

With A Little More Help ...
The Housing Needs of Low Income Seniors
&
People With A Physical Disability

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The authors would like to thank the focus group participants for their involvement and their candour. The insights that they provided were of extreme value for this study. It is important that, in any future study regarding their housing needs, seniors and people with disabilities be meaningfully consulted.

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Introduction and Acknowledgements

This preliminary study has been commissioned by the Affordable Housing Action Committee (AHAC) to undertake preliminary research on the housing needs of low income seniors and people with a physical disability. AHAC advises on affordable housing policy development in the Peterborough region and recognized an emerging need based on changing demography – age structure and anecdotal information. There was concern on behalf of AHAC board members that there was an unsubstantiated need in the community for supportive housing and support services for low income seniors and people with a physical disability. The purpose of the study was to assess - through demographic research, a literature review, surveys, and focus groups - the housing available, the gaps in service, and current best practices.

This preliminary study validates AHAC's supposition regarding the above noted service gaps, and paves the way for all levels of government, local community agencies, health care providers, and the managers of seniors housing to implement concrete strategies to meet the needs of these vulnerable populations. This is particularly critical, bearing in mind that the community is on the cusp of a demographic shift of unprecedented proportions.

We wish to thank all the people who assisted us in gathering this valuable information, particularly the seniors and people with disabilities who gave us their time and enthusiasm.

Executive Summary

The demographic trend within the aging population in the City and County of Peterborough is higher than the national average, and will drive housing needs in the municipality in the decades ahead. Allison Jones' research on the continuum of care for seniors is a model that deserves careful examination by all stakeholders. By providing a continuum of care for seniors and for people with disabilities, economic and social benefits could be maximized. The leadership and coordination role of the Local Health Integration Networks (LHIN) for seniors and people with disabilities has the potential to coordinate local objectives and initiatives within the Central East LHIN (CE LHIN).

It is projected that the senior population in the City and County of Peterborough will double by the year 2031 with a consequent projection of an increase in the old age dependency rate to 55.6 with 31% of the population over the age of 65. It is reasonable to assume that a substantial portion of this cohort will require some form of senior appropriate housing and/or home support in the next decade. A possible short-term solution would be to provide in-house services for seniors and people with disabilities in their own home (for example, applying a model of cluster care). However, the planning and development for additional supportive and LTC facilities for seniors need to begin immediately.

Recommendations from this study include: investment in social housing, expansion of in-house services, advocacy, policy and adaptations, informal social supports, and specific attention to rural concerns.

The data collected for this study through a literature review, focus groups, and surveys resulted in identifying some innovative best practices (Fenelon Falls Independent Living Centre, North Renfrew Long-Term Care Services Inc., V.I.P. Home Assistance Program for Veterans, Abbeyfield Housing for People in Need and the Torndalshave Group Home).

Several themes emerged out of the focus groups which should be further investigated. Many of the participants prematurely moved out of their own homes into seniors housing because of the lack of access to in-home supports. Transportation was identified as another key issue, and although it is available for both urban seniors and, and to a lesser degree, rural seniors and people with disabilities, it was considered inadequate and unaffordable. In addition, independent living was of paramount importance to the respondents. They expressed concern about the process to enter long term care (LTC) facilities, expressing a fear that if they turned down a space three times they would either be put at the bottom of the waiting list or taken off the list entirely. This left respondents concerned that they would not be able to age in place in their own homes and would instead have to move into LTC in order to ensure that they had that option available for their care in later years. Aside from transportation and attachment to home and family, rural participants cited few issues specific to rural communities. They did, however, comment that it appeared that most of the funding goes into city programs/services and not into the rural areas.

It is not unrealistic to assume that we may be at a tipping point in terms of our capacity to provide for the future housing needs of low income seniors and people with disabilities. This research study confirms that alternative housing and housing supports are crucial if the City and County of Peterborough (and the provincial and federal governments) are to respond proactively to the demographic changes in this community.

Methodology

The information for this study was collected using the following methodological tools:

- literature review
- explore the significance of the emerging role of LHIN
- demographic research on Peterborough Census Metropolitan Area (CMA)
- assessment of current housing availability for seniors and people with a physical disability
- survey of housing providers, wait list provider, long term care facilities, and seniors and people with disabilities
- focus groups

These tools allowed the researchers to gain a broad perspective on issues related to housing for low income seniors and people with disabilities. The statistical demographic data provided an objective basis to ascertain trends in population age structure, income and disability rate. Further research into this topic would benefit from custom tabulations from Statistics Canada cross referencing age, disability rate and income for the Peterborough CMA and broken down into geographic subunits. Although this data would provide a higher resolution focus on the subject at hand, acquiring this information was outside the scope of the present study.

The surveys fell into two categories—institutional and individuals. Surveys directed to housing providers, long term care facilities and wait list providers were circulated by e-mail. The data collected, which was tabulated and analyzed, provided objective information regarding existing housing capacity, services, and availability of units. The researchers suggest that further research on this topic would benefit from direct face-to-face interviews with service/housing providers rather than relying on electronic communication.

Surveys directed to individual seniors and people with disabilities provided more subjective and detailed information regarding individual circumstances. This method was conducted to determine themes and commonalities among this population group regarding current housing adequacy and potential future needs and service requirements. The researchers found that, although surveying individuals provided useful information, many respondents were not comfortable disclosing financial or other personal information in a written form; this despite the fact that the surveys were conducted in a way to ensure anonymity. Similar to the institutional surveys, the data collected was tabulated and analyzed.

The focus groups were conducted in Norwood, Millbrook and Peterborough (for a total of five focus groups). These sessions engaged the participants in the hope of developing trust and openness, and were successful in this regard in that participants were more comfortable in discussing personal and financial information. Participants' responses reinforced themes and concerns present in the literature review and surveys. The input gathered was clustered around various themes consistent with categories established in the literature review.

There is an abundance of literature regarding housing for low income seniors and people with disabilities. The importance of supportive housing is emphasized in much of this material, and the various parameters for supportive housing are well documented. The Canadian Mortgage and Housing Corporation has conducted valuable research into this topic. Core themes that emerged from this review include the overwhelming change in housing needs as the population ages, the necessity of providing diverse choices in housing for seniors, the importance of converging service needs with housing forms, and accessibility. They also identified the importance of engaging seniors and people with disabilities in determining their housing choices and a changing and crucial role for governments at all levels to plan strategically and develop infrastructure and services to adapt to this critical societal change.

Literature Review

A number of key articles and publications were reviewed. There is an emerging body of literature related to housing needs for seniors, supportive housing, aging in place and the demographic trends that will drive housing needs in the decades ahead. The following is a brief synopsis of the most pertinent materials. The bibliography includes a greater selection of sources for information on these topics.

2001 Census Housing Series: Issue 10 Aging, Residential Mobility and Housing Choices FEB 2006 – CMHA

This study documents trends in housing choice as people age. Principal findings are that home ownership peaks between 60 and 64 and drops at older ages. As a corollary of this pattern, condominium and apartment residency increases with age. Health and family status considerations in choosing to move increased dramatically with age. The study notes that as baby boomers are just reaching age 55, the shift from single detached housing into smaller multiple dwellings is just beginning. However, balancing this trend to move to more manageable housing forms is the attachment seniors have to their own homes and neighbourhoods. Indeed almost 80% of senior households did not move between 1997 and 2002. The study suggests a potential for greater migration to more manageable housing could occur if more housing options were available particularly in neighbourhoods to which long term residents are strongly attached.

Supportive Housing for Seniors -- CMHC 2000

This study is divided into two sections. The first section develops arguments for increased attention to supportive housing options and proposes guidelines and policy initiatives to assist in supportive housing implementation. The second section provides ten case studies of supportive housing facilities across Canada.

The first section begins by describing the unprecedented demographic shift in Canada's age structure, the study notes that the significant increase in the

number of seniors will result in heavy demands on public funding unless there are more efficient means of providing housing and support. Problems are already being experienced meeting the needs of frail elderly in private or public housing or living alone with no support from family and friends. Gains in life expectancy will also increase the number of years seniors will experience health problems that limit activity. Almost half of all Canadians over 65 have some difficulty carrying out the activities of daily life. The number of older people with chronic disabilities will also increase. The decrease in family size since 1961, in combination with a greater degree of mobility among adult children, will continue to curtail the traditional resources for informal support. A higher participation rate for women in the workforce will reduce the ability of women to dedicate time to the traditional role as caregivers. This will reduce both women's capacity to volunteer for support service agencies and their ability to help older parents. The report notes that seniors requiring assistance prefer to live in a residential setting of their choice rather than prematurely moving to a long term care facility. The great desire of seniors to live independently in residential environments for as long as possible, combined with the trend to minimize institutional care for seniors, will maximize the needs for community based housing solutions.

Worth noting, Supportive Housing for Seniors lists the five key components for supportive housing:

Supportive housing includes the following five key components.

1. Residential character
2. Supportive physical environment
3. Access to necessary support services
4. Progressive management philosophy
5. Affordability and choice.

These five components should form the basis for any planning and development of supportive housing facilities and services. The report provides extensive details regarding each component.

The report also recommends six necessary actions to assist Canadian communities effectively deal with the emerging need for supportive housing. An abbreviated version of these actions follows:

1. Municipalities should amend planning and building legislation and codes to improve housing affordability and increase the range of supportive housing options for seniors.
2. Need to develop a mechanism to facilitate information exchange and consultation on senior's needs and preference for housing and support services between stakeholders including seniors and health, housing and support service providers
3. Need for cooperation and coordination between housing, health, and social service sectors to provide a better menu of cost effective housing and service options for seniors from which to choose. This is particularly important for those vulnerable to unnecessarily moving into long term care.
4. Seniors should have more flexible financial options to use their own resources to provide for their care including access to home equity.
5. The housing and support service industries should be encouraged to produce more affordable supportive housing options for seniors.
6. The housing industry should incorporate the key features of Flexhousing -- accessibility, adaptability and affordability in all new types of housing in order to meet the changing needs of growing numbers of seniors who wish to age in place.

The case studies provide worthwhile insight into the diversity of housing forms and practices that fall into the category of supportive housing and are instructive for both developers of supportive housing and service providers.

In summary, Supportive Housing for Seniors is an important guide to understand concepts and practical considerations related to supportive housing.

**The Role of Supportive Housing for Low-Income Seniors in Ontario
Allison Jones, 2007 CPRN Research Report CPRN Social Housing
Internship Program**

This document is of critical importance to the focus of this study, and provides an essential template to interpret issues related to supportive housing for low income seniors in Peterborough City and County.

The author argues that Ontario is at a crucial juncture in planning to house and support a rapidly aging population within a complex context of policy makers, agencies, practitioners, families and seniors themselves. Indeed the fragmentation of policies and programs and lack of clear definition of roles and responsibilities for all stakeholders is a central problem. Jones writes:

Implementing more holistic, integrated policies and programs along a continuum of housing and care will be essential to low income seniors' ability to age in place safely and affordably in the future (p. iv).

The author identified seven key themes that are central to meeting low income seniors housing needs emerged in the literature:

- a philosophical shift,
- integration between sectors,
- an implementation framework,
- funding of all options along the continuum of care,

- case management
- supportive housing program expansion
- the preventive nature of home care
- community support services.

These themes informed her research into three case studies in Peel Region, Halton Region and Renfrew County.

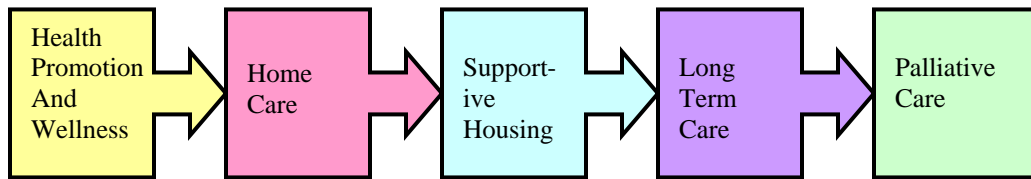
The study also includes fifteen key recommendations that are included as an appendix to this document. These recommendations form a policy context for changes necessary to develop a framework for the evolution of supportive housing and care in Ontario and have great local relevance particularly in terms of planning and coordination of various players and would serve to facilitate aging in place. There are several recommendations that relate specifically to rural situations.

Jones also provides useful definitions of the various terms related to supportive housing and argues that much confusion could be avoided if these terms were consistently employed. In consideration of this imperative, this study applies her definitions in the glossary section of the report.

Jones calls for a client centered approach to supportive housing needs of low income seniors. Seniors need choice and options, but they also require consistency in program availability and delivery.

She examines the current policy context in Ontario. Firstly, there is limited funding for supportive housing, Secondly, service delivery is fragmented. Thirdly, there is limited funding for supportive housing services. Two recent interrelated Provincial initiatives are reviewed—the creation of the Aging at Home Strategy.

An extremely useful concept developed by Jones is the notion of a continuum of senior's care. The spectrum of care is self explanatory as this figure after Jones demonstrates:



The Continuum of Senior Care (after Jones 2007)

Jones points out that in order to maximize the economic and social benefit of this model, resources must be distributed adequately along the breadth of the spectrum. The more resources dedicated to the left side of the continuum, the greater the benefit. In other words, seniors leading a healthy balanced lifestyle will require home care, supportive housing etc. at a later stage in life than without such support.

The Emerging Role of LHIN

The emergence of Local Health Integration Network as major players in the health care field is a recent phenomenon. Enabled by a legislative mandate (Local Health System Integration Act, 2006) their role, to coordinate the delivery of health care services systematically on a regional basis has situated the LHIN as major stakeholders in the delivery of housing and health care services to seniors and people with disabilities. To quote the Provincial web site:

LHIN is a critical part of the evolution of health care in Ontario, making it a system that is patient-focused, results-driven, integrated and sustainable. The LHIN possesses significant decision-making power at the community level which focuses on local community needs and improving health results for patients in every part of the province. The LHIN facilitates effective and efficient integration of health care services, making it easier for people to get the best care in the most appropriate setting, when they need it (Government of Ontario: 2007).

The LHIN also has a major role in the determination of funding allocations for health care services including Long Term Care Facilities, Community Care Access Centres, hospitals, and a number of support services.

The Central East LHIN, which includes Peterborough City and County, has seniors' care as one the four priorities established in its Integrated Health Services Plan. The CE LHIN has been undertaking a major review of seniors' care within its jurisdiction guided by its Seamless Care for Seniors policy framework (Central East Local Health Integration Network: 2006). The CE LHIN has a major role in implementing the Provincial *Aging at Home Strategy* and received \$36,551,365 in three year funding to implement the Aging at Home Strategy (AHS).

The CE LHIN has developed a series of charters dealing with issues ranging from supportive housing, transportation, caregiver health and well being, and

community support services. These are extremely worthwhile initiatives and will provide highly valuable information when completed in 2009.

It is important to understand the leadership and coordination role that the CE LHIN has assumed in the issues surrounding seniors and people with disabilities, care, housing, and support. This role will continue to grow and evolve into the future. Coordinating local objectives and initiatives with the overall CE LHIN mandate in these areas is essential.

Results

Demographic Profile

Seniors

- 27,820 seniors living in the Peterborough CMA
- A significant increase in the number of seniors from 2001 to 2006 (particularly in the 85+ category)
- The median age of Peterborough residents is 42.8 compared with 39.0 provincially
- As of 2006, 19.2% of the City's population was over the age of 65 and 18.4% of the County's population was over the age of 65
- The above percentages are significantly higher than for Ontario where only 13.4% of residents were 65 and over (Statistics Canada: 2006).
- The age cohort from 50-60 years of age represents an additional 14.8% of the combined City/County population (Statistics Canada: 2006b).
- The old age dependency rate is 28.2% in Peterborough County compared with a provincial average of 19.9%
- A projection of dependency ratios to the year 2031 predicts that the old age dependency ratio will increase to 55.8 with 31 % of the population over 65 (Peterborough Social Planning Council: 2008).
- Nationally there has been progress in the income levels of seniors. In 1996 9.8% of seniors lived in poverty whereas in 2004 this decreased to 5.6%; however, single unattached women are still particularly vulnerable (Peterborough Social Planning Council: 2008).
- Between the ages of 60 – 64 there is little difference in the number of women compared with men (51.8%). However this difference increases significantly with age and in the cohort of 85 and over 69.9% of seniors in Peterborough City and County are women (Statistics Canada: 2006b).
- There is some indication that the national trends may not be consistent with census data from the Peterborough region which counters the national trends sited above

- The low income rate for senior men living alone increased from 17.4% to 23.5% between 1995 and 2000, a development which should signal some concern given the increasing percentage of seniors living alone. Attention should be paid to income trends for Peterborough seniors in the future to ascertain whether these particular income trends for seniors living in the Peterborough region are a special case that counters national trends

People with Disabilities

- In 2001, there were 2,000,000 Canadians (10%) between the ages of 15 and 64 living with some degree of disability
- Forty-five percent of people with disabilities were in the labour force compared with 80% of the non-disabled population
- 820,000 disabled people were employed and 98,000 were unemployed
- The unemployment rate was 10.7% compared with 7.1% of the regular population
- The median income of people with disabilities was \$22,600, about 17% lower than median income of non-disabled workers (Statistics Canada: 2006d).
- Nationally between 2001 and 2006 the number of people reporting a disability increased by 21.6%
- Disability increased steadily with age from 11.5% among adults 15-64 to 43.4% by the age of 65 and 56.3% by 75
- Gender differences are also noted from the age of 25 with 15.2% of adult women reporting limitations in activity compared with 13.4% of men
- By the age of sixty-five 57.8% of senior women reported a disability compared with 54.0% of men (Statistics Canada: 2006c)
- The existing ODSP caseload in the City of Peterborough is 2,721 and in the County of Peterborough as of May 2008, 584 for a total caseload of 3,305
- The caseload in both the City and County increased by 9.5% over the period between January 2007 and May 2008. This significant increase in ODSP contrasts with declining rates of OW over the same time period (1.6% City decline and 2.1% County decline) (City of Peterborough: 2008).

Housing Stock in the City and County of Peterborough

Supportive Housing Network

According to the Supportive Housing Network, there were a total of 390 supportive housing units. A total of 107 units were affordable, 224 were RGI and 59 were market rent. As of June 1, 2007 there were 30 units under development, of which 15 were affordable and 15 were RGI. Thirty percent of gross income is defined as the maximum amount to be spent on housing for it to be considered affordable.

Supportive Housing Facts

Kawartha Participation Projects added 35 units to their supply in the early 2000s as well as 5 off-site units in 2003. In the recent allocation, KPP will have access to 30 new units. However, the waiting list for KPP remains significant with over 1000 applicants as of November 2006.

Non-Profit Housing Stock – Dedicated Seniors Housing and Accessible Units (Information from Housing Access Peterborough application)

- 718 dedicated senior units*
- 61 accessible units**
- 122 modified units (not necessarily wheelchair accessible)

* Seniors may also apply for housing in family housing communities.

** Accessible units are not considered supportive housing unless they have support services attached.

Note: Some of these units are market rent units, and the balance is R.G.I. or rent supplement units.

Summary of Seniors/People with a Physical Disability Waiting for Housing in the City and County of Peterborough

- 377 seniors 60+ year of age with incomes below LICO on the Housing Access Peterborough housing registry – as of September 10, 2008

- 309 seniors between 50 and 60 years of age with incomes below LICO on the Housing Access Peterborough housing registry – as of September 10, 2008
- 83 of the people on the Housing Access Peterborough housing registry require a wheelchair accessible unit and/or a modified unit

Survey Results

Long Term Care Survey Results

- 3 LTC facilities responded but one of the surveys had no information on it
- Total number of beds 528 for the three LTC respondents – but with the two that had information a total of 428 beds
- One of the LTC respondents stated that approximately 10% of their residents were prematurely housed and the other cited 3.5%. This means that a total of 31 residents are considered prematurely housed.
- The reasons given for the residents being prematurely housed:
 - No alternative housing available to meet their needs
 - Not financially able to afford alternative housing that would better meet their needs
 - There is no suitable housing in the Peterborough area which would mean relocation to a different community
 - Financial
 - No other place for them
 - Require supervision for medication
 - Need a stable environment and routines
 - Minimal care needs
 - Minimal medical needs
- When asked what would be considered a better housing alternative for residents that are prematurely housed
 - Younger physically challenged need a setting suited to meet their needs
 - Local supportive psychiatric services for both placement and treatment with supportive housing for adults who do not require LTC
 - Housing to meet the challenges that people with brain injuries face
 - Supportive housing for people with health services who are young
 - Affordable, supervised housing with provision of medication, meals and socialization
 - Appropriate placement/housing in small communities as funding and resources are limited

- Housing needs to meet the individual's needs including housing for younger individuals who have special needs
- When asked if any of their residents who are prematurely housed would be willing to participate in a further study:
 - The decision would be up to the resident for the most part
 - Some would not understand and would perhaps feel threatened by this type of conversation – fear of having to move
 - Suggested a survey that residents and/or their family members could fill out if they expressed an interest

Analysis

The question of premature housing and LTC is difficult to determine given a lack of qualitative and quantitative tools to measure health and care needs. This is evident in the variation in the responses from the LTC facilities. It is important to note that reasons given for premature housing in LTC are the lack of alternative housing available and financial reasons. In particular, it was stated that there is no suitable housing in the Peterborough area and it would mean relocation to a different community – further isolating seniors and people with disabilities. There is a lack of supportive housing that meets the needs of younger LTC residents who are either physically disabled, have mental health issues, or have brain injuries.

Social Housing Providers Survey Results

Eight social housing providers responded to the surveys. Below is a summary of their responses.

- Portfolio of existing units: 1,887.
- 17.6% of the tenants had physical disabilities
- Of the tenants with physical disabilities only 36% were appropriately housed
- 89.5% of the tenants 60+ (in family housing and seniors housing) were receiving a rent subsidy.

Analysis

Approximately 280 of these individuals have disabilities and the providers reported that only 36% of these individuals were appropriately housed. This means that only 103 are appropriately housed and approximately 180 are

inappropriately housed. This finding again underscores the lack of appropriate housing for people with disabilities and, by our calculations, is only a very small portion of the social housing stock in the City and County of Peterborough. Although these are a rough approximation they infer a very serious gap in appropriate housing type for people in both LTC and social housing.

Individual respondents: Seniors and People with Physical Disabilities

Survey Results

- 140 respondents
- 8% male and 82% female
- Age breakdown
 - 8.6% of the respondents were in their 60s
 - 25.8% of the respondents were in their 70s
 - 60.9% of the respondents were in their 80s
 - 4.7% of the respondents were in their 90s
- 85.7% of all respondents indicated that their current home met their needs
- 19.3% of the survey respondents owned their own homes
- 78.6% of respondents resided in senior oriented housing
- 44.3% of respondents had RGI
- 42.9% paid market rent (and the others did not know or did not answer the question)
- 55.6% indicated that they lived alone
- 36.5% lived with a spouse
- 20% did not have enough money to live on
- 7.1% did not know whether or not they had enough money to live on
- 16.4% of respondents were concerned that others may recommend they move into LTC before they are “ready”
- 22.1% of respondents still drove

- 22% of all survey respondents stated they had special transportation needs
- 25.7% of rural respondents stated they needed special transportation and 48.6% said they did not (a large number of respondents did not answer this question)
- 20.1% of urban respondents stated they needed special transportation and 61.2 stated they did not (again a large number of respondents did not answer this question)
- 21.4% of the respondents had difficulty grocery shopping and running errands and getting to appointments
- 68.6% of all respondents cooked a hot meal everyday and 30% did not
- 77.1% of rural respondents cooked a hot meal everyday and 22.9% did not
- 65.7% of urban respondents cooked a hot meal daily and 32.4% did not
- 45.7% would use a dining facility if there was one available in their residential community, 30.7% would not and 17% did not know
- 20% of respondents had a difficult time doing laundry
- 15% of respondents feel overly dependent on family members and friends
- 12% of the respondents used a personal distress alarm system
- 30.7% of respondents spent most of their time alone
- 90% had daily contact with someone daily – family member, friend or service provider
- 23.6% of respondents would like more opportunities to socialize with other people
- 89.3% of respondents felt that living in a safe home was important to them
- 49.3% of respondents felt that transportation was important to them
- 25% felt hot meals were important
- 52.8% felt having friends close to where you live is important
- 38.6% felt social activities were important

- 57% felt having family nearby to help was important

Analysis

There was a high ratio of female to male in both the surveys and focus groups. A significant proportion of the respondents felt that there were service requirements that were not being met in their current accommodations. 20% of the respondents had a difficult time doing laundry, 25% felt hot meals were important and 21.4% had a difficult time doing grocery shopping and almost 50% would use a dining facility if it was available in their housing community. These residential services are all important elements in the provision of supportive housing. One could infer that the provision of some or all of these supports would encourage longer residency in senior oriented housing. That 12% of the respondents relied on a personal distress alarm system indicates a degree of frailty or disability that is a concern to the individual, their family or caregiver. A different dimension of the survey results underscores the importance the respondents place in their various social support networks. 57% felt having family near by was important and almost 53% felt having friends close by was important. However, the priority for all respondents was living in a safe home.

Focus Groups Summary and Analysis

During the focus groups several themes emerged and have been placed within categories:

Service Issues

The theme of service issues emerged often and appeared to be a worry for many of the focus group participants. Important to note is that many participants mentioned they sold their homes before they really wanted to because of the lack of services available to them that would allow them to maintain their homes – reasons such as accessibility for their physical disabilities and lack of services for homecare and yard care. Moving into a seniors unit, however, allowed them to

maintain their independent living. Interestingly, the reasons participants gave for selling their homes and making the decision to move into seniors communities were very similar to the fears they had about having to move into LTC before they really wanted to or were ready to. Some participants said they had a few hours of week of homecare but they felt they needed slightly more service in order to continue to live independently. It was noted over and over again that if more services were provided to them in their apartments they would not worry as much about having to move into LTC before their time.

Participants who still lived in their own homes enquired whether services would be available if the time came when they needed them. This appeared to be a concern for those who currently lived in their own homes and for those who lived in senior communities. Community Care and Activity Haven were named as great resource for seniors but more services are needed in-home.

Some of the in-home or in-community services that were mentioned were having a cook come in to make meals in the community kitchens and serve meals in the common rooms – one hot meal a day would be sufficient to the participants. A few of the female participants said they would love not to have to cook hot meals for their husbands and it would be beneficial to have the one hot meal a day prepared for them.

Some of the other services the participants mentioned were items such as a health nurse coming in to take blood because it was so difficult to get out to these appointments. Even though the handi-van and Community Care would provide transportation they often had to wait several hours to be picked up and taken home. Having a cleaning person come in to do some of the more difficult housework was of interest to many of the participants. Some of the participants had housekeepers but said it was very expensive.

Because it is often difficult for seniors and people with disabilities to get to and from programs in the community they would like to see people come in to do massage therapy, a person to come and take them out for outings – even for an hour or so, armchair exercises, tai chi, and reflexology.

Another key factor that emerged was proximity to family and housing affordability. Participants said that if they had one major repair to do on their homes it would throw them into a major financial crisis. Participants who paid full market rent for their housing in senior communities felt a sense of comfort in that if their financial resources became drained they would be able to get RGI.

There was a high ratio of female to male in both the surveys and focus groups. Considering that the vast majority of the respondents reside in seniors housing and, notwithstanding the fact that the focus group showed that many of the respondents would have liked to stay in their own homes for longer, there is a high level of satisfaction with their current living arrangements.

The participants who moved from their own homes into a senior community were fearful that if they had remained in their homes that one major repair could create a financial crisis. Those still living in their own homes stated they were not sure how much longer they could manage the upkeep of their homes.

The results for requiring special transportation was interesting – only 22% of all survey respondents stated they had special transportation needs and 58.6% stated they did not – 5% did not know and 1.4% did not answer. However, out of the rural respondents who answered yes or no on the survey, 25.7% of survey respondents said they did need special transportation and 48.6% said they did not. Similarly, 20.1% of the urban respondents stated they needed special transportation and 61.2 stated they did not. This is contrary to what we heard from the focus group respondents.

Transportation

Transportation appeared to be as much an issue for both the rural and the urban participants and the issue came up several times at each of the focus groups. Even though there is some transportation it does not meet their needs. In one of the rural areas it was mentioned that a bus comes once a week to the bus station to go into Peterborough. One woman stated that her husband is in LTC and she lost her licence and cannot drive any more. One participant lived in a rural area outside of the municipality and sold her home. Her daughter moved to Peterborough and so she decided to move to Peterborough but feels lonely because she moved away from her friends and social support network.

All participants at one of the rural focus groups suggested a mini van or a regular bus service be made available to take them into Peterborough to shop and for other social outings. The participants mentioned that the Care Mobile and Community Care's transportation service is good but there are not enough volunteer drivers and you have to call a week in advance to book it. One participant even stated that "we are living longer and are healthier and more active than past generations, with global warming and people giving up driving why not have an incentive program for transportation so we can continue to be active in our communities." Another participant wondered if a handi-van couldn't be purchased to go around to the senior residences – a shared van between all of the communities.

In one of the senior communities about one third of the senior tenants still drove and said they take other tenants with them when they go on outings.

Independent Living

Certain respondents indicated the importance of independent living "you feel good about yourself". They noted that independent living was important to them without enduring too much change. To quote one respondent: "with a little bit of

help you may be independent for a long period of time.” Indeed this statement summarizes the core findings of this report.

Long Term Care

The focus groups discussed issues related to LTC. A number indicated that if there were more services, for example, nursing and dietary care, they could age-in-place for a longer period of time. Another theme that emerged was concern about the process to enter LTC i.e. the long waiting list. As one respondent indicated “After three strikes for a LTC place you are off the preferred list.” Seniors feel pressured to move into a LTC facility even if they are not ready. Several expressed concerns related to losing friends in current living environments if and when they moved into LTC. One participant stated “being able to move from one kind of housing to another in the same community would mean you can stay with people you know as you age.” It appears that the LTC placement process may actually hasten individual placement in a LTC facility.

Proximity to Family

A significant number of respondents indicated that their choice of location for seniors housing was determined by the proximity to relatives. One respondent indicated “I was sick and my daughter thought that if I moved here she would be handy.” Another indicated that her son helps a lot. The final point from the perspective of psychological and emotional well being is that as one respondent said “lonely is very hard.”

Home Maintenance

The focus group participants reinforced many of the findings from the literature review that a major driver for people to give up their own homes and independent living was their diminishing capacity with age financially and physically to maintain their private residences. As one respondent said “All the outside work got to be too much. I would sooner be in my own home if I could have managed it. I spent a lot of time outside. If I had help I would have stayed in my home.” As

another respondent indicated “Women on their own in their own homes don’t get treated fairly by contractors, like the furnace guy. They run all over you.” The testimony of focus group seniors and people with disabilities provides credence to the importance of developing programs that provide affordable home maintenance services in order to assist seniors and people with disabilities remain in their own homes.

Income

A number of participants indicated that affordability is a critical factor in determining their housing choice. Some expressed fears that rent costs would increase or that increases in property taxes would drive them from their own homes. Some indicated that the price of private facilities was well beyond their reach.

Rural Issues

Surprisingly, few of the participants cited issues specific to rural communities. However, one commented that Community Care is the only service available in rural areas and another noted that there was a need for more satellite offices for different services to meet the needs of the people who need the service. One responded indicated that there was a disparity in resource allocation and state that “All the money goes to Peterborough not to Norwood.”

Access and Disability Issues

Many indicated that a driver to move to seniors housing was the increased accessibility provided at those facilities as opposed to their previous residential situation. One participant claimed “My wheelchair brought me here.” Easy access to laundry facilities was seen as a positive to participants and lack of access as a negative to others. As one participant suggested “We need a laundry room on each floor. We only have 3 machines for 44 apartments; sometimes they can’t be used by residents because the personal support workers are using them.”

Facility Environment—Residential character

A significant number of participants indicated that their quality of life was greatly enhanced by a number of amenities, programs and events available in their senior communities. One indicated “There is so much going on, great friends. I don’t have any family.” Another said “There is so much going on I don’t have enough time to read.” Friendliness and respect for others were important attributes for these communities. One participant said “there is a lot respect among people of different paths.” The only negative comment came from one individual who said “I don’t like the gossip.”

Other

Other comments included admiration for the administrator and the open door policy to communicate with management. Another indicated “nurses in LTC should be paid more.” Two respondents indicated that the place they are living was not their first choice and one said “my first choice was Millbrook but this place came up first.” Interesting to note is that seniors are concerned about the well being of the broader community. One person mentioned that “there is a lot for seniors. I worry about the kids in the community – there is nothing for them.”

Best Practices

Through the literature review and the focus groups/survey results a number of best practices were identified. The common theme, however, was a move away from the provision of more long term beds, relying instead on services that kept seniors in their homes and their communities as long as possible. Denmark and Sweden have been pioneers in making elder care a priority and, for the past three decades, have been focusing on what Allison Jones would refer to as “the left hand side of the continuum of care”. In other words, the focus is on enabling seniors to live healthy, active, and balanced lives, and providing holistic cost-effective support services (Toronto Star: 2008).

The following specific examples of a variety of best practices, which could warrant further consideration, are local, regional, national, and international. These best practices were considered from the perspective of a preliminary study. In further research it would be important to establish agreed upon criteria for determining “best practices”.

- **Fenelon Falls Independent Living Centre, Fenelon Falls, Ontario:** a satellite agency of Community Care. Supportive housing, respite care, an adult day care program, Diner’s Club, Meals on Wheels, Friendly Visiting, and Emergency Response
- **North Renfrew Long-Term Care Services Inc. – Supportive Care Apartment Program, Deep River, Ontario** – a combination of long term care beds with self-contained supportive housing units.
- **V.I.P. Home Assistance Program for Veterans – Canada:** Financial assistance for home maintenance is provided for Veterans which is a cost effective strategy to enable veterans to stay in their own homes.

- **Abbeyfield Housing for People in Need** Supportive care houses in which a number of seniors live together supported by staff. Started in the United Kingdom over 50 years ago. Is now worldwide (including Canada) with over 1,100 Abbeyfield houses with 9,000 residents. Note: The Abbeyfield Houses Society of Canada will assist in the development of Abbeyfield homes (Abbeyfield).
- **Torndalshave Group Home, Copenhagen, Denmark** (for people with dementia): see Atkinson fellowship 2008 series in Toronto Star for both the philosophy and practical approaches to housing the elderly in Denmark (The Star: 2008).

Limitations of the Study

- The scope of this research study was such that people with cognitive and/or mental health challenges were not included. It is critical that these groups be included in any future studies. This is particularly important when it is considered that some individuals with a cognitive disability are placed in long term care facilities when they could be more suitably placed if appropriate supportive housing was available.
- The major drivers for the study were housing and low income. It immediately became apparent that the housing needs of low income seniors and people with a physical disability are complex, and can not be examined without addressing the issues of support (formal and informal), access to health facilities, transportation, etc. Even though we recognized this was a preliminary study, it was challenging to explore the interrelated issues adequately within the hours allocated.
- Communication, especially with service providers in the rural areas, was primarily done electronically. Time did not permit us to have one to one conversations with key stakeholders and service providers –especially in the rural community. An in-depth study would benefit from face-to-face contact.
- Statistics for people with disabilities in the CMAs will require custom tabulations – Peterborough City and County are discrete CMAs.
- Geography of the area - 1,886,3058 square kilometres with a population density of 61.8 per square kilometre (Statistics Canada: 2006d) makes it difficult to research. Researchers were only able to conduct focus groups in two of the eight rural municipalities. In view of the distinct and unique characteristics of rural communities it would be beneficial to expand focus groups to all eight rural municipalities.

Principal Findings

These principal findings have been developed in recognition of the fact that seniors and people with disabilities are a vital and vibrant element of our community and not a population simply to be managed.

- Seniors and people with disabilities need to have choice in decisions affecting where and how they live. Seniors overwhelmingly indicate that their preference is to remain in their own homes.
- Continuum of care from independent living to palliative care provides a best practices model for program development and resource allocation. (Jones article)
- Aging in Place -- provincial policy and concept. This initiative provides funding for the LHIN to develop strategies, programs, and services that assist seniors and people with disabilities to remain in their preferred place of residence for prolonged periods of time.
- The creation of the LHIN has created a body that has the potential to coordinate and enhance service delivery through the continuum of care.
- Rural versus urban. Rural seniors require particular solutions suited to their circumstances. For example, transportation and accessibility to services is more limited in rural areas than urban areas. In Peterborough County the highest percentage of seniors live in municipalities that are furthest away from the City of Peterborough. Rural municipalities have less fiscal and administrative capacity to provide needed services locally. Nonetheless, people with disabilities and seniors living in rural areas have strong connections to place and to informal social support networks in their home communities.

- Demographic age wave 2009-2031 planning framework. Lack of coordinated planning for a rapidly aging population encountering a complex and often fragmented health, social services, and housing system will lead to both less than ideal outcomes for individuals and a less than efficient use of public resources.
- Municipalities have a strong role in terms of adapting planning practices to provide flexible housing options. For example, planning for higher density communities, accessory suites; development guidelines to encourage accessible units, and manageable properties that will meet the needs of a large number of seniors and people with disabilities.
- Low income seniors and people with physical disabilities currently in social housing will need access to services in order to age in place -- health care and health promotion. However, the legislative requirement that residents in social housing need to be capable of independent living in order to remain in that housing (unless it is deemed to be supportive housing) becomes a significant barrier to real and meaningful aging in place.
- Social housing context – the inadequate number of units to meet current needs combined very large and long chronological waiting lists for non dedicated housing means that seniors on that list (377) who wish to live in non-dedicated housing may have to wait up to 10 years to be housed. However, if they wish to apply to dedicated seniors housing they cannot add their name to the list until they are at least 60 years of age and may, depending on the housing community they choose, also have a lengthy wait before being housed.
- Seniors living in non-profit RGI housing (as opposed to supportive housing) are required to live independently. If they can no longer live independently,

and are personally unable to access the supports they need to do so, they are required to move. The consequences of this regulatory framework mean that seniors are forced out of their chosen communities and, because of the fear of losing their housing, they are less likely to disclose their need for support. The result is that, without an option for supportive housing being available, they may then be prematurely placed in LTC.

- Our hypothesis is that currently there is inadequate affordable supportive housing and services for people on ODSP. The number of people on ODSP is increasing at a rate faster than the general population growth.
- An accessible unit is only considered a supportive unit if support services are formally attached to the unit. Applicants are only considered eligible to be housed in that unit if they require the support services.
- It will be extremely important to match the need with available units and resources. Some social housing units could possibly be transformed into supportive units if support services, for example nursing care, are made available onsite.
- Support service delivery through the CCAC, Community Care, LHIN etc. need integration.
- A strong driver for seniors to move into seniors housing appears to be lack of resources or capacity to maintain their private residence rather than isolation or loneliness although opportunities to socialize and recreate with other seniors is important. VIP program for veterans, where resources for maintenance and upkeep are available, which enable veterans to remain in their homes, is a model that could be expanded to seniors and people with a disability.

- Informal social support networks composed of family and friends are extremely important to seniors and people with disabilities
- Need more than bricks and mortar solutions - an integrated strategy that brings together all partners including municipal government (housing and social services divisions), social housing providers and support agencies, long term care providers, support agencies like Community Care, Central East LHIN, health care providers, CMHA, MOHLTC, MMAH, MCSS.
- Transportation remains a key issue, especially in rural communities.
- Public investment in supportive housing has been shown to be a cost effective alternative to LTC.
- Funding should be distributed along the breadth of the care continuum (particularly to the left of the continuum) with regard to supporting and enabling seniors to lead a healthy and balanced life.
- The rapid increase of seniors with corresponding projected dependency ratios makes the issue of planning for supportive care extremely crucial at this time in this jurisdiction.
- All services and housing options for seniors and people with disabilities should be client centred with seniors and people with disabilities fully engaged in the planning of the delivery of these services in order that they have a voice in the decisions that so intimately affect their quality of life.

Conclusions

It is of the utmost importance that all stakeholders develop integrated planning models for service delivery and housing development. The demographic changes that are underway will create complex challenges to virtually every health, human, and municipal service that is currently delivered in our communities. A fundamental philosophic shift is necessary to allow our community to engage the vast social transformation that our aging demographic will require.

In summary, the Peterborough region is experiencing a significant demographic shift in age and dependency ratios. Although these trends are apparent nationally and provincially, they are amplified in the Peterborough region. This shift will dramatically increase in the years ahead. Housing, health care, and support service needs change significantly with age. The seniors population will slightly more than double by 2031. In practical terms this means that all the housing, care facilities and services available in the community at present for seniors will have to double in capacity to maintain the current service levels let alone enhance existing levels of service. While nationally incomes for seniors have improved, there is some evidence that this may not entirely be the case in Peterborough. There is a growth in the rate of disability among all Canadians and this is especially true for seniors. People are living longer, but as they age the rate of disability increases. The number of city and county residents receiving benefits from the Ontario Disability Support Program is increasing at a rate that far exceeds population increase. By definition, these individuals and their families live below the LICO. It goes without saying that many if not all of these individuals and families would benefit from improved housing and access to services. All of the above factors combined reveal a dramatic increase in the need for improved supportive housing and services for seniors and people with disabilities in the years to come. These realities reveal the portrait of an emerging crisis.

Recommendations

Social Housing

1. Using the continuum of care model proposed by Jones, by providing appropriate resources for people living independently and those living in social housing units, appropriate programs can extend their occupancies preventing the necessity for premature placement in LTC facilities. For example, information gathered through the focus groups indicated that a principal driver for moving into dedicated seniors housing was the lack of capacity for home maintenance combined with accessibility issues in the home. The VIP program for veterans, which costs between \$2,000 and \$3,000 per year per beneficiary, provides home maintenance services that have been shown to extend people's capacity to live independently. Similar strategies that support aging in place or aging at home are an important priority. The value of this sort of program cannot be underestimated in terms of cost benefit and quality of life.
2. Although independent living is valued by residence there is capacity within existing social housing stock that was surveyed, e.g. Millbrook Manor and Inglewood Seniors Residence to provide fully supportive housing with little additional capital improvement (see Supportive Housing Key Components in Literature Review). By using the five key components for supportive housing for seniors, the existing housing stock could be analyzed in order to develop a plan of action to transform some units into supportive housing for seniors and people with disabilities.
3. Given the chronic under-funding for new social housing development in Ontario, it is important to develop supportive housing solutions that utilize existing housing resources. These include existing social housing units, individual residences, or rental accommodations.

Services

1. Cluster care, essentially the offering of personal care services to a group of clients who live near each other, should be explored as a cost-effective, viable resource to enable people to remain in their homes. KPP has been providing cluster care informally on a very small scale for many years. Formalizing or expanding cluster care in this community may be one of the recommendations to the CE-LHIN next year from the LHIN Supportive Housing Project Team.
2. It is of singular importance that all stakeholders involved in seniors housing, health care, home care, and social support networks (both formal and informal) begin to harmonize and integrate service delivery and housing services.

Advocacy

1. There is a compelling need to advocate to upper levels of government – both provincial and federal - that coordinated policy development and implementation of policies related to seniors housing and housing for people with disabilities be undertaken. There is a central role for municipal governments and regional bodies e.g. Health Units, to articulate to higher levels of government the need for a concrete policy and resource framework to help these bodies adapt to housing and support needs for seniors and people with physical disabilities.

Policy & Adaptations

1. Planning policies that promote accessory units, for example granny flats, are extremely important for local municipalities. The planning and development

industry has to conform to new development to meet the needs of an aging population

2. The focus of seniors within the LHIN philosophy could readily, by default, be expanded to include people with physical disabilities.
3. Regulatory frameworks, for example the requirement that seniors living in RGI non-profit housing (as opposed to supportive housing) must be capable of independent living, need to be reappraised and possibly adjusted.
4. Any future, more comprehensive, studies should include stakeholder sessions and focus groups in each of the eight rural municipalities.
5. Network with private retirement communities in Peterborough City and County to learn whether the resources/programs they offer could be duplicated for low-income seniors.
6. Studies are coming out of the CE LHIN that provide important information for community planning. The initiatives of the CE LHIN around seamless aging are extremely important, and strategies to integrate their efforts into the Peterborough context should be developed.
7. There is an abundance of information but lack of concrete plans and strategies to implement some of the excellent ideas. There needs to be the infrastructure in place to move some of the recommendations forward.

Informal Social Supports

1. Informal social support networks cannot be underestimated in terms of the value they provide to both senior care and care for people with physical

disabilities. Indeed, the focus group input reinforces the importance of proximity to family members and friends as a determinant of their selection of housing location. Strategies should be developed to enhance the capacity of informal social support networks.

Rural Concerns

1. Seniors and people with disabilities living in rural areas must have better access to services. The services provided by local Community Care centres in rural communities are essential. However, resources - including volunteer capacity - are over-extended and will be compromised as the population ages. This most effective model for service delivery in rural areas requires additional recognition and support. The Community Care model is also important because it develops informal social networks among volunteers who are younger seniors (developing social capital/civil society). We understand that local studies through Trent University have looked at the volunteer base – we have to look at coordinating research on volunteers. It is important to note that the older the population and the wider the percentage difference between men and women – widowed women have lower incomes than widowers and older women report more mobility difficulties than older men – the more important it is to resolve issues of housing suitability and affordability and the provision of cost-effective support services.

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APPENDIX I

Glossary of Terms

Researcher Allison Jones suggests in her study, *The Role of Supportive Housing for Low-Income Seniors in Ontario*, that consistent terminology is an important tool to avoid much of the confusion that surrounds the language used in the context of supportive housing. To provide consistency many of the terms defined below are based on her definitions in the above noted paper:

Accessible Unit

"By accessibility I mean the following definition: accessibility is that which enables people to achieve their full potential." (Lieutenant Governor Ontario David Onley)

From the above definition, an accessible unit is one that is not only barrier free, but also incorporates assistive devices, and services, etc. such that a person with disabilities can lead a life unhindered by physical restrictions.

Adequate Housing

Housing that can be maintained within human and financial resources available.

Affordable Housing

Shelter costs that do not exceed 30% of gross annual income are deemed to be affordable. This threshold is used by CMHC and is generally accepted by stakeholders in the housing environment. Low and moderate income households are frequently incapable of procuring all life essentials when this 30% guideline is exceeded. Note that the term shelter cost implies the total cost of rent plus utilities such as heat, electricity and hot water (AHAC—Housing is Fundamental, 2007). Example: Have to have an annual income of \$27,880 for a one-bedroom apartment in Peterborough for housing to be affordable (Housing is Fundamental)

Aging in Place

The process by which seniors are able to grow older in the familiar and comfortable surroundings of their homes while being provided with the assistance necessary to maintain a relatively independent lifestyle (Heumann and Boldy, 1993).

Assisted Living

Formal and informal supports provided to the individual who require them in situ.

CCAC

Community Care Access Centre

Cluster Care:

Cluster care offers personal care services to a group of clients who live near each other.

Dependency Ratio

- **Child dependency ratio:** The number of children ages 0-14 years relative to the total population ages 15-65 years of age
- **Aged dependency ratio:** Total number of people ages 65+ relative to the total population ages 15-64 years
- **Total dependency ratio:** Total number of children (0-14 years) and older adults (65+) relative to the rest of the population (ages 15-64 years). (Peterborough County-City Health Unit, Metrics and Planning City of Toronto Public Health, December 2001 "Chart Book of Dependency Ratios and Population Estimates).

Disability

As defined by Ontario disability support Program:

A substantial mental or physical disability that:

- is continuous or recurrent
- is expected to last for a year or more
- significantly limits your ability to work, look after yourself, or get out in the community, and
- has been verified by an approved health professional

LHIN

Local Health Integration Network – bodies that resulted in the restructuring of the Ontario Health Services in 2006

Long Term Care Facility

Long-term care homes are designed for people who require supervision and for whom 24-hour nursing care must be available in a secure setting. In general, long-term care homes offer higher levels of personal care and support than what is provided in supportive housing or retirement homes. (Jones 2007)

Low-Income

Generally defined by the Low Income Cut Off (LICO)

LICO (before tax) 2005

Rural -- \$14, 303 (1 person) and \$17,807 (2 people)

Urban--\$17,784 (1 person) and \$22,000 (2 people) (Canadian Council for Social Development).

L.T.C.

Long term care facility

ODSP

Ontario Disability Support Program -- Income support program designed for people with disabilities who are unable maintain employment. Administered through the Consolidated Municipal Service Manager (CMSM). The cost of this program is to be assumed totally by the Province of Ontario by 2011.

OW

Ontario Works -- Income support that is cost shared between the Province and Municipal government. Locally, Ontario works is administered by the City of Peterborough acting as a Consolidated Municipal Service Manager.

Rent Geared to Income (RGI)

Financial assistance given to a housing provider so that a qualified household can pay rent based on their income. (Rent-Geared-to-Income Guide Social Housing Program Administration, City of Toronto 2005)

Senior

Any person 60+ years of age and no longer employed. *Issues and Options for an Aging Population* use young old, middle, old, and frail old.

Social Housing

Ontario's Ministry of Municipal Affairs and Housing defines social housing as any housing for which the owner receives a subsidy. There are four broad types of social housing: public housing owned and operated by the municipality; non-profit housing; co-operative housing; and privately owned housing where the landlord receives a government issued rent supplement for low-income tenants. Government subsidies ensure that social housing tenants pay rent-geared-to-income (RGI) and do not spend more than 30 percent of their total monthly income on rent.

Supportive Housing

Any housing form in which support services can be realized (Housing is Fundamental) -- can range from congregate building with supportive features to personal care services delivered in one's own home.

Suitable Housing

Housing which is affordable, adequately supported, size appropriate, energy efficient and in good repair.

APPENDIX II

Excerpt from “The Role of Supportive Housing for Low-Income Seniors in Ontario”

by Allison Jones

The following suggestions are informed by interview responses from key informants, provincial, national and international literature and successful case examples that can offer insight into how supportive housing can be expanded and improved province wide:

- 1. Form an inter-ministerial committee to address both housing and support services** for new supportive housing development for seniors. The Ontario Ministry of Municipal Affairs and Housing (MMAH) and the Ontario Ministry of Health and Long-Term Care (MOHLTC) should work closely to coordinate programs and funding to expand Ontario’s current supportive housing stock.
- 2. Develop policy initiatives through the MMAH and the MOHLTC that bring together social housing providers and Local Health Integrations Networks (LHINs)** to facilitate greater coordination and integration of care for low-income seniors.
- 3. Coordinate funding for capital, operations and support services and release it as a package**, similar to British Columbia’s supportive housing program examples. This will help streamline the patchwork of service delivery due to limited funds, reduce the number of seniors on waiting lists for supportive housing, and address the imbalance of supportive housing available across the province.
- 4. Review the MOHLTC Supportive Housing Program and revise it to increase flexibility.** The program was established in 1994. LHINs are likely to list supportive housing as a top priority in many regions. Program revision could increase access and resources for supportive services in the future.
- 5. Disburse the MOHLTC home and community care funds for wrap around, client centred services that encourage aging at home.** Allocate funding appropriately and adequately to home care, prevention programs, community support services, supportive housing, long-term care and post-acute care.
- 6. Continue to build partnerships between supportive housing programs and universities** that foster research and present empirical evidence on the impacts of supportive housing for seniors that are needed to influence policy.

7. Create a consistent indicator system for province-wide implementation that measures outcomes and builds data on supportive housing benefits and costs in Ontario.

8. Implement a moderate supportive housing program, such as the Seniors' Supportive Housing Program in BC, to retrofit existing social housing stock for accessibility and add community support services such as homemaking and meal preparation.

9. Develop a standardized system to track existing supportive housing and new development that complements municipal governments' tracking of their seniors' housing portfolios. A centralized information system with accurate information that uses consistent terminology would serve seniors, local governments, health care providers, policy-makers and social housing managers.

10. Consider conversions to supportive housing, particularly in rural areas that may be "over bedded" with long-term care and retirement home beds. Private rooms can be converted to subsidized supportive housing units and are more cost-effective to maintain.

11. Review the home and community care selection process in rural areas to ensure that providers are chosen that are best suited to the community. Home care organizations familiar with seniors' barriers to aging in place in rural areas have the capacity to serve seniors best.

12. Assess needs for supportive housing in rural areas and other underserved areas of Ontario and prioritize new development in these locations. Diverse partnerships are needed to make supportive housing possible in rural locations and should be encouraged to reduce the financial deficit due to a lack of economies of scale.

13. Encourage local, cross-sectoral partnerships for supportive housing education and awareness, planning and operations. The more that housing, health and support service sectors are actively engaged in supportive housing development, the more that integrated, holistic models can be realized at the local level.

14. Avoid substitution of one housing and care combination for another. Support for the essential role of *all* housing and care options along the seniors' supportive housing continuum is crucial to a successfully integrated health, housing and support service system for seniors.

15. Consult with supportive housing providers, health and support services professionals, housing managers, seniors and other stakeholders to develop a common framework that can be applied consistently across the province for supportive housing implementation.



2009 HOUSING BY THE NUMBERS

CITY and COUNTY FINANCIAL SUPPORT FOR HOUSING

Social Housing – portfolio of existing rental housing projects

1,887	Number of Social Housing rental units in the City & County of Peterborough Provided by: <ul style="list-style-type: none"> • Peterborough Housing Corporation – the largest operator • Twenty (20) other non-profit providers in the City and County
\$10M	Amount provided annually by the City and County to subsidize rental revenue
\$0.85M	Amount provided by the City and County for repairs in 2008
\$2.55M	Amount approved in principle for future repairs, pending budget approval for 2009-10

New Affordable Housing

416	Number of Affordable Rental Housing units in 14 project locations
30	Number of loans provided to assist with affordable home ownership
\$20M	Amount provided by province under the Affordable Housing Program (AHP) The City and County may provide: <ul style="list-style-type: none"> • Property tax reductions for new multi-residential buildings • Waiver of development charges, planning act and some building permit fees • Land ~ three sites • Grants to finance modifications to improve accessibility for disabled tenants • Rent supplements and housing allowances

CANADA and ONTARIO HOUSING PROGRAMS IN PETERBOROUGH

- ✓ Canada Ontario Affordable Housing Program (AHP) for new rental and homeownership housing
- ✓ ROOF (Rental Opportunities for Ontario Families) for \$100 per month for up to 200 families
- ✓ DOOR (Delivering Opportunities for Ontario Renters) for local housing
- ✓ Provincial Rent Bank funding to prevent evictions

CITY and COUNTY HOUSING MARKET STATISTICS

133,080	Population of City and County of Peterborough
2.4	Average household size
25%	Percentage of households that rent (about 14,000 rental dwellings)
75%	Percentage of households that own (about 42,000 owned dwellings)
\$850	Average monthly rent for a 2 bedroom apartment month (up 3.4% from 2008)
\$242,000	Average resale price (up <1% from 2008)
1469	Number of households on the social housing waiting list
2.4%	Vacancy Rate (down 0.4% from 2008)

APPENDIX III, p. 2

NEW AFFORDABLE RENTAL HOUSING					
Proponent	Units	Tenancy	Proponent	Units	Tenancy
PHC ~ Anson House (phase II under construction)	56	Singles, seniors, special needs	PHC ~ Dutton Road	40	Singles, families, seniors and special needs
PHC ~ Lakefield (under construction)	50	Seniors	PHC ~ Woollen Mill	50	Singles, seniors, families and special needs
TVM ~ St. Peter's School	48	Singles, seniors, families and special needs	Myrtle Terrace ~ St. Luke's	60	Singles, seniors, families and special needs
TVM ~ George St.	4	Low income	Maryland Place	23	Singles and seniors
TVM ~ Brock Towers	11	Singles, seniors and special needs	Home Grown Homes	4	Low income
Central School	50	Singles, seniors and families	Canadian Woollens	4	Singles
The Moloney Project	16	Seniors			
416	AFFORDABLE HOUSING UNITS		10%	Rent-Geared-to-Income	
50%	Rents (including utilities) below CMHC Market Average Rent		40%	Rents (including utilities) 20% below CMHC Market Average Rent	
SOCIAL HOUSING					
Provider	Units	Tenancy	Provider	Units	Tenancy
AOTS Community Homes Inc.	39	Singles, youth, families, seniors, special needs	Hilliard Park Non-Profit Homes Inc.	50	Singles, families, seniors, special needs
Kairos Non-profit Housing of Peterborough	12	Single females with children	KPP ~ Kawartha Participation Project	71	Singles, families, seniors, supportive housing
Kiwanis Club of Scott's Plains (Ptbo)	40	Singles and seniors	Leta Brownscombe Co-Op Homes Inc.	80	Singles, families, seniors, special needs
Marycrest at Inglewood	60	Seniors	Millbrook Non-Profit Housing Corporation	44	Seniors
Otonabee Non-Profit Housing Corporation	21	Seniors	St. John's Retirement Homes Inc.	102	Seniors
Sunshine Homes Non-Profit Inc.	110	Families, single mothers, couples	Y.W.C.A. of Peterborough, Victoria & Haliburton	40	Females ~ single with children, seniors
Kinsmen Garden Court	66	Seniors	Northminster Court	40	Seniors
Auburn Retirement Village of Peterborough	60	Seniors	St. Barnabas Non-Profit Housing	43	Seniors
St. Giles Senior Citizens Residence	48	Seniors	Tabernacle Court Apartments Inc.	12	Seniors
Otonabee Native Homes	82	Aboriginal	Kawartha Native Housing Society Inc.	49	Aboriginal
Peterborough Housing Corporation	818	Singles, families, seniors	TOTAL	1,887	
1,887	SOCIAL HOUSING UNITS		83%	Rent-Geared-to-Income	
370	Rent Supplement Units (may apply to some of the rent-geared-to-income units shown above)				