



THE ONTARIO TRILLIUM FOUNDATION

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United Way
of Peel Region

**PEEL SENIORS' COMMUNITY SUPPORT SERVICES NEEDS STUDY:
FINAL REPORT**

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FINAL REPORT**

Submitted to Raymond Applebaum,
Executive Director, Peel Senior Link
on behalf of the Project Steering Committee

Prepared by Lapointe Consulting Inc., September 30, 2004

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Finally, we wish to thank all of the seniors who participated in our focus groups and in our survey.

EXECUTIVE SUMMARY

INTRODUCTION

A group of agencies in Peel Region has undertaken a collaborative effort to improve the provision of community support services to seniors to help them live independently for as long as possible. The study was designed to identify the current and future need for community support services among low-income seniors, gaps in services and barriers to accessing services.

A consulting team led by Lapointe Consulting Inc. was retained by Peel Senior Link, on behalf of a broader collaborative Project Steering Committee representing a number of agencies, to conduct a study of the need for community support services. The agencies represented on the Steering Committee include: Peel Senior Link (Project Administrator); Peel Living (Region of Peel); the Peel Health Department, Long-Term Care Division (Region of Peel); Peel Housing and Property Department, Policy and Programs Division (Region of Peel); the Community Care Access Centre (CCAC) of Peel; Caledon Community Services; Malton Neighbourhood Services; Halton-Peel District Health Council; Credit Valley Hospital; and, the Peel Multicultural Council.

Funding for this study has been provided by the Ontario Trillium Foundation, the United Way of Peel Region, the Peel Health Department, Long-Term Care Division (Region of Peel), and the Community Care Access Centre of Peel.

The study relied on a review of the literature, key informant interviews, focus groups with seniors and a survey of low-income seniors. The work builds upon other activities underway in Peel Region including the recently completed future vision of community support services for older adults published by the Halton-Peel District Health Council and an earlier unpublished working paper on a strategic plan for community services prepared by Peel Region as well as two separate studies on older adults' housing needs and options and community support service needs, also by the Region. The study is unique in that it identifies the needs of seniors for community support services from their perspective.

STUDY FINDINGS

The need for community support services for seniors will grow in the future as the older population in Peel increases. Persons 60 years and older are expected to grow from 114,540 persons in 2001 to 282,721 persons by 2021 – a level that is 2.5 times the current senior population. The growth in the seniors' population in Peel Region will put pressure on governments and community agencies to work with other stakeholders including seniors themselves and their families and caregivers, to ensure there are sufficient community support services to enable seniors to live as long as possible in their own dwellings. Furthermore, because medical advances mean that people live

longer and those with medical conditions have a higher survival rate, there will be a growth in the number people with complex conditions.

The study shows that many low-income seniors are well, healthy and participate actively in social and recreational activities. However, a third of low-income seniors report that they have an illness or medical condition that limits their ability to live on their own.

Low-income seniors need assistance with a range of activities including heavy housework, grocery shopping, laundry and light housework. A smaller proportion needs assistance with personal support such as dressing and bathing. Some seniors do get assistance from community support services; however, they are more likely to rely on family or friends. Many seniors turn to commercial services for assistance with household chores that they cannot do.

One of the major service gaps raised by seniors in the study was the lack of affordable and accessible transportation. The survey found that a significant portion of seniors still drive while many seniors rely on a ride from family members or a ride from friends to get around. Over half continue to use public transportation and a third use taxis. For seniors with mobility problems, public transportation in Peel can be a problem. Concerns were expressed around the service of Transhelp because of long wait times at the beginning and end of a trip. The volunteer transportation service provided by Caledon Community Services was particularly well appreciated both by volunteers and those who used the service.

Another major gap in service provision but also a barrier to accessing services is the lack of an easy-to-read and easy-to-understand source of information on community support services, their cost and how to access them. The Brampton Directory of Seniors' Services is an example of such a source of information, although there is probably also a need for a "live" person to contact for information.

Beyond the provision of information, there is a need to provide such information so it is accessible to the many seniors in different immigrant groups in Peel, many of whom face both cultural and language barriers.

Many seniors expressed a concern around the need for affordable housing although this was not a direct question asked of them. Key informants noted that there is a growing need for supportive housing in the future to enable individuals to live independently.

Many seniors noted that they would like to get assistance with various aspects of house-keeping (that is, home making) as well as home maintenance but do not know how to get it. Others are no longer eligible for home-making since this service is only provided through the CCAC of Peel to those who also need personal care.

Another need that has been identified as a priority for the future is personal support as the number of older persons with physical limitations increases.

The study underscored the importance of social and recreational activities in contributing to seniors' well-being. This type of activity is important so that seniors remain healthy, connected with others and are able to enjoy themselves. Related to social and recreational programs, many seniors emphasized the importance of participating in exercise classes, yoga, dance classes, etc.

Some key informants and some of the focus group participants mentioned the need for more communal dining – especially for those living alone. Many of the seniors' groups do include in their activities the sharing of a meal together to which they each contribute and many seniors' centres provide dining services.

Finally, the study showed that one of the keys to healthy living among seniors is seniors being able to be involved in providing services. The Caledon transportation program depends to a large extent on volunteer drivers who derive considerable satisfaction from their service as do those who are being driven. As an example of a senior helping seniors, one older adult in one of the immigrant groups indicated that his group would like to provide meals for seniors and all they needed was a kitchen facility. Another senior wanted to provide yoga classes. This is not to suggest that all services should be provided by volunteers but that seniors have a considerable role to play in the provision of services. More help is needed to help seniors organize such volunteer activities.

Using data provided on Peel seniors by the Halton-Peel District Health Council, the study also identified that in the next five years the three community support service categories that are estimated to have the greatest need are: transportation services, personal support and homemaking; and, caregiver support.

The study findings are consistent with earlier studies conducted by Peel Region related to housing needs and options and for community support services for Peel's older adults.

RECOMMENDATIONS

Based on the study findings it is recommended that:

INFORMATION ABOUT COMMUNITY SUPPORT SERVICES

1. An improved system of providing information to seniors and their families should be developed in Peel Region that provides seniors with access to information in an easy to read format.
2. Information on community support services should be made available in Peel Region in the main languages of immigrant seniors.
3. There should be designated persons in Peel who can provide information on the availability of community support services including the names of agencies, costs and how to access services.

4. The Caregivers of Peel Network should develop a series of information sessions for seniors on community support services in Peel.

ENHANCED COMMUNITY SUPPORT SERVICES

5. Based on the feedback received in this study through key informant interviews, focus groups and the survey, and in view of projected demographic changes, community support services for seniors should be enhanced.

TRANSPORTATION

6. Consideration should be given to having a wider volunteer transportation program similar to Caledon's in other parts of Peel Region.
7. More funding should be allocated to Transhelp to improve the service that is provided to seniors.
8. Eligibility requirements for Transhelp should be examined in consultation with agencies serving seniors.

HOME-MAKING AND MAINTENANCE SERVICES

9. Funding should be increased to enable more seniors to access home-making, not just those who need personal support.
10. More services should be available to seniors that provide assistance with home maintenance – possibly through a seniors helping seniors approach.

SUPPORT SENIORS BEING INVOLVED IN VOLUNTEER ACTIVITIES

11. Increased support should be provided to seniors to help them organize volunteer activities such as group dining.

DISSEMINATION OF THIS REPORT

12. This report should be distributed to agencies in Peel Region serving seniors.
13. The executive summary should be shared with seniors who participated in the focus groups.

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1 INTRODUCTION

1.1 BACKGROUND

A group of agencies in Peel Region has undertaken a collaborative effort to improve the provision of community support services to seniors live independently for as long as possible. Addressing the needs of seniors for community support services is an important contributor to the overall health and quality of life of the senior population. At the same time, improving support services is also considered to be an important strategy to help reduce pressure on the medical system and on the need for seniors to be institutionalized.

The need for community support services for seniors will grow in the future as the older population in Peel increases. Persons 60 years and older are expected to grow from 114,540 persons in 2001 to 282,721 persons by 2021 – a level that is 2.5 times the current senior population.

In June, 2003 Lapointe Consulting Inc., in association with Campbell Research Associates and Liz Yorke Associates, was retained by Peel Senior Link, on behalf of a broader collaborative Project Steering Committee to conduct a study of the need for such services. The agencies represented on the Steering Team include: Peel Senior Link (Project Administrator); Peel Living (Region of Peel); the Peel Health Department, Long-Term Care Division (Region of Peel); Peel Housing and Property Department, Policy and Program Division, (Region of Peel); the Community Care Access Centre (CCAC) of Peel; Caledon Community Services; Malton Neighbourhood Services; Halton-Peel District Health Council; Credit Valley Hospital, and, the Peel Multicultural Council.

Funding for this study has been provided by the Ontario Trillium Foundation, the United Way of Peel Region, the Peel Health Department, Long-Term Care Division (Region of Peel), and the Community Care Access Centre (CCAC) of Peel.

While the study examines the needs of seniors in Peel Region, the focus is on low-income seniors who cannot afford to move into more expensive retirement homes. The average monthly cost for a private room in a retirement home in Peel in 2003 was \$2,410 while the average monthly cost for a suite was \$3,360 – a figure that requires an annual income of \$30,000 to \$40,000 plus.¹

This project is the first part of a larger study entitled “Addressing Seniors' Needs in Peel Region: Community Support Service Research, Innovative Service Models, and Enhanced Program Delivery”. This phase of the research focuses on current and emerging needs for community support services while future phases will examine delivery models.

¹ Average costs from Canada Mortgage and Housing Corporation, Ontario Retirement Homes Report, 2003

In January, 2004, an interim report was prepared which detailed the findings of earlier activities in the study (literature review, the key informant interviews and the draft survey instrument). The findings of the interim report are incorporated into the final report.

The study builds on work undertaken by the Region of Peel on developing a strategic plan for the provision of community support services for older adults as well as two specific studies on the housing needs of older adults and community support services.² The study also builds on the considerable amount of work undertaken by the Halton-Peel District Health Council whose most recent publication, *The Future Vision of Community Support Services for Older Adults: A Needs-Based Planning Framework for Halton-Peel*, May 2004, has been utilized in this study.

1.2 THE RANGE OF COMMUNITY SUPPORT SERVICES

The Project Steering Committee decided to focus on community support services that are funded through the Ontario Ministry of Health (excluding those provided by health-related professionals). The study, however, will identify other services mentioned as being needed by seniors and key informants who were consulted during the course of this study.

The Ontario Ministry of Health defines two categories of long-term care services: “Community Support Services” and “Home Care Assistance” as described below:³

Community Support Services refer to those services that are provided to older adults to enable them to live independently in the community in a non-institutional environment. These services focus on health promotion, illness prevention and maximizing quality of life. They include: meal services, transportation services, caregiver support services, adult day programs, home maintenance and repair, friendly visiting, reassurance services and social and recreational programs. The Ministry of Health and Long-Term Care (MOHLTC) funds such services under the Provincial Long-Term Care Act (1994 and updated in 1999).

Home Care Assistance co-ordinates medical, professional and support services for people requiring health care in the home on a short or long-term basis, often following acute care treatment. There are 42 Community Care Access Centres across Ontario which co-ordinate Home Care Assistance service delivery to individuals in each of their

² Region of Peel, *Community Support Services for Older Adults: Towards a Strategic Plan- Working Paper*, 2000 (endorsed by Regional Council - not published) and Region of Peel, *Housing Needs and Options of Older Adults in Peel Region*, prepared by Lapointe Consulting, 1999 and Region of Peel, *Views of Older Adults in Peel Region on Housing Needs and Options*, Prepared by Lapointe Consulting and Christine Pacini and Associates, Oct. 2003.

³ Long-term care services refer to personal care, support and health services to people with limitations that prevent them from participating in everyday activities. Services can be delivered in a person’s home, work or school setting, as well as in congregate sites. Consumers include: frail elderly, adults with moderate and severe disabilities, people with chronic or prolonged illness, persons with acquired brain injuries. While the first category covers seniors exclusively (those 60 and over), seniors can fall into any of the other categories.

respective service areas. For the purposes of this study, we have excluded assistance provided by outreach workers from hospitals. The Community Care Access Centre of Peel provides or arranges for homemaking, personal support and professional services and is responsible for arranging placement in long-term care facilities.

