have about the current system include:

1. *Difficulty navigating and accessing services—due to the complexity of funding arrangements and the lack of coordination amongst providers.*
2. *Long wait times—for subsidized housing, long-term care, Community Care Access Centres and medical specialists.*
3. *Inadequate levels of care—some service providers feel that the time allotted to the care of each senior is simply not enough to take care of their complex needs. They would like to see more time and resources designated to the care of seniors.*
4. *The circle of care for seniors needs to be more clearly delineated—responsibilities must be clearly spelled out for different workers and agencies to avoid overlap. Service provision should be guided by a set of minimal care standards for seniors.*
5. *Organizations serving seniors need stable/core funding—in order to plan and provide consistent, quality programs for seniors. Likewise, seniors said that in order for them to make an informed decision to age at home, they would need to know that supports are in place beyond the next three years.*
6. *Organizations serving seniors need to build their organizational capacity—in particular grassroots organizations serving new and emerging communities (i.e. immigrants) will benefit from capacity building grants.*

Changes That Would Make a Difference

Funding

- Fund the following models:
 - ⇒ Supportive housing
 - ⇒ Community-based interdisciplinary team approach, where clinical and supportive housing teams work together
 - ⇒ Home visits
 - ⇒ Geriatric outreach teams
 - ⇒ Clustered services with streamlined and aligned services
 - ⇒ Case coordination/coordinated flow of services from hospital to home to community
- Flow more resources for seniors into the community to enhance access (i.e. community centres, community health centres)
- Expand the availability of services that can coordinate care for seniors, like the Community Care Access Centres
- Introduce a stream of grants for organizational capacity building
- Support agencies to undertake interagency networking and coordination, community planning, training
- Target the needs of new/emerging communities
- Seed fund new/innovative projects
- Provide core funding

Policy and Planning

- Create a sustained focus on aging at home (not just three years)
- Convene planning tables that engage various ministries and sectors
- Specify and legislate a minimal standard of care for seniors
- Designate seniors as a priority for services, expedite their applications
- Attach funding to the individual so that there is consistency regardless of where the senior lives

Administrative

- Better referral systems to integrate and coordinate care:
 - ⇒ Amongst health service providers
 - ⇒ Between health service providers and Personal Support Worker/the Community Care Access Centre
 - ⇒ Between health service providers and community-based social service agencies
- Reduce paperwork; consolidate application processes

There is a gap in services for the elderly who are not yet 65

“I may be 50 but I have the body of a 90 year-old man.”

- A homeless man.

Within some populations, individuals are geriatric at a much earlier age than the general senior population because of the many stresses that these communities face. Being fifty years old—or even younger—is effectively senior if you are a member of the Aboriginal community, the homeless population, or for people living with disabilities. Most programs and services for seniors, however, have a strict cutoff age of 65, which means that these communities are under-served.

Narrowly defining who is a senior also does not serve the general population. The people that were consulted question the logic of a system that does not allow older people under 65 to receive services like rehabilitation, which would prevent more serious—and costly—health problems down the road.

Fortunately the LHINs have collectively adopted a broad definition of senior for the Aging at Home Strategy that does not specify age. The Strategy will benefit anyone ‘who is dealing with an age-related health condition or age-related disability.’

Changes That Would Make a Difference

The Toronto Central LHIN would benefit more seniors and reach the most marginalized seniors by requesting all grantees of the Aging at Home Strategy to employ the same definition of ‘senior’ as they do.

Section 4. Toronto Central LHIN Action

The suggestions about what seniors need in order to live healthy and independent lives in their own homes is being carefully considered by the LHIN, as it develops its priorities for the Aging at Home Strategy.

The Toronto Central LHIN has a total allocation of \$48 million for the Strategy to spend over the next three years. This money will be disbursed in the following proportions:

- 2008/09—\$6 million
- 2009/10—\$15 million
- 2010/11—\$27 million

The best way to keep apprised of grant opportunities, recent developments, and progress related to the Aging at Home Strategy is to visit the Toronto Central LHIN's website at <http://www.torontocentrallhin.on.ca>

This fiscal year (2008/09), the focus is in two priority areas:

- Supportive services to enable seniors to continue living in apartments and other congregate settings
- Supportive services in the community to reduce long term care home waiting lists

The LHIN also undertook grant activities to support two other priorities:

- Seed monies for community development, so that community-based organizations are better enabled to support seniors
- Build on initiatives supporting seniors outlined in the Toronto Central LHIN's 2007-2010 Integrated Health Service Plan

This community consultation process has been extraordinary because of the interest expressed in this issue, as well as the richness of ideas for positive change. The ideas that participants shared will help the Toronto Central LHIN build a strategy that ensures that seniors in Toronto, should they choose to; have the right supports in place to age safely and with dignity at home. The contribution to the Aging at Home Strategy development for the LHIN has been invaluable because the seniors needing the services have given their input and their voices have been heard.

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You asked—We responded: Aging at Home Strategy, Year One

Seniors' Voices - Common Themes	Aging at Home funded programs 2008/09*	Health Service Provider Program	Out of Scope
Societal change in attitudes towards seniors	Community development	✓	
Support with daily living	Seniors Independence Program, Supportive Housing Services	✓	
Accessible affordable transportation	Toronto Ride 6 new vans		
Assistive devices			X
Safety for seniors	Supportive housing services, transportation	✓	
Recreation & socialization opportunities	Expanded transportation covering additional 8,000 rides	✓	
Services closer to home	Supportive Housing services	✓	
Better support on discharge from hospital	Home at Last	✓	
Individualized care	Balance of Care Seniors Independence Program	✓	
Information portals for seniors' services	www.toronto.communitycareresources.ca Navigation Model		
Affordable housing			X
Food and income security			X
Caregiver respite		✓	
Increased support worker hours	Support housing services, Balance of Care program	✓	
Caregiver financial support		✓	X
Immigrant	Supportive Housing	✓	
Lesbian Gay LGBT		✓	
Homeless Seniors	Supportive Housing Services	✓	
Seniors with Mental Illness	Supportive Housing Services, Mental Health framework	✓	
Francophone seniors	Community development	✓	
Housebound frail seniors	Supportive Housing Services	✓	
Aboriginal seniors	Community development	✓	

* Aging At Home First Year Funding Announcement June 19th, 2008 – www.torontocentrallhin.on.ca

Appendix

List of organizations

1. *416 Community Support for Women*
2. *519 Church St. Community Centre*
3. *Alzheimer Society of Toronto*
4. *Crescent Town Health Centre*
5. *Davenport Perth Neighbourhood Centre*
6. *Don Mills United Church*
7. *Faith Health Initiative*
8. *Family Service Association of Toronto in partnership with
Flemingdon Health Centre
The Afghan Seniors Group*
9. *The Four Villages Community Health Centre:*
10. *Harmony Hall Centre for Seniors*
11. *Kensington Garden Nursing Home*
12. *Korean Senior Citizen Society of Toronto*
13. *LAMP Community Health Centre*
14. *Le Centre D'accueil Heritage*
15. *LOFT Community Services*
16. *Mid Toronto Community Services*
17. *Parkdale Community Health Centre*
18. *Seaton House*
19. *Sistering*
20. *St. Clair West, Services for Seniors*
21. *SPRINT (Senior Peoples' Resources in North Toronto)*