In addition to Community Support Services and Home Care Assistance, there is a range of other services not specifically linked to the Ministry of Health and Long-Term Care provided by community organizations where they are identified as a priority. These include services like legal services provided by the Advocacy Centre for the Elderly, and bereavement programs such as those provided by the Mississauga Office of Bereaved Families.

For the purposes of this study we have used the following major categories of community support services:

- Security and Safety
- Meals on Wheels
- Diners' Clubs, Congregate Dining
- Transportation Services
- Caregiver Respite (includes Adult Day Programs)
- Caregiver Support and Education
- Foot Care
- Home Maintenance and Repairs
- Social and Recreational services
- Home Help
- Supportive Housing Services
- Personal care and support
- Homemaking

A more detailed description is provided in Appendix A.

1.3 STUDY OBJECTIVES AND ANTICIPATED OUTCOMES

As outlined in the proposal to Trillium, the major objective in carrying out this phase of the research was to:

- Identify current and future gaps and barriers in community support services for seniors living in Peel Region;
- Identify the current and projected number and profile of seniors requiring supportive housing, day service, meals on wheels and other related service supports to live independently in the community.

As the study progressed, it became apparent that it might be difficult to use the survey research in this phase of the study to extrapolate the need for various services as had been originally planned. At the same time the Halton-Peel District Health Council was undertaking a separate study, entitled *The Future Vision of Community Support Services for Older Adults: A Needs –based Planning Framework for Halton-Peel*.⁴ The report identified the population in Halton-Peel who will require various community support services between 2003 and 2008. The findings of this Halton-Peel District Health Council report will be incorporated into this study to identify the need for different services in Peel Region in the future.

More specifically, the proposal indicated that the study would provide an understanding of service gaps and risk factors including:

- The number of seniors currently living at risk;
- The number of seniors projected to be living at risk in the future;
- The key risk factors based on population growth and demographic changes in Peel; and
- The gaps and barriers in community support services for seniors living in Peel Region.

It should be noted that “at risk” means at risk of institutional care either in a long-term care facility or hospital. The study was designed to assist in the identification of factors that put seniors at risk of no longer being able to live in the community independently.

1.4 METHODOLOGY

1.4.1 Research Activities

This project has been undertaken over the year between the summer of 2003 to the end of the summer in 2004. During this time a number of research activities were carried out including:

- A literature review which included recent reports on community support services for seniors as identified in the bibliography;
- Key informant interviews with 19 individuals representing selected agencies serving seniors in Peel (See Appendix B for a list of individuals interviewed);
- A survey of 144 low-income seniors in Peel Region regarding their current need for community support services and their anticipated needs in the future;
- Ten focus groups with 97 seniors in Caledon, Brampton and Mississauga and with four specific cultural/ethnic groups.

⁴ Published by the Halton-Peel District Health Council, May 2004

1.4.2 Survey Research

A survey of low-income seniors living in Peel was a key component of the study. The survey was designed to:

- Determine the extent of need among low-income seniors in Peel Region for support services that will enable them to remain independent in their own homes;
- Examine the nature of the needs of low-income seniors for support services; and
- Identify gaps in service provision and barriers to obtaining services.

In order to obtain a sample of “low-income” seniors, we decided to use tenants living in social housing (Peel Living) and tenants and homeowners on the Peel Access to Housing (PATH) centralized waiting list for social housing as a proxy for low-income seniors. It had been anticipated that interviews with a sample of 200 seniors would be obtained – 100 residents of Peel Living and 100 on the PATH waiting list. Letters were mailed to seniors on the waiting list and dropped off to those in seniors’ buildings managed by Peel Living.

In the end, we were successful in completing 144 interviews – 75 low-income seniors from the PATH waiting list and 69 low-income seniors in Peel Living buildings. When the profile of the completed interviewees was compared to the age distribution and distribution by municipality of the targets (based on the distribution of seniors in Peel Living units and on the PATH waiting list), our respondents turned out to be quite representative of low-income seniors. The only discrepancy is that males were slightly under-represented in our sample and females were slightly over-represented.

Each interview lasted approximately an hour though some were longer. The interviews were conducted by phone and in seniors’ homes.

The survey provides us with an overview of the services used by seniors as well as their unmet needs. It also provides us with information about their health status, their physical limitations, their mode of travel, their participation in social and recreational activities and their views on needed services. The survey, combined with the results of the focus groups, provides us with a better understanding of the needs of Peel Region seniors for community support services based on input from seniors themselves. The results of the survey are incorporated into the study findings in appropriate chapters. A detailed analysis of the survey is provided in Appendix D.

1.4.3 Focus Groups

Focus groups were held with seniors in each of the three municipalities in Peel (Caledon, Brampton and Mississauga) and with specific ethnic groups representing the major immigrant populations. The purpose of the focus groups was to collect qualitative information from seniors about the services they currently need and use, and will need

in the future, as well as to identify their perceptions regarding gaps in services and barriers to obtaining needed services.

A total of 10 focus groups were held from mid-June to mid-August, 2004 with 97 participants – two in Caledon, two in Brampton, two in Mississauga and four with immigrant seniors' groups (Punjabi, Carribean, Chinese and Polish). Focus groups lasted between an hour and an hour and a half depending upon the size of the group and how much individual seniors had to say.

The findings of the focus groups are presented in the report and a detailed summary is provided in Appendix C.

1.5 REPORT ORGANIZATION

Chapter 1 provides an overall description of the project and its objectives.

Chapter 2 provides a summary of directions in government policy and programs with respect to community support services for seniors.

Chapter 3 provides an overview of trends in demand for seniors' community support services.

Chapter 4 provides an overview of the study findings with respect to gaps and unmet needs for seniors' community support services.

Chapter 5 summarizes the characteristics of seniors at risk and identifies the support services required in the future.

Chapter 6 provides a summary of findings and conclusions and presents a series of recommendations that flow out of the study.

2 COMMUNITY SUPPORT SERVICES FOR SENIORS: POLICY AND PROGRAM CONTEXT

2.1 THE PROVISION OF COMMUNITY SUPPORT SERVICES IN PEEL REGION

There are many agencies in Peel Region that provide a range of community support services. These include:

- Personal support and homemaking
- Friendly visiting
- Adult/alzheimer day programs – some are targeted to Alzheimer patients, some to frail elderly and some are integrated serving both groups
- Supportive housing
- Caregiver support
- Caregiver education
- Security
- Transportation
- Social, recreational programs
- Ethno-cultural specific programs for seniors.

It was beyond the scope of this study to undertake a comprehensive inventory of all community programs serving seniors. However, during the course of the study we were able to interview representatives from many such agencies (See Appendix B.).

One of the difficulties faced by seniors that is discussed in this study is obtaining information about available services. One of the more comprehensive sources of services in Peel is the *Brampton Seniors Directory 2004/2005* published by the City of Brampton in a calendar format. A larger Peel-wide inventory of services for seniors is included in the computerized database of social services in Peel Region (see www.pinet.on.ca). This is a computerized information database of social, health, community and government services for residents of Peel (replaces the former “red book” of services). Seniors’ services are not listed separately and need to be accessed by doing a “search” making it less accessible to the average person, including seniors.

Many agencies can be accessed directly while others can only be accessed through the CCAC of Peel. The fees for services vary while sometimes services are provided free. For community support services provided through the CCAC of Peel, individuals need to be assessed prior to receiving a service. The sheer volume of agencies, services and differing eligibility requirements can sometimes be overwhelming to seniors.

Many seniors are very active in providing volunteer services including providing volunteer driving, helping to run and organize seniors’ centres, and so on.

2.2 THE ROLE OF COMMUNITY SUPPORT SERVICES

Community support services are broadly recognized as an important aspect of the larger health system. The recent Halton-Peel District Health Council report on community support services for older adults notes that “care provided through community services is important because it helps seniors to continue to live at home close to family, friends and their network of support and care in the community”. Its primary function is maintenance and prevention.

The Halton-Peel District Health Council identified the following benefits of community support services⁵:

- Facilitating aging-in-place and enhancing quality of life;
- Improving the health status of older adults and promoting wellness;
- Supporting choice to remain living in one’s home for as long as possible;
- Providing a range of services that support different needs for individual clients;
- Helping to reduce the stress and burden of caregiving, thereby increasing the health, involvement and capacity of caregivers and families to continue their support;
- Linking clients to other services in the health care and social service systems;
- Co-ordinating services on behalf of the client and family;
- Providing care that reduces loneliness and isolation;
- Providing risk management and monitoring functions for vulnerable clients;
- Preventing or delaying unnecessary premature admission to more costly institutional services such as long-term care facilities and hospitals;
- Supporting post-acute hospital clients with care in the community; and,
- Providing less costly and support alternatives within the health care system than long-term care facilities and hospitals.

2.3 TRANSPORTATION SERVICES – A SERVICE USED TO ACCESS OTHER COMMUNITY SUPPORT SERVICES

Transportation is an important service to seniors because it enables them to access other services. While many seniors continue to use public transportation, others find this difficult due to long wait times and difficulty getting in and out of buses and negotiating transfers. This section provides a brief overview of transportation services available in Peel Region.

Transportation assistance is provided to seniors through a number of public, non-profit and private organizations. These include the Caledon Community Services (CCS), Transhelp (a public transportation service operated by the Region of Peel for those with physical limitations), the Red Cross, India Rainbow Community Services and private

⁵ Peel-Halton District Health Council, *The Future Vision of Community Support Services for Older Adults*, op. cit., pages 5 and 6.

taxi companies. Long-term care funding is available from the MOHLTC for organizations providing transportation in the community.

In Caledon which has no public transportation system, the Caledon Community Services operates a transportation system for seniors (60 years and older) and those with physical disabilities. The transportation service is provided through wheelchair accessible vans and an extensive network of volunteers with their own cars. This transportation service provides thousands of rides each year. (The CCS operates Transhelp in Caledon.) Seniors can obtain trips to medical appointments, weekly grocery shopping trips, and visits to the Senior Centre, for example.

In the rest of Peel Region, many seniors who have physical disabilities turn to Transhelp for assistance. Transhelp operates a network of buses and also uses taxis that have been adapted for wheelchairs. Seniors make up about half of the trips taken. With funding cutbacks to Transhelp the organization had to tighten eligibility criteria. An individual now has to be assessed by a Transhelp health care professional to see if he or she qualifies for assistance. To qualify a person must not be able to walk 175 metres or climb 3 steps, unless the individual is in a wheelchair. Transhelp charges \$2.25 per trip which is higher than the cost of public transit, so seniors will use transit whenever possible. Transhelp has experienced strong growth in demand and provides around 50,000 rides annually.⁶

The Red Cross also provides volunteer transportation services in the community and their main target group is seniors. The Red Cross uses volunteer drivers who use private vehicles.

2.4 SUPPORTIVE HOUSING – A “SERVICE” COMBINED WITH HOUSING

In this section, we provide a discussion of supportive housing because this “service” is really a combination of hard, physical housing and support services. The term “supportive housing” refers to a broad spectrum of housing arrangements whereby tenants receive both accommodation and some level of care. In some cases, the service is provided on a 24-hour basis and in others it is provided through a community agency that delivers the services as required to the tenant. As a recent report on Supportive Housing by the Toronto District Health Council notes, the term “supportive housing” is used in different contexts with different meanings by the MOHLTC as well as the Ministry of Municipal Affairs and Housing, and, the Ministry of Community and Social Services.⁷

Supportive housing is provided to a range of clients including those with physical disabilities, mental illnesses, developmental challenges, and seniors who need assistance to live independently. Under recent restructuring of social housing and

⁶ From Transhelp web site at www.region.peel.on.ca/transhelp

⁷ Toronto District Health Council, [Building on a Framework of Support and Supportive Housing in Toronto: Support Services for Seniors](#), Sept. 2002, page 4

devolution, the administration of some supportive housing was devolved to the municipal government level (i.e., the Region of Peel), whereas the administration of supportive housing projects involving 24-hour on-site care was transferred to the Ministry of Health and Long Term Care.

The MOHLTC states that supportive housing for seniors is “designed for people who need minimal to moderate care – such as homemaking or personal care and support – to live independently”. It describes accommodation as rental units within an apartment building or a small group residence. Supportive housing buildings are owned and operated by municipal governments or private non-profit groups including faith groups, seniors’ organizations, service clubs and cultural groups. On-site services vary with each building and care arrangements between a tenant and service provider are usually defined through a contract between the two parties.

The MOHLTC requires that supportive housing programs provide homemaking/personal support/ attendant services, with the personal support/attendant component of the service available 24 hours a day. Generally, a landlord/tenant relationship exists for the housing component of the service and the resident is expected to pay the cost of his/her accommodation as well as other usual living costs (e.g., food, clothing, furniture, entertainment, etc.).

A recent report by the Toronto District Health Council states that supportive housing services have a positive impact on seniors, their families, the health care system and the greater community through⁸:

- Encouraging trust, security, social interaction and the development of a community within the residential building;
- Supporting seniors’ choice to remain in their homes;
- Reducing stress for family and caregivers;
- Providing a planning, co-ordination and referral function for clients, professionals, other services and the health care system;
- Providing a flexible delivery system based on client needs;
- Being able to address the needs of those who are more vulnerable (e.g., who with mental health issues or addictions and/or who are low-income or frail);
- Encouraging the appropriate use of health care resources (e.g., prevents placement in nursing homes, supports earlier discharge);
- Providing respite and support during recover from illness; and,
- Providing savings in health care expenditures.

Supportive housing provides primary linkages to health and long-term care as well as social and other services within the community at large for many seniors who may not have access to needed services.

There are a range of supportive housing service providers in Peel Region including Peel Senior Link, Caledon Community Services, Ivan Franko Homes Inc., Holland Christian

⁸ Toronto District Health Council, op. cit., page 3.

Homes and MICBA Forum Italia Community Services. Both Peel Senior Link and Caledon Community Services provide supportive housing services within existing Peel Living buildings on a 24-hour care basis.

Peel Senior Link co-ordinates the personal care, homemaking and day service for 1,000 individuals in eleven different social housing sites – ten of them being Peel Living and the other being Wavel Villa Inc., a private non-profit housing agency. (“Day service” means service that is available to all residents in buildings that are served by Peel Senior Link by the Day Service Coordinator during business hours, e.g., assistance with government and other forms and applications, locating a local physician, referrals to other agencies such as meals on wheels or transportation, counseling, advocacy, etc.)

2.5 TRENDS IN GOVERNMENT POLICY REGARDING HOME CARE AND COMMUNITY SUPPORT SERVICES

2.5.1 Growing Support for Home Care Services as an Important Part of the Health System

There has been widespread support for increased home care services in major government documents affecting health spending, including the Romanow Report and the Kirby Report.^{9,10} As will become clear, “home care” refers to a more limited range of services within the broader range of community support services as discussed in this report. The Romanow report stated that home care services need to be fully integrated within the continuum of care provided in the health care system. By home care, the Romanow report included:

- Professional services such as nursing, physiotherapy, occupational therapy, and speech therapy;
- Personal care, including assistance with the activities of daily living, such as bathing, toileting, transferring and grooming; and,
- Home-making and home support to assist with the activities of daily living, such as cleaning, doing laundry and meal preparation.

It is important to note that the emphasis in the Romanow report was on home care services for post-acute home care, palliative care and home mental health case management and intervention, not the broad range of community support services that are encompassed in this study and in the Halton-Peel District Health Council report.

Similarly, the Kirby Report recommended the establishment of a new national post-acute home care program which would be funded 50:50 between the provinces and the federal government.

⁹ The Honourable Roy Romanow, Building on Values: the Future of Health Care in Canada, Final Report of the Commission on the Future of Health Care in Canada, November, 2002

¹⁰ Senator Michael Kirby, Chairman of the Senate Committee, The Health of Canadians – the Federal Role, the Final Report, October, 2002

The February 2003 First Ministers' Accord also emphasized the importance of helping Canadians to stay in their homes or to recover at home.

Despite the emphasis on home care in the context of federal/provincial discussions regarding reforming the delivery of health services, it is not clear at this time how much funding will be allocated to home care. The just announced federal-provincial agreement on health care funding includes a recognition that "home care is an essential part of modern, integrated and patient-centred health care" and that "improving access to home and community care services will improve the quality of life for many Canadians by allowing them to be cared for or recover at home."¹¹ The First Ministers agreed to provide funding by 2006 for certain home care services including post-acute care, palliative care and home care for those with mental illnesses. Even if the federal/provincial agreement refers to a more limited form of home care as part of the medical system than services covered in this report, increased funding for "home care" may theoretically free up resources for a broader system of community support services.

On July 6, 2004, the provincial government in Ontario re-iterated its commitment to strengthening the community support services and supportive housing services in communities and increased funding for community support services. (See discussion below.)

2.5.2 Changing Resources at the Provincial Level

Although there was increased funding for home care and community support services in the first part of the 1990's, in the latter part of the nineties there were serious cutbacks to services delivered by CCAC's. The Ontario Community Support Association (OCSA) expressed its concerns regarding funding constraints in the home and community care system and their impact on vulnerable seniors and persons with diseases and with disabilities.¹² Some of the negative consequences of insufficient funding are that frail elderly or those with debilitating diseases or disabilities must turn to more costly forms of care. Specifically, OCSA identified the following consequences: higher levels of admittance to nursing homes and homes for the aged; more visits to family doctors and hospital emergency rooms; hospitals unable to discharge patients because of lack of support at home; deterioration of caregivers' health due to burn-out and depression; the economic impact of caregivers having to quit jobs to look after family members; and, a decline in the quality of life of those affected.

Declining resources at the provincial level had a major impact on the kinds of services that the Peel CCAC provides. One of the services that was cut-back was home-making which was eliminated except for those clients whom the CCAC also deems to require help with personal care and support.

¹¹ See 10-year plan to strengthen health care, September 16, 2004 at www.pm.gc.ca.

¹² Ontario Community Support Association, Community Support Services: The Key to Sustainable Health Care in Ontario, 2001

Another example of the effects of resource limitations includes the elimination of congregate dining in supportive housing which resulted in a significant drop in the number of clients served by the Diners Club Program in Peel and the types of clients served by supportive housing. Supportive housing for the elderly has been restructured recently as the MOHLTC has attempted to standardize the care delivered within supportive housing projects. As a result supportive housing programs that offered congregate dining have restructured or eliminated this service. This change resulted in a 77 per cent decrease in the number of clients in Peel served by the Diners Club program¹³ Furthermore, as supportive housing projects have replaced the “case co-ordination model” with the designated unit model of care, the number of elderly clients served by supportive housing has declined by 33 per cent¹⁴ “Lighter care” residents are no longer served by supportive housing and the average level of need of residents served by supportive housing has increased substantially.¹⁵

The new Liberal government is taking steps to redress recent reductions in funding. On July 6, 2004, the Ontario provincial government announced that it would invest an additional \$29 million for community support services and supportive housing services to help keep residents in the community “for as long as possible instead of admitting them to hospitals or institutions”. These funds are part of the Liberal government’s \$417 million investment in community support and supportive housing services for 2004-2005. The President of the Ontario Community Services Association has lauded the funding and the government’s recognition that community support and supportive housing services are critical components of the health care system. This announcement followed a previous announcement of a record \$1.3 billion in Ontario’s Community Care Access Centres which included new funding directed towards acute home care, end-of-life care and chronic home care.

¹³ Halton-Peel District Health Council, Multi-Year Plan for Long-Term Care Services in Halton and Peel, 2000, page 30

¹⁴ Under the case management model, individuals were served by clients based on their individual needs, whereas under the designated unit model, a unit is designated as a supportive housing unit and must meet the Ministry’s 24-hour on-site care requirements.

¹⁵ Halton-Peel District Health Council, *op.cit.*, page 30

3 DEMAND FOR SERVICES

3.1 CURRENT DEMOGRAPHIC PROFILE OF SENIORS

3.1.1 Population 60 and Older

Based on the 2001 census there are 114,540 seniors in Peel Region who are 60+ years of age. In both Caledon and Mississauga approximately 12% of the population is 60 years or older whereas in Brampton 10% of the population is 60 years or older. Overall in Peel Region, 12% of the population is 60 years or older.

The largest share of seniors in Peel live in Mississauga which has 65 % of all seniors; 30% live in Brampton; and 5% live in Caledon.

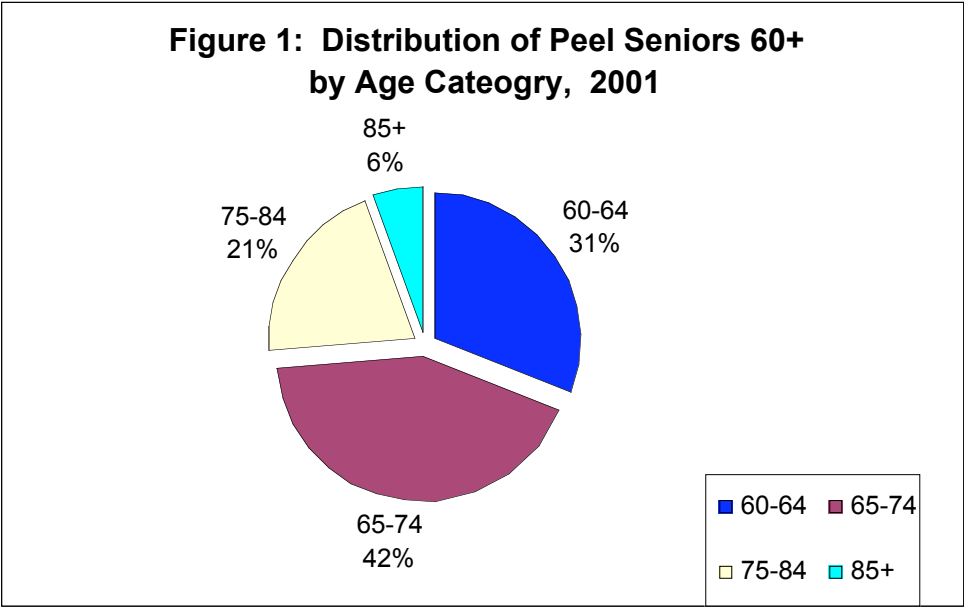
Table 1: Distribution of Seniors 60+ Years of Age, Peel Region

	Brampton		Caledon		Mississauga		Peel	
	#	%	#	%	#	%	#	%
60-64	11,200	33.1%	2010	33.5%	22,520	30.2%	35725	31.2%
65-74	14,215	42.0%	2525	42.0%	31,985	42.8%	48730	42.5%
75-84	6,690	19.8%	1105	18.4%	15,975	21.4%	23785	20.8%
85+	1,760	5.2%	365	6.1%	4,185	5.6%	6300	5.5%
Total 60+	33,865	100.0%	6005	100.0%	74,665	100.0%	114540	100.0%
Total Population	325,428		50,595		612,925		988,948	
60+ as % of Total Population	10.4%		11.9%		12.2%		11.6%	

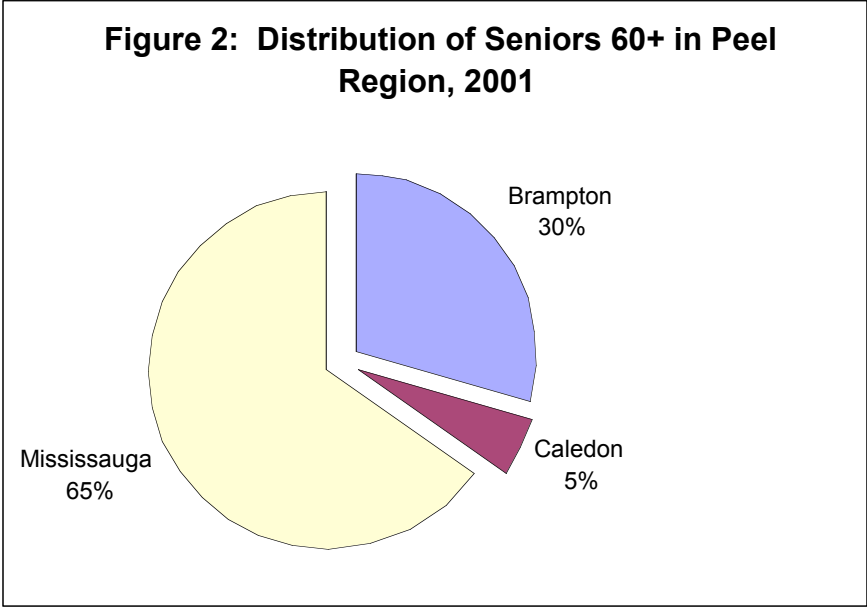
Source: 2001 census data from the Peel Data Centre, Peel Planning Department

Approximately three quarters (73.7%) of seniors are “younger” seniors between the ages of 60 to 74 years of age. Older seniors, 75+ represent approximately a quarter (26.3%) of all seniors in Peel Region

Of those 60 years and older, 54% are female and 46% are male. However, as age increases, so does the likelihood of an older person being female. For example, among younger seniors, those aged 60 to 64 years of age, the population is divided almost evenly between males and females. Among those 65 to 74 years of age, 48% of seniors are males and 52% are females while among individuals aged 75 years to 84 years of age, 40% are males and 60% are females. However, of the oldest age category, those 85 years of age and older, 31% are males and 69% are females.



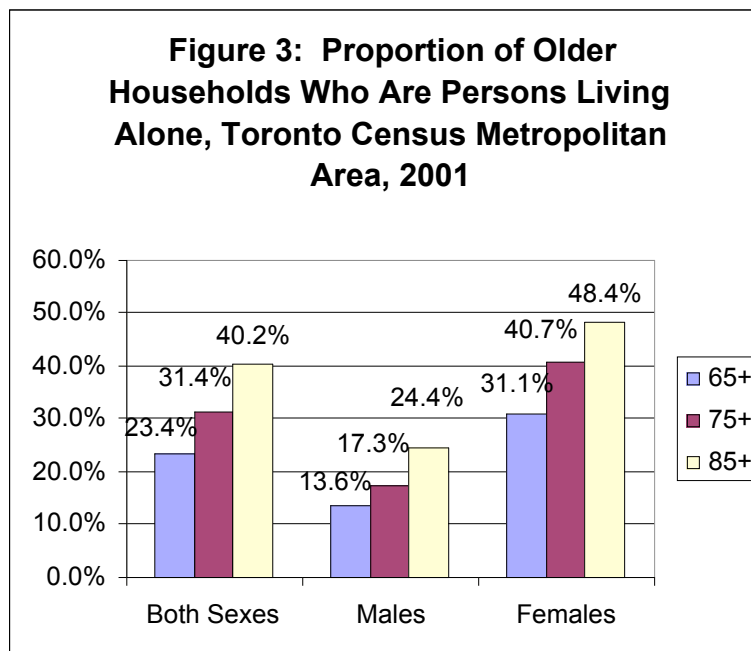
Source: 2001 census data from the Peel Data Centre, Peel Planning Department,



Source: Prepared by Lapointe Consulting Inc. using 2001 census data from the Peel Data Centre, Peel Planning Department

3.1.2 Living Arrangements

As Figure 3 shows, approximately a quarter of seniors 65 years and older in the Toronto Census Metropolitan Area live alone (the Toronto Census Metropolitan Area includes most of Peel Region). However, amongst females this figure rises to close to a third or 31.1% compared to 13.6% for males. The proportion of seniors living alone rises with age with close to a third of seniors 75 years and older living alone and 40.2 % of seniors 85 years or older. The figures are even higher for older female seniors 75 years and older with 40.7% of them living alone and 48.4% of female seniors 85 years of age and older. As we shall see, living alone has been identified as a risk factor for being institutionalized simply because there is no one in the household to assist the individual when they need assistance on a short-term or long-term basis.



Source: Statistics Canada, 2001 census

3.2 DEMOGRAPHIC PROJECTIONS

Based on projections obtained from the Peel Region Planning Department, the number of seniors 60 years and older is expected to grow by 2.5 times its current level from 114,540 persons in 2001 to 284,740 in 2021 – an increase of 170,200 seniors. This growth in the seniors' population will put considerable pressure on community support services for seniors.

As is shown below in Table 2, the greatest absolute growth will occur amongst younger seniors – those 60 to 74 years of age – whose population will grow to 2.4 times the 2001 population of 84,455 persons to 203,146 by 2021 (an increase of approximately 118,700 persons). The number of older seniors (75 years and older) will also more than double from 30,085 persons in 2001 to 79,575 in 2021 (an increase of 49,490).

Table 2: Growth in Seniors' Population in Peel Region, 2001 to 2021

Age Group	2001		2006		2011		2016		2021		Increase
	#	% of Pop.	#	% of Pop.	#	% of Pop.	#	% of Pop.	#	% of Pop.	
60-64	35,725	3.6%	46,471	4.3%	62,195	5.2%	68,395	5.3%	81,605	6.0%	45,880
65-74	48,730	4.9%	60,318	5.5%	76,875	6.5%	101,734	7.9%	121,541	8.9%	72,811
75-84	23,785	2.4%	30,388	2.8%	37,394	3.1%	46,697	3.6%	59,869	4.4%	36,084
85+	6,300	0.6%	7,207	0.7%	10,803	0.9%	15,057	1.2%	19,706	1.4%	13,406
65+	114,540	11.6%	97,912	9.0%	125,073	10.5%	163,488	12.8%	284,742	20.9%	170,202
Total Population	988,950		1,093,000		1,188,000		1,280,000		1,361,000		

Source: Peel Data Centre, Peel Planning Department

3.3 HEALTH CONDITIONS, MOBILITY AND COMMUNICATION

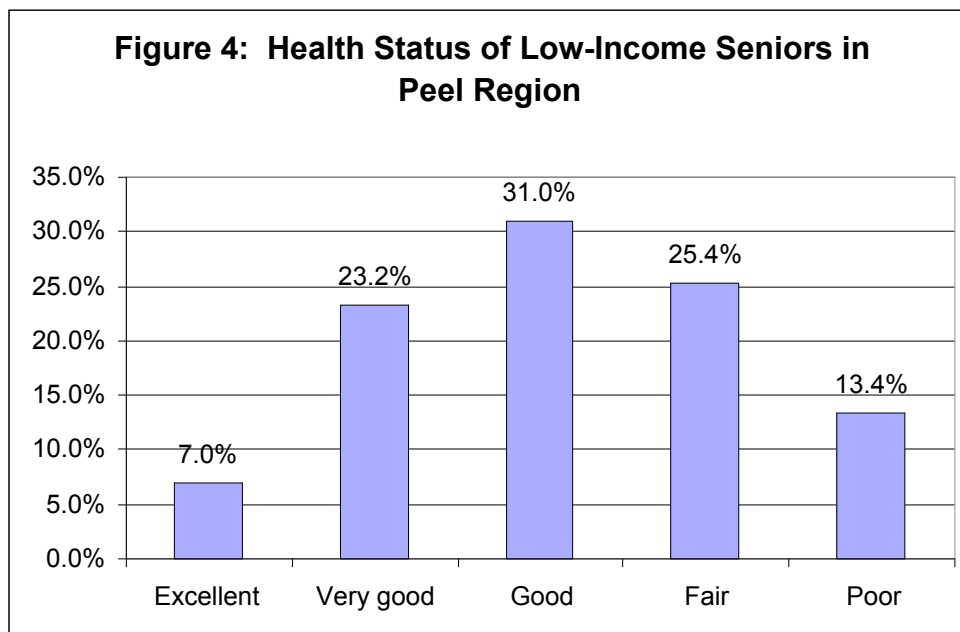
Based on the survey of 144 seniors we were able to develop a profile of the health status and limitations of low-income seniors in Peel.

3.3.1 Overall Health

The majority of seniors interviewed (61.2%) reported that their health is either good, very good or excellent. One quarter (25.4%) say their health is “fair” while 13.4% say they are in “poor” health. It should be noted that seniors often over-report their well-being in such surveys. (See Figure 4 on page 18.)

However, one third of seniors reported that they have a major or minor illness or medical condition that limits their ability to live on their own. The most common condition cited was arthritis either combined with another medical condition or on its own, mentioned by 37% of those who reported a major or minor illness. Heart-related conditions, diabetes and injuries each accounted for approximately a tenth of those who reported an illness while fourteen percent of respondents cited other multiple conditions.

More than a quarter (27.1%) of those with an illness or medical condition report receiving nursing or other medical assistance for it, representing about a tenth of all seniors in the survey.



Source: Peel Seniors' Community Support Services Survey, 2004

3.3.2 Mobility

A majority of seniors are always able to walk around inside their residence (81.9%) and 13.2% are able to walk around inside their home "most of the time". (See Table 3 on page 19.) Only a small proportion report having difficulty walking around inside the residence – 2.8% sometimes and 2.1% are never able to do this. The majority of seniors are also always able to walk a short distance outside (73.0%) and 12.1% are able to walk a short distance "most of the time". Close to 15% (14.9%) are able to walk around a short distance "sometimes" (7.8%) and or "never" (7.1%).

However, a substantial portion of respondents indicate that they have difficulty walking up and down the stairs. Over half (55.3%) of respondents are able to walk up and down the stairs "always" while 17% are able to do so "most of the time". However, 12.1% report being able to do so "sometimes" and 15.6% are "never" able to walk up and down the stairs.

Table 3: How Often Low-Income Seniors Are Able to Get Around on Their Own

	Walk inside residence	Walk up and down stairs	Able to walk a short distance outside
Always	81.9%	55.3%	73.0%
Most of the time	13.2%	17.0%	12.1%
Sometimes	2.8%	12.1%	7.8%
Never	2.1%	15.6%	7.1%
Total	100.0%	100.0%	100.0%

Source: Peel Seniors' Community Support Services Survey, 2004

Over one-quarter (27.3%) of the individuals interviewed use assistive devices or aids to help them get around. Canes and walkers are the most-used aids to mobility. A couple of respondents have wheelchairs, one an oxygen tank and eight use another device.

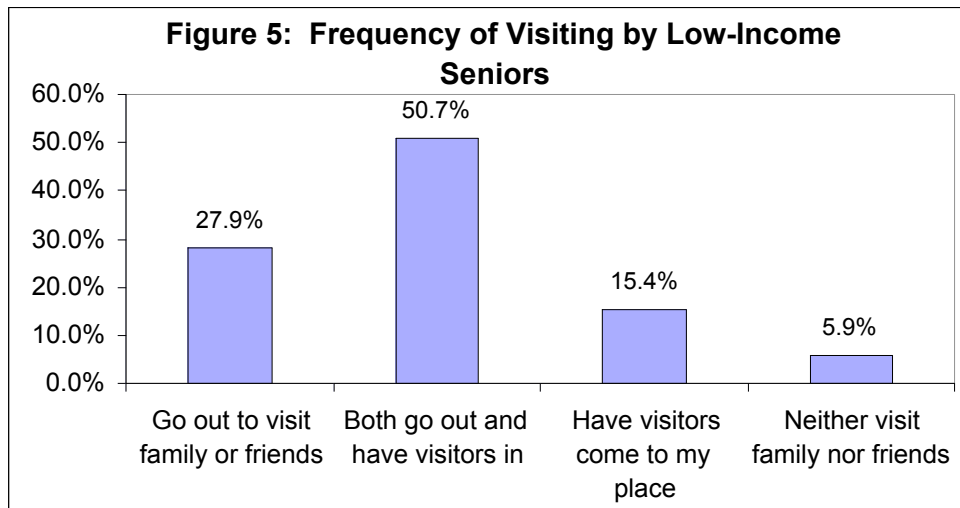
3.3.3 Health Conditions Related to Communication and Perception

The most commonly experienced communication/perceptual problem affecting an individual's ability to participate in daily activities is hearing (20.3%), followed by vision (17.9%) and speech (4.3%). Hearing difficulties are primarily related to hearing loss due to aging and the need for hearing aids. Respondents have a range of diminished sight problems with a few having blindness in one or both eyes, cataracts or macular degeneration. Speech difficulties, for the most part, consisted of lack of English language skills.

3.4 SOCIAL SUPPORT AND PARTICIPATION IN SOCIAL AND RECREATIONAL ACTIVITIES

Very few survey respondents appear to be isolated socially. Eighty-six per cent (86.1%) talk on the phone to family and friends either daily (59.7%) or at least two to three times a week (26.6%).

Ninety-four per cent (94.0%) of those interviewed have personal visits with family or friends in their own home, in the homes of their family and friends or both. (Refer to Figure 5 on page 20.) A small proportion of respondents (5.9%) appear to be socially isolated in that they neither visit with family nor friends.



Source: Peel Seniors' Community Support Services Survey, 2004

Over three-quarters of respondent (77.5%) report that they are happy with the amount of time that they speak with family and friends but the remainder (22.5%), a sizeable minority, would like more social interaction. In some cases individuals (7) said that their families are too busy or not available. Others (4) cannot afford the long-distance telephone charges and still others find that traveling the distance required is too difficult or costly (3).

Many respondents also participate in religious, cultural, social or recreational activities on a regular basis. The types of activities most commonly carried out are: getting together with friends (61.5%), religious activities (49.6%), recreational activities, including walking (48.1%), organized seniors' groups (42.2%) and card playing or other games (38.5%). Other activities described by respondents include: participation in an organization (14), volunteer activities (8), exercise/fitness classes (6) and arts and crafts (6). Other specific activities mentioned include dancing, hunting and fishing sports, singing, bingo and bowling.

3.5 TRENDS IN DEMAND FOR SERVICES

3.5.1 Overview

In this section we examine trends in demand for services based on identified waits for services, results of key informant interviews, focus groups and the survey.

While generally many seniors are healthy, there are a number who have health problems and this tends to increase with age. The majority live on their own with assistance as required from time to time from their family members and friends. Many participate in social and recreational programs and have active social lives. Some are, however, socially isolated and need more support.

It is difficult to quantify the relative demand for various community support services; however, the research has shown that there is a strong demand for:

- Assistance with homemaking such as heavy housework, shopping, and light housework;
- Information on the range of services available to seniors, how to access them and the cost of such services;
- Information on the range of services available to seniors provided to immigrant seniors in their own language;
- Services that are provided in culturally sensitive ways;
- Transportation that is affordable and accessible to seniors;
- Supportive housing;
- Respite care for caregivers;
- Friendly visiting for isolated seniors;
- Social and recreational programs;
- Services for complex medical cases; and,
- Community-based mental health services.

3.5.2 Waits for Services

In the interim report, wait lists for services were examined for a variety of agencies. One of the problems, however, with using wait lists is that not all agencies maintain them and eligibility may eliminate certain people from applying, thereby underestimating the demand. This information changes over time but does provide some indicator of the demand for services.

For example, the Rainbow Community Services of Peel observed that the waiting list for the Adult Day Program had increased and clients wait from between a few weeks to a few months. Others who are attending one day/week are on a waiting list to attend 3 days/week.

Most recent figures show that there are 317 clients on the CCAC wait list for in-home respite services compared to the 229 who are being served (as of August, 2004).¹⁶

Also when key informant interviews were conducted in the summer of 2003, Elder Help Peel, an agency that serves mostly immigrant women, had about 20 persons on its wait list for friendly visiting with a wait time of about one month.

Caledon Community Services has a waiting list for supportive housing of about 30 people with a wait time of about one year.¹⁷

Peel Senior Link reports that people living outside the buildings where Peel Senior Link provides services have a short window for admission; either they are admitted to one of the supportive housing units serviced by Peel Senior Link, or they go elsewhere. People may wait 30 days to 4 months for admission to a unit served by Peel Senior Link and CCAC may be providing services to them during this time. Peel Senior Link maintains a list of potential clients living outside and inside their service buildings. The wait list is usually 10 to 15 applicants across all supportive housing sites. For someone living inside a building served by Peel Senior Link who requires services, they may be served immediately if Peel Senior Link has staff resources to cover that person.¹⁸

3.5.3 Needs Which Appear to be Increasing or Decreasing

Many key informants noted that the needs of seniors are increasing in Peel Region due to the increased size of the seniors' population in Peel, the overall profile of aging population and longer life expectancies. This is affecting the need for all types of services for seniors.

Based on the key informant interviews, needs for the following specific services are increasing in the older adult population in Peel:

- Services for those with complex medical needs living in the community;
- Mental health services and services for those with dementia;
- Adult Day Programs;
- Respite care for caregivers;
- Supportive housing programs;
- Services for older immigrants;
- Transportation that is affordable and accessible;
- Homemaking; and,
- Long-Term Care Facilities

¹⁶ Data is for August, 2004 and was provided by the Co-ordinated Care Access Centre of Peel.

¹⁷ Data is for February, 2004 and was provided by Caledon Community Services.

¹⁸ Peel Senior Link has a service agreement with the Region of Peel to provide support services to up to 15 people in any given building.

Many key informants also noted the need for affordable rental housing; however, as that is not a community support service, we did not include this need in the report.

The needs which are increasing are described in more detail below:

Complex Medical Needs

Medical advances are helping people to live longer but this also means that many survive with complex medical needs that have to be addressed. Many older adults with complex medical needs are now living in the community and are less likely to live in institutions.

Mental Health Services and Dementia

A number of key informants noted the increasing number of seniors with serious mental health problems. Often such seniors are isolated and withdrawn and their health may deteriorate as a result. If left unattended, these issues can have serious consequences for individuals, their families and possibly their neighbours. For example, seniors in social housing developments who have mental health issues may disturb their neighbours and put a lot of pressure on staff. Health and safety issues may arise if they are unable to look after their apartment.

There is also a growing need for services for adults with dementia who often end up being isolated and lonely.

Adult Day Programs

A number of agencies noted increased need for Adult Day Programs for clients having increased physical/medical needs and an increasing number of younger adults who need Adult Day services, such as those who have had strokes or are in the early stages of dementia.

Respite Care

With the growing number of complex medical conditions in the community, there is an increased need for respite care, especially as many caregivers themselves are aging.

Increased Demand for Supportive Housing

A number of agencies noted that there is an increased need for supportive housing services to help the aging population remain in their homes.

Need for Services for Older Immigrant Groups

Many agencies commented on the growing needs of the older immigrant groups in Peel who need services delivered in their own language and in a culturally sensitive way. One agency dealing with immigrants noted that settlement needs are increasing for recent older immigrants. Another agency dealing with a specific immigrant group mentioned the increased demand for assistance with bureaucracy, advocacy, pensions and income tax returns. Inter-generational conflict is often a problem with immigrant seniors who are more likely to live in extended families.

Transportation

A number of interviewees noted the increased needs of seniors for affordable and accessible transportation. Most services are located in the community and many seniors do not have their own transportation, do not qualify for assistance, or as they get older and frailer, cannot use public transportation on their own. Many, because of their lower incomes, cannot afford taxis.

Home-Making

A number of agencies mentioned that while many seniors need assistance with home making, often they no longer qualify because the CCAC will only fund such services if the individual also needs help with personal care and support.

Long-Term Care

While the need for long-term care is increasing, the increased supply is anticipated to meet this need.

Finally, it was mentioned that there is an increased need for services for adult children with mental or physical needs who are dependent on senior parents as caregivers.

Agency representatives were asked about the changes in the kinds and levels of services that they see being required over the next few years. Generally, interviewees felt that Peel will continue to be a very complex and cosmopolitan community, with needs for both ethno-specific and mainstream services.

The following summarizes the comments regarding changes in the kinds and levels of service required in the future:

- Increases in affordable transportation services for frail and disabled elderly, including:
 - accessible transportation,
 - transportation for even short distances, and
 - escorts for transportation.
- Increases in services for more complex cases that require more qualified workers working in the community – they need to be compensated at the level of those working in hospitals and institutions.
- Increases in services to overcome isolation and loneliness of seniors living alone including:
 - home visiting, and,
 - social and recreational programs.
- Increases in affordable housing options.
- Increases in supportive housing.

- Increases in culturally sensitive services for seniors, including outreach and promotion of existing services.
- Increases in community-based mental health services, including culturally sensitive assessments.
- Increases in a range of community-based service that supports people living at home, including health promotion, increased levels of attendant and homemaking services, therapies, and a wide range of services to deal with complex cases.
- Increases in respite services to give caregivers time to work or to give them a break – more social and recreational programs such as Adult Day Programs – and more training for caregivers.
- More home visiting programs for isolated seniors whose children have moved away.
- More social and recreational programs to deal with isolated seniors who are in need of social contact and activities. These should not be highly restricted and it would be good to mix them in with other ages.

3.5.4 Seniors' Use of Services

In this section we discuss the findings of the research from the focus groups and the survey on what services seniors are likely to use.

Survey Results on the Use of and Need for Services

Low-income seniors who were interviewed were asked whether or not they needed specific community services. (Separate questions addressed their need for assistance with transportation.) Overall, 79.0 % of respondents reported that they are able to live on their own without assistance from other people and 18.1 % need some assistance. However, when asked whether they need help with a variety of specific activities or whether they are able to carry them out on their own, a higher percentage of respondents indicated that they need help and are currently receiving some help.

As is shown below in Table 4, the activity for which the largest number of low-income seniors need help is heavy housework (35.4%) followed by grocery shopping (27.1%), laundry (17.4%) and light housework (16.8%). Almost one-fifth (17.4% or 25) also said that there are other aspects of daily life with which they need assistance. Among those who mentioned other aspects, “homemaking and cleaning” was mentioned most (6 persons), followed by the services of a “handyman” (5) and affordable and adequate seniors' housing (4).

Table 4: Number and Percentage of Respondents Who Said They Needed Assistance with Activities of Daily Living

	#	% of respondents
Heavy housework	51	35.4%
Grocery shopping	39	27.1%
Laundry	25	17.4%
Light housework	24	16.7%
Banking & financial assistance	17	11.8%
Dressing and bathing	11	7.6%
Food preparation	10	6.9%
Transferring	5	3.5%
House and yard maintenance	3	2.1%
Medication	3	2.1%
Toileting	2	1.4%
N	144	

Source: Peel Seniors' Community Support Services Survey, 2004

In addition to support services, one-quarter (24.3%) of respondents said that there are other kinds of services they need on a regular basis to live independently. These include: physiotherapy (15 respondents), counselling or advice (5), acupuncture (4), chiropractic care (3) and massage, blood pressure checks, foot care, and an exercise machine.

The survey also provides insight into who provides the service that seniors need. Table 5 below confirms what the focus groups showed, that is, that most of those who obtain assistance are getting help from family (either living with them or coming in to help them) or from friends. In some cases, no one is providing help – particularly for grocery shopping.

3.5.5 Who Assists Low-Income Seniors

The data shows that for the five most frequently needed services, family (either living with the respondent or living outside the home), account for close to half of the people who provide assistance. Friends provide between a tenth and a fifth of assistance required depending upon the service examined (except for laundry for which they provide no assistance). Between 19% to 24% of seniors who need help turn to community agencies for support services for heavy housework, laundry and light housekeeping. A substantial proportion of seniors also turn to commercial services offered in the community for heavy housework, laundry and light housework. Seniors are most likely to turn to family for assistance with banking and financial matters.

Table 5: Who Provides Assistance to Respondents Who Need Help with Activities of Daily Living

	Does on Own	Family-in home	Family - outside of home	Friends	Support Service	Other	Total
Heavy Housework	4 8.3%	12 25.0%	10 20.8%	6 12.5%	11 22.9%	5 10.4%	48 100.0%
Grocery shopping	7 17.5%	10 25.0%	12 30.0%	7 17.5%	4 10.0%	0 0.0%	40 100.0%
Laundry	3 14.3%	4 19.0%	6 28.6%	0 0.0%	5 23.8%	3 14.3%	21 100.0%
Light housework	3 14.3%	7 33.3%	2 9.5%	3 14.3%	4 19.0%	2 9.5%	21 100.0%
Banking and financial	0 0.0%	2 12.5%	11 68.8%	2 12.5%	1 6.3%	0 0.0%	16 100.0%

Source: Peel Seniors' Community Support Services Survey, 2004

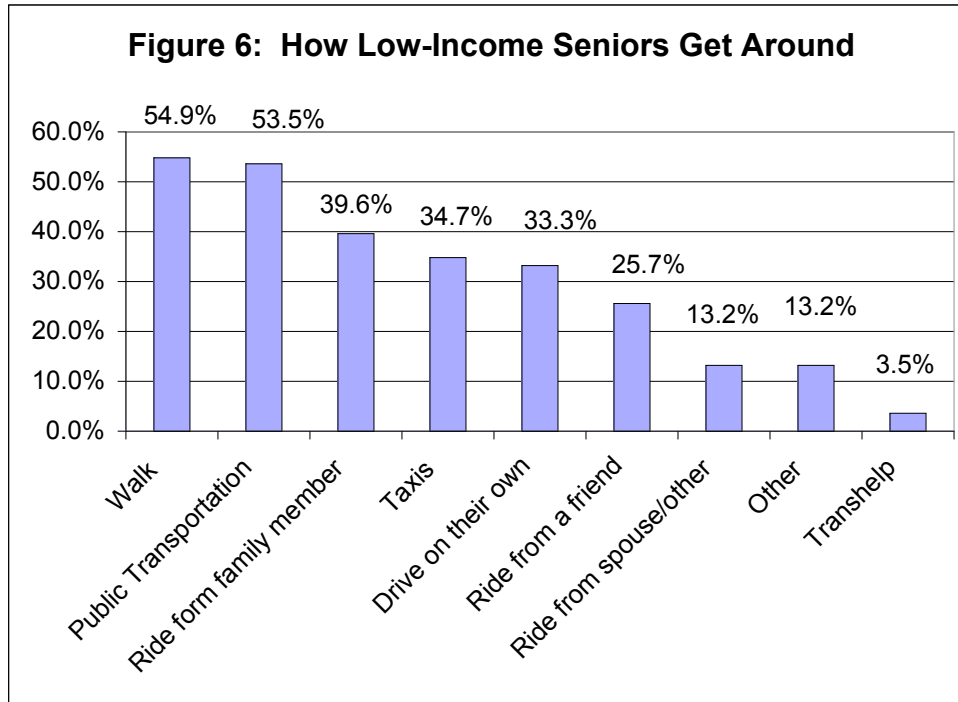
The survey and the focus groups underline the importance firstly, of families, and secondly, of friends, in assisting seniors.

Respondents were asked about the relationship of the family member who provides help. Close to a third of all respondents report receiving assistance from their daughter. Sons were mentioned by 18.8% of respondents, sometimes with other members of the family as well. Respondents also mentioned their in-laws or grandchildren as providing assistance. Only three respondents mentioned getting help from their spouses – probably reflecting the high proportion living on their own and, perhaps, the age of their spouses.

It is clear that older persons rely heavily on their children for assistance. However, this reliance on the family member can sometimes be difficult for both parties. For example, of the 64% of respondents who are being helped by family members, over a third said that the family member has difficulty finding the time to be able to help because of their own family or work responsibilities.

3.5.6 Transportation

Respondents typically get around for shopping, going to the doctor, visiting and other activities in several ways. (Respondents were asked to indicate all methods of getting around that applied.) Most often they walk (54.9%) or use public transportation (53.5%). Some (39.6%) get rides from a family member and one-third use taxis (34.7%). One-third of the respondents (33.3%) drive themselves while 13.2 per cent get a ride from a spouse or other household resident. (Refer to Figure 6 on the next page.)



Source: Peel Seniors' Community Support Services Survey, 2004

Among the 19 respondents who use other means of transportation:

- 3 use Caledon Community Services
- 4 use a bicycle
- 3 use a scooter
- 1 gets a ride from a club member
- 1 gets a ride from a neighbour
- 1 uses the cancer society
- 1 uses Red Cross
- 2 use other services (Community Care Transportation service, Hospice of Peel Wellspring)
- 1 uses a taxi.

One-quarter (25.2% or 34 respondents) of those responding use services that require them to travel to the offices or location of the service and 29.4 per cent of these (i.e., 10 persons) have difficulty in getting to this location.

When respondents were asked to indicate how they usually get around to visit with friends, family or participate in social or cultural activities, the responses showed more dependence on driving – either on their own or with family or friends. (Refer to Table 6 below.) Twenty-nine per cent (28.8%) walk to participate in such social activities, 30.2% drive there, 42.4% get a ride from a family member, 29.5% get a ride from a friend, 30.2% use public transportation. A tenth (10.1%) of respondents mention using taxis. Only a couple of respondents use Transhelp.

Table 6: How Low-Income Seniors Travel to Family, Friends and Social and Cultural Activities

Mode of Transportation	#	%
Walking	40	28.8%
Driving	42	30.2%
Ride from member of household	19	13.7%
Ride from friend	41	29.5%
Ride from family member	59	42.4%
Public transportation	42	30.2%
Transhelp	2	1.4%
Taxis	14	10.1%
Other	8	5.8%
N	139	

Source: Peel Seniors' Community Support Services Survey, 2004

Focus Groups

Although some participants indicated or appeared to have high service needs, many participants in the focus groups were healthy and active and indicated that they do not presently use services outside of participating in social and recreational activities. Some participants described family members' use of community-based services as a result of a terminal illness or a long-term medical condition. Others mentioned that another family member, their spouse or a visiting relative helps them with services which reduces their need for community services. Many seniors seemed to lack familiarity with the range of community-based services that are available, which may mean that some seniors are not receiving services that they need.

One of the major community support services that seniors report using are **social and recreational services**. These include programs at seniors' centres (Elderly Persons' Centres) operated for the general community as well as programs directed to specific ethno-cultural groups. Seniors reported participating in a wide variety of activities including lunches, exercise classes, card games, bingo, out of town trips, dances, etc. Seniors who participated in these groups seemed to particularly enjoy such activities and benefited from them not only for the activity itself but also the opportunity to socialize and form friendships. Many seniors exhibited a very good sense of humour about their situations, including aging. The high participation in such activities to a large extent reflects the way in which participants were recruited, that is, through organizations serving seniors.

The second most frequently mentioned service used was **transportation services** – either volunteer-based rides, the Red Cross or Transhelp. Focus group participants from Caledon were especially happy with the volunteer program operated by Caledon Community Services. Not only do seniors get the rides they need, but they also seem to form friendships with volunteer drivers. Some of the volunteer drivers participated in the focus groups and exhibited a high degree of satisfaction and pride in the volunteer work they do. Many participants rely on friends and family to provide them with transportation assistance thus decreasing their use of publicly or volunteer-provided transportation services.

A number of seniors noted that they had used **personal support and homemaking** either after a major illness or because of a physical limitation. Other seniors described the services that their spouses had used when they were ill. Many participants were cognizant of the fact that they might need such help in the future should they become ill.

A handful of respondents used **meals on wheels**. One lady who looked after a disabled sister commented on how good the food was and that one could get frozen meals at a very reasonable price. Many seniors did not seem to be aware of the meals on wheels program or how it operated. As mentioned earlier a number of seniors using the seniors' groups that they belong to do enjoy a meal with other seniors on a regular basis. For those who belong to specific ethno-cultural groups, having food from their own background was important and they often contributed food to the meal which was served at Intercultural Community Neighbourhood Social Services in Mississauga.

Those seniors who had physical disabilities in some cases received **assistance with bathing**.

Other seniors reported using other services such as **physiotherapy, nursing, caregiver relief, foot care and Lifeline** – many such services being limited to particular medical conditions that may have been temporary in nature.

4 GAPS IN SERVICE PROVISION AND BARRIERS TO ACCESSING SERVICES

4.1 OVERVIEW

The two most important gaps in community support services also turn out to be barriers to accessing other services (i.e., transportation and information about services). Services that were identified through the key informant interviews, the focus groups and survey as major gaps include:

- Transportation – affordable and accessible; and,
- Information on community support services– both for the general senior population and more specifically for seniors from immigrant households.

Other services that were identified as being inadequately provided include:

- Assistance with both heavy and light housekeeping and home maintenance tasks;
- Assistance with grocery shopping.

In addition to insufficient transportation and information about services, fees are sometimes a barrier to using services.

Other services that seniors need but often have difficulty obtaining include:

- Physiotherapy;
- Exercise classes;
- Affordable housing;
- Security checks (including telephone reassurance); and,
- Services for ethno-specific groups;

Some seniors reported that they used to get services but are no longer getting them although the largest type of service mentioned was medical services.

4.2 GAPS IN SERVICES

4.2.1 Unmet Needs

In this section we review the findings of the key informant interviews, the survey and the focus groups regarding needs that are not being met or are being inadequately met.

Key Informant Views

Key informant interviewees were asked whether or not there were any services needed by their senior clients that were being inadequately provided. The two most common responses regarding services that were being inadequately provided were transportation and home-making as briefly described below:

- Affordable and accessible transportation –important because transportation links individuals to services in the community. As well, it was pointed out that some seniors require Transhelp-type transportation, e.g., door to door due to cognitive difficulties but are not eligible for Transhelp due to eligibility criteria.
- Home-making – should not be limited to those who need personal care.

Other services that were being inadequately provided included:

- Supportive housing.
- A broad range of services to help keep people in their homes:
 - telephone reassurance,
 - caregiver support,
 - respite care,
 - adult day programs
 - community dining,
 - mental health services,
 - attendant services (for people who direct their own care),
 - in-home nursing and therapies,
 - home maintenance, and
 - client intervention assistance for vulnerable clients on their own.
- Services for seniors with an immigrant background:
 - Settlement services for senior immigrants, and
 - Multicultural services for seniors of all ethnic backgrounds.
- Services to help seniors overcome their isolation:
 - Social and recreational programs (especially for older immigrants).
- Health prevention and promotion:
 - adult dental clinics; dentists who specialize in seniors and who will make home visits and work at lower fees; and
 - access to physicians especially those willing to work collaboratively with agencies such as Peel Senior Link; OHIP payment for case conferences.

Survey Results

Respondents who required services were asked if they required a support service. Table 7 below illustrates the outstanding needs for support services for those respondents who are either not receiving help at this point or who would prefer a support service to reliance on family or friends. Heavy housework and grocery shopping are the most common service needs. (Categories with small numbers of respondents needing assistance were not included.)

Table 7: Proportion of Respondents Who Need Assistance Who Are Not Getting Help

	Respondents Needing Assistance	Need support service but not getting it	Percent of those needing assistance
Heavy housework	51	8	15.7%
Grocery shopping	39	8	20.5%
Laundry	25	5	20.0%
Light housework	24	3	12.5%
Banking & financial assistance	17	3	17.6%

Source: Peel Seniors' Community Support Services Survey, 2004

When asked why they were not getting the service they need, the two main reasons were that the senior does not know how to get the service or cannot afford the fees. Because the number of respondents who need support services but are not getting it is relatively small, it is problematic to project these proportions to the seniors' population as a whole.

In addition to support services, one-quarter (24.3% of 136) said that there are other kinds of services they need on a regular basis to live independently. These include: physiotherapy (15 respondents), counselling or advice (5), acupuncture (4), chiropractic care (3) and massage, blood pressure checks, foot care, an exercise machine. Just over one-quarter (27.7%) of those responding to the question (130 individuals) also indicated that they need other types of assistance that they are not now receiving such as: affordable and adequate seniors' housing (6), financial assistance (6), additional medical services (4), interpreter services (3) and improved public transportation (3).

Focus Groups

The focus groups identified the following services in order of frequency mentioned as services they would like to have but cannot obtain or the service needs to be improved.

Transportation was probably the most frequently mentioned gap in service, including the need for improved transportation services, such as drives to exercise and pool activities, more direct transportation to destinations, and reduced waiting time for the transportation required. The physical layout of Peel means that it can take a long time to get to facilities and services by public transportation and taxis are too expensive for many seniors. Buses are difficult to board and most do not have the lowered platform that some seniors noted are provided in other municipalities.

Participants from Caledon were particularly happy with the volunteer-based driving program there, whereas those in other parts of Peel often voiced dissatisfaction with public transportation and with the service provided by Transhelp. Some of the concerns expressed about Transhelp included long wait times at either end of a trip meaning that many hours were wasted either before or after an appointment.

More **information about services**, including having information available in various languages in Peel Region, was one of the most common concerns among seniors and was mentioned almost as frequently as transportation. There was a considerable lack of knowledge around what services are available, how to access them and the cost of services to users. This lack of knowledge made it difficult for seniors to talk about their need for services as they did not know what was available.

Others gaps in services mentioned by participants include:

- **Physiotherapy** provided at no cost to client – many elderly were concerned about having to pay for physiotherapy (while not part of the services examined in this study, we thought it important to mention as this was raised by seniors).
- **Snow removal and grass cutting** – this was considered to be a major reason why many seniors have to move out of their homes into apartments.
- **More communal dining type programs** – particularly those run by seniors themselves for ethno-specific cultural groups. One member of a focus group indicated that his group would like to organize communal dining on a regular basis and is looking for a facility. The seniors' group would provide the food at no cost.
- **Exercise classes** – a number of seniors noted that there should be more exercise classes in accessible locations as exercise was very important to maintaining one's health. One member of a group said he would like to give yoga classes.
- **After hospital treatment at home** – many seniors reported on problems with some services provided to them or their spouse after an injury or illness that had required hospitalization. A lack of consistency in staff sent out was also mentioned.

- **Homemaking** – as was mentioned, a number of participants wanted help with light housekeeping.
- **Foot care** - it was noted that seniors in Caledon have to come into Bolton to obtain the services of a podiatrist.
- The need for additional **respite services for caregivers**, or for seniors who are caregivers, was noted as a gap in service.
- Some seniors noted that not only do material needs have to be addressed but it is also important to address **inner needs including spiritual and social needs**. This is especially important for persons who are more limited in their mobility and opportunities to interact with others.

4.2.2 Services No Longer Available

Focus Groups

As the majority of focus group participants are still active seniors, many had not previously used services and could not comment on services no longer available.

Six participants identified reductions in homemaking services (light housekeeping) from the CCAC and reductions in assistance with shopping as services which they can no longer obtain or for which eligibility requirements have changed.

Survey

One-fifth (21.5% of 135 respondents) received services before and still need these services but are no longer getting them. These services are: additional medical services (8), community support services (4), financial assistance (4), homemaking and cleaning help (3), bus transportation (3) and personal care (2).

4.3 BARRIERS TO ACCESSING SERVICES

Key informant interviewees were asked about barriers that seniors were facing in obtaining the service(s) that their agency provided.

The most prevalent perception about barriers to accessing services was a general lack of awareness in the community about services, criteria and available levels of services. This lack of awareness appears to be directly related to language and literacy barriers as well as some cultural barriers, such as a sense of pride about not needing services, or, concerns about appearing to need them.

Perceptions of other barriers experienced by seniors in obtaining services include:

- Lack of affordable and accessible transportation to get to services and unavailability of escorts for transportation; and,
- Costs of services, such as the Adult Day Program and out-of-home short-term respite programs.

Participants in the focus groups identified several barriers in obtaining services they need:

- Lack of information was mentioned frequently as a reason for not getting services. Participants in specific ethno-cultural groups identified the need for information to be provided in various languages used in Peel. One participant noted that case management services could help seniors be better informed regarding services available.
- The high cost of services which require a fee was considered a barrier to using many services (e.g., taxis, the VON and help with housekeeping).
- Problems with homemaking services, such as inconsistency in the provider, lateness, no-shows, and limited effort on the part of some homemakers.
- Distances to some services were noted as a barrier. Again, this concern reflects the physical layout of Peel. This was a problem mentioned in many of the focus groups.

5 SENIORS AT RISK AND FUTURE NEED FOR SERVICES

5.1 RANGE OF FACTORS ASSOCIATED WITH NEED FOR COMMUNITY SERVICES

This section of the report builds upon the findings of the focus groups and the survey but also upon the considerable work done by the Halton-Peel District Health Council on estimating the need for community support services for older adults.¹⁹

There are several factors associated with needing community support services. These include:

- Health status;
- Age
- Functional disability;
- Low-income;
- Living alone;
- Social support network;
- Having a mental health or cognitive impairment; and,
- Having poor literacy skills.

The Halton-Peel District Health Council report identified from among these factors five key factors that affect an older adult's need for community support services. These include functional disability, health status, mental health, accommodation and informal support. Taken together these factors impact on whether or not an older adult requires community support services. The five actors selected by the Halton-Peel District Health Council were also identified in similar work done in the United Kingdom as well as on their lending themselves to being quantified through community health survey data.

5.1.1 Age

As health risks are associated with age, age in itself can be considered a risk to institutionalization. In estimating the need for community support services, the Halton-Peel District Health Council used "older age" as a cut-off for estimating the demand for services. It only examined the needs of seniors who are 75 years or older. Discussions with service providers indicated that most clients are in this age category.

¹⁹ Halton-Peel District Health Council, The Future Vision of Community Support Services for Older Adults, op. cit., 2004

5.1.2 Health Status

As described in the Halton-Peel District Health Council's document, health status can be measured using an objective measure of health based on various health attributes or self-rated health status. The findings of the Peel survey of low-income seniors described both health attributes and a self-assessment of overall health (refer to Section 3.3 on pages 17 to 19.) We noted that a high proportion (61.2%) of low-income seniors are healthy (they reported their health is good, very good or excellent); however, one quarter report their health is "fair" (25.4%) and 13.4% report they are in "poor" health. However, one third of them reported that they had a major or minor illness or medical condition that limited their ability to live on their own.

Similarly, the majority can always walk on their own inside their residence and are able to walk a short distance outside. Nevertheless, a sizeable minority are able to do these activities "sometimes" or never (ranging from 5% to 15%). And over a tenth (ranging from 12.1% to 17.0%) say they can do these activities "most of the time" indicating some level of limitation. Stairs are the most limiting consideration affecting seniors – 55% say they can always walk up and down stairs, 17% most of the time and 28% sometimes or never. The presence of stairs can pose a problem in mobility in one's home, in entrances to buildings and in many public spaces.

Problems with vision and ability to communicate effectively were a problem for close to a fifth of respondents – the latter being primarily due to lack of English language skills.

5.1.3 Functional Disability

Functional disability is related to the number of daily activities with which one needs assistance. Functional disability is often measured on the basis of the number of activities with which one needs assistance ranging from 0, 1-2 activities, 3-4 activities, 5-6 activities.

The survey of low-income seniors in Peel identified the proportion of respondents needing assistance with various services as discussed in Section 3.5.4 on page 26. Need for services ranges from a low of 2% for transferring (from chair to bed, for example) to 35% for heavy housework.

Those most at risk of being institutionalized are those who need assistance with personal care (washing, bathing, toileting). However, seniors who are unable to prepare meals will also end up needing care as their overall health with deteriorate if they do not get sufficient nourishment. Similarly, while seniors can manage on a day to day basis without assistance with grocery shopping, over the long-term, without assistance with this activity, many seniors' health will deteriorate.

Many seniors are able to get assistance from family members or from friends; however, more isolated seniors are most at risk of being institutionalized.

5.1.4 Low-income

The 2004 Halton-Peel District Health Council report notes that older adults with low incomes may be at risk for poor health status. It also states that this risk may be further compounded by the financial costs associated with many community support services, which means that low-income seniors either do not get the services they need or pay the high cost and have to cut out some other necessity. The report also notes that even if a service is income-tested, the number of available services may be limited.

The survey of low-income seniors showed that many seniors are paying private companies to help with household chores (e.g., cleaning, laundry, etc.) because they cannot do them on their own. Also, many seniors are opting to pay for a taxi to get to services and activities in Peel.

While Peel data is not available, the Halton-Peel District Health Council refers to Canada-wide data published by Statistics Canada which indicates that of older adults 65+ with disabilities, 18.3% live in households below the low-income cut-off compared to 14.4% of older adults in general. Furthermore, it notes that 23.5% of older women with disabilities are in this situation compared to 11% of older men with disabilities.²⁰

Seniors (65 years or older) living alone had a very high incidence of low-income across Canada with 38.5% of them having low-incomes as defined by Statistics Canada.

In our survey of low-income seniors, approximately fifteen percent (14.5%) respondents had household incomes of \$10,000 or less while close to two-thirds (65.8%) had household incomes of \$20,000 or less.

5.1.5 Living Alone

Living alone poses a potential risk for seniors who need support to live independently. This risk is lessened by the presence of family nearby or friends who can be counted on for assistance. Half of respondents in the survey were persons living alone while just under a third were couples.

The survey has shown that many seniors have both low-incomes and live on their own, both factors associated with the risk of not getting the services they require to live independently.

²⁰ Halton-Peel District Health Council, The Future Vision. Of Community Support Services for Older Adults, 2004, op.cit, page 22.

5.1.6 Social Support Network

As was reported earlier in the report in Sections 3.4, many of the low-income seniors who were interviewed for the survey report being socially active – they talk often to their family or friends, they visit with family or friends and they participate in a range of social and recreational activities. Furthermore, half of the seniors who need services rely on family while they rely on friends for between 10 to 20% of the help needed (see Section 3.5.5).

Nevertheless, over a third of those who rely on their family say that the family member has difficulty finding the time to help them because of their own family or work responsibilities. And there appears to be a group of low-income seniors who are more isolated with 6% visiting neither family nor friends and 15% who are dependent upon visitors coming to their place.

The importance of participating in social and recreational activities has value both in themselves but also for forming friendships among seniors and helping them to help themselves.

5.1.7 Mental Health or Cognitive Impairment

While cognitive impairment and mental illness affects a small proportion of the population, its incidence increases with age, particularly cognitive impairment. When such individuals are left alone, their condition will deteriorate and they may not be able to live outside of institutional settings.

5.1.8 Poor English Language Skills

As was demonstrated in the focus groups, many seniors in immigrant groups are unaware of the community support services that are available. Furthermore, many would like them to be delivered in their own language and in a culturally sensitive way. Many seniors in the focus groups indicated an interest in language programs and translation services while many seniors, mostly immigrants, who were interviewed indicated that they had a problem with verbal communication.

5.2 DEVELOPING AN ESTIMATE OF NEED FOR COMMUNITY SERVICES IN PEEL REGION

5.2.1 A Brief Description of the Methodology

In this section we identify the magnitude of the service needs for a range of community support services by seniors who are 75+ years of age. This was the age category that the Halton-Peel District Health Council report utilized as the target group for community support services funded through the Ministry of Health and Long-Term Care and represents the age group most at risk.

However, it should be noted that a concentration solely on this older group, without adequate attention to the broader range of community support services for younger age groups as described in this report, may undermine the well-being of younger seniors.

The Halton-Peel District Health Council has observed that the three community support service categories estimated to be needed by the largest number of older adults are:

- Transportation,
- Personal support and homemaking, and
- Caregiver support.

The methodology used by the Halton-Peel District Health Council was to create seven different categories of target groups 75+ based on several different measures (the number of restrictions of activities and health status). The first five groups ranged from the lowest level of support needed to the highest level of support needed by the most frail elderly older adults. Those with dementia and Alzheimer's and those with mental illnesses represented the last two groups which had unique needs.

Using this approach and in discussions with an Advisory Panel consisting of key stakeholders, it was determined for each target group and each of thirteen long-term care services, what proportion of the population need various services.

The resulting projection of the need for services for Peel Region has been provided to the consultants for this study by Halton-Peel District Health Council and are included in Table 8 below.

Table 8: Total Population in Peel Region, 75+ Needing Community Support Services, 2008

Target Group	Personal Support	Home Help	Friendly Visits	Client Intervention &	Adult Day Program	Supportive Housing Services	Meals	Caregiver Support	Caregiver Education	Home Maintenance	Security	Transportation	Social & Recreational
1	0	0	380	210	0	0	0	0	0	610	100	0	3,260
2	0	0	1,750	150	0	530	410	310	60	890	360	1,060	1,830
3	2,660	1,310	2,200	20	800	530	870	1,390	1,620	440	640	3,800	570
4	2,400	780	1,460	0	1,160	330	1,010	1,830	1,180	50	550	1,940	0
	1,310	100	360	0	0	0	80	920	170	0	0	0	0
6 (Dem.)	1,850	250	860	110	1,260	180	370	2,310	1,280	270	70	2,100	0
7 (MH)	80	20	110	50	0	30	80	1,050	150	120	280	200	0
Total	8,320	2,450	7,140	550	3,220	1,600	2,830	7,810	4,460	2,380	2,000	9,100	5,660

Source: Halton-Peel District Health Council, 2004

6 SUMMARY AND CONCLUSIONS AND RECOMMENDATIONS

6.1 SUMMARY AND CONCLUSIONS

This study represents the findings of a variety of research activities around the needs of Peel seniors today and in the future for community support services. The study relied on a review of the literature, key informant interviews, focus groups with seniors and a survey of seniors. The work builds upon other activities underway in Peel Region including the recently completed future vision of community support services for older adults by the Halton-Peel District Health Council as well as an earlier unpublished document on a strategic plan for community services by the Region of Peel and two other studies also by the Region of Peel on older adults' housing needs and the need for community support services.. The study is unique in that it identifies the needs of seniors for community support services from their perspective.

The growth in the seniors' population in Peel Region will put pressure on governments and community agencies to work with other stakeholders including seniors themselves and their families and caregivers, to ensure there are sufficient community support services to enable seniors to live as long as possible in their own dwellings. Furthermore, because medical advances mean that people live longer and those with medical conditions have a higher survival rate, there will be a growth in the number people with complex conditions.

The study shows that many low-income seniors are well, healthy and participate actively in social and recreational activities. In fact, one of the most frequently used community support services is the various social and recreational programs. Other seniors are coping with physical limitations and health problems and many who are healthy today are concerned that these limitations will increase in the future. As many as a third of seniors have an illness or medical condition that limits their ability to live on their own.

The study found that many low-income seniors need assistance with a variety of activities of daily living ranging from assistance with personal care to assistance with managing their own home (heavy housework, grocery shopping, laundry and light housework).

The study found that seniors rely extensively on their family and friends when they need assistance with daily living. While a small proportion of seniors do use community support services to help them with such activities, others turn to commercial services for assistance with household chores that they cannot do on their own.

One of the major issues raised by seniors in the study was the lack of affordable and accessible transportation. The survey found that a significant portion of seniors still drive while many seniors rely on a ride from family members or a ride from friends to get around. Over half continue to use public transportation and a third use taxis. For

seniors with mobility problems, public transportation in Peel can be a problem. Concerns were expressed around the service of Transhelp because of long wait times at the beginning and end of a trip. The volunteer transportation service provided by Caledon Community Services was particularly well appreciated both by volunteers and those who used the service.

Another major gap in service provision but also a barrier to accessing services, is the lack of easy-to-read and easy-to-understand information on the availability of community support services, their cost and how to access them. The distinction between services provided through the Co-ordinated Care Access Centre of Peel and other community support services may be clear to those work in the seniors' field but it is not clear to the average senior. There needs to be an easier way to access information about services. Brampton's directory of services is a good example of the type of material that is needed; however, a directory probably needs to be backed up with a one-stop shopping phone number.

Beyond the mere provision of information, there is a need to make such information accessible to the many different immigrant groups in Peel many of whom face both cultural and language barriers.

Many seniors expressed a concern around the need for affordable housing although this was not a direct question asked of them. Key informants noted that there is a growing need for supportive housing in the future to enable individuals to live independently.

Many seniors noted that they would like to get assistance with various aspects of home making and home maintenance but do not know how to get it; others are no longer eligible for home-making as it is only provided to those who need personal care.

Another need that has been identified as a priority for the future is personal support as the number of older persons with physical limitations increases. It was noted that with medical advances in enabling people to live with certain illnesses, there is likely to be a growing number of elderly with medical conditions who need support services.

The importance of participating in social and recreational activities came through in the focus groups. This type of activity is important so that seniors remain healthy, connected with others and are able to enjoy themselves. Related to social and recreational programs, many seniors emphasized the importance of participating in exercise classes, yoga, dance classes, etc. Key informants also placed importance on these type of activities as promoting individual well-being.

Some key informants and some of the focus group participants mentioned the need for more communal dining – especially for those living alone. Many of the seniors' groups include in their activities sharing a common meal together to which seniors contribute; as well a number of seniors' centres provide dining services.

Finally, the study showed that one of the keys to healthy living among seniors is seniors being able to be involved in their own services. The Caledon transportation program depends to a large extent on volunteer drivers who derive considerable satisfaction from their service as do those who are being driven. One senior in one of the immigrant groups, for example, reported that his group was ready to provide meals for seniors and all they needed was a kitchen facility. Another senior wanted to provide yoga classes. This is not to suggest that all services should be provided by volunteers but that they have a considerable role to play in the provision of services. More help is needed to help seniors organize such volunteer activities.

And finally, using data provided on Peel seniors by the Halton-Peel District Health Council, the study also identified that in the next five years the three community support service categories that are estimated to have the greatest need are: transportation services, personal support and homemaking; and, caregiver support.

The study findings are consistent with earlier studies conducted by Peel Region and the Halton-Peel District Health Council on the need for and importance of community support services for Peel seniors.

6.2 PROPOSED RECOMMENDATIONS

Based on the study findings it is recommended that:

INFORMATION ABOUT COMMUNITY SUPPORT SERVICES

1. An improved system of providing information to seniors and their families should be developed in Peel Region that provides seniors with access to information in an easy to read format.
2. Information on community support services should be made available in Peel Region in the main languages of immigrant seniors.
3. There should be designated persons in Peel who can provide information on the availability of community support services including the names of agencies, costs and how to access services.
4. The Caregivers of Peel Network should develop a series of information sessions for seniors on community support services in Peel.

ENHANCED COMMUNITY SUPPORT SERVICES

5. Based on the feedback received in this study through key informant interviews, focus groups and the survey, and in view of projected demographic changes, community support services for seniors should be enhanced.

TRANSPORTATION

6. Consideration should be given to having a wider volunteer transportation program similar to Caledon's in other parts of Peel Region.
7. More funding should be allocated to Transhelp to improve the service that is provided to seniors.
8. Eligibility requirements for Transhelp should be examined in consultation with agencies serving seniors.

HOME-MAKING AND MAINTENANCE SERVICES

9. Funding should be increased to enable more seniors to access home-making, not just those who need personal support.
10. More services should be available to seniors that provide assistance with home maintenance – possibly through a seniors helping seniors approach.

SUPPORT SENIORS BEING INVOLVED IN VOLUNTEER ACTIVITIES

11. Increased support should be provided to seniors to help them organize volunteer activities such as group dining.

DISSEMINATION OF THIS REPORT

12. This report should be distributed to agencies in Peel Region serving seniors.
13. The executive summary should be shared with seniors who participated in the focus groups.

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www.pm.ca – see “A 10-year Plan to Strengthen Health Care”, September 16, 2004

www.ocsa.on.ca

www.health.gov.on.ca MOHLTC – Seniors’ Care-Home, Community and Residential Care Services for Seniors

www.hc-gc.ca - First Ministers’ Health Care Accord 2003 (Factsheets - Home Care for Canadians)

**APPENDIX A: TYPES OF COMMUNITY SUPPORT SERVICES FUNDED BY THE
MINISTRY OF HEALTH AND LONG-TERM CARE²¹**

<u>SERVICE</u>	<u>DESCRIPTION</u>
<u>COMMUNITY SUPPORT SERVICES</u>	
Security	<ul style="list-style-type: none"> • Involves a volunteer contacting someone on a regular basis by phone or in person or may involve the use of an Emergency Response System • Friendly visiting and assistance with such activities as shopping, banking or escorting a person to and from appointments.
Meal Services	<ul style="list-style-type: none"> • Delivery of nutritious meals to a person's home. • Meals on Wheels are usually delivered by a volunteer and also provide friendly visiting.
Wheels-to-Meals, Diners Club or Congregate Dining	<ul style="list-style-type: none"> • Organizations provide transportation from an individual's home to a dining hall to join others for a nutritious meal. There is a fee to cover the costs of food and its preparation and/or for transportation to congregate dining.
Transportation Services	<ul style="list-style-type: none"> • A support service that provides escorted transportation to medical appointments, shopping and to various social activities and programs. Transportation is provided by agency staff or volunteers using private cars, agency vehicles, taxis, public transportation or assisting individuals walk to their destination. There is a fee for this service. The public transportation provider may provide door-to-door or wheelchair accessible public transportation. • Individuals should meet the following characteristics: <ul style="list-style-type: none"> ○ Unable to access public transportation because of short or long-term physical limitations; ○ Require escorts during the trip because of fragility or cognitive impairment; ○ Specialized transportation is not available or the individual does not meet the eligibility criteria; • Public transportation is not available and friends and relatives are not available or able to provide transportation

²¹ This represents a list of services funded through the Ministry of Health and Long-Term Care and does not mean that all services are necessarily provided in Peel Region.

SERVICE

DESCRIPTION

COMMUNITY SUPPORT SERVICES

Caregiver Respite

- Provides a break for the caregiver who is usually a family member. Respite can be provided in the home of the senior; through an Adult Day Program or through a short-stay respite program. Adult day programs provide social and other activities at a location outside the home. Usually includes planned recreation and physical activities, meals, transportation to the program and some personal care.(for clients with Alzheimer Disease and other progressive cognitive disorders or dementias).
- Short-stay respite provides temporary care in a long-term care facility.

Caregiver Support Services

- A service designed to provide caregivers with temporary or short-term relief away from the care receiver. (No charge if eligible for CCAC service) Includes:
 - Individual counseling
 - Caregiver training, information and education
 - Caregiver education groups.

Foot Care

Foot care services for seniors can involve monitoring the condition of feet and bathing, massaging feet, and toe nail trimming. There may be a fee depending upon the policy of the sponsoring agency.

Home Maintenance and Repairs

- A service that provides or arranges for home maintenance or repair work to be done in a client's home (e.g., heavy seasonal cleaning, window washing, yard work, snow shoveling).

Social and Recreational Services

- Services that involve learning and recreational activities for seniors and encourage community involvement. Often referred to as "Older Adult Centres", these organizations serve a range of people including those who are very healthy to those requiring many services. Seniors are heavily involved in running such centers.

Home Help

- Similar to Homemaking (see below), these services help seniors maintain a safe and comfortable home. They assist with routine household activities including menu planning and meal preparation, shopping, light housecleaning and laundry, paying bills or banking.

Supportive Housing

- Provides on-site personal care and support services within particular non-profit housing sites.

HOME CARE

SERVICE

DESCRIPTION

COMMUNITY SUPPORT SERVICES ASSISTANCE

Personal Care and Support

- Refers to a range of essential daily activities that help maintain a senior's physical well-being. Support is usually provided by a staff person (called "personal support worker" or "health care aid", "personal care worker" or "attendant") who helps with:
 - Personal hygiene care such as washing and bathing, mouth care, hair care, preventative skin care, routine hand or foot care;
 - Transferring or positing into chairs, vehicles or beds;
 - Dressing and undressing;
 - Assistance with eating;
 - Assistance with toileting;
 - Escorting seniors to appointments;

Home-making

- If arranged for by the CCAC, then costs are paid for by the Ministry of Health and Long-Term Care. Otherwise, providers are usually paid.
- To help seniors maintain a safe and comfortable home, assistance is provided with routine household activities including menu planning and meal preparation; shopping, light house cleaning and laundry and paying bills or banking.
- Can be obtained through CCAC or providers. If provided through local CCAC, then paid for by the Ministry of Health and Long-Term Care. (Note: in Peel, this is no longer the case unless individual also needs personal support.)

Visiting Health Professional Services (outside the scope of this study)

- Visiting health professionals can help to maintain or improve a senior's health or teach them how to manage his or her health condition. May be provided temporarily if adjusting after being in the hospital, or, on an ongoing basis if needed. Visiting health professionals include nurses, physiotherapists, occupational therapists, social workers, speech-language pathologists and dieticians.

OTHER SERVICES FOR DISABLED SENIORS OTHER SERVICES FOR DISABLED

SERVICE

DESCRIPTION

**COMMUNITY
SUPPORT SERVICES**

SENIORS

Attendant Care

- Assists clients with permanent disabilities with routine personal activities of daily living (bathing, dressing, toileting, exercising, skin care, mouth and hair care) as well as assistance with routine household activities.

Source: Adapted from various sources but mainly the Ministry of Health and Long-Term Care web site.

Appendix B: Key Informant Interviews

<u>Key Informant</u>	<u>Position & Agency</u>
Roman Aman	Executive Director, Elder Help Peel
Raymond Applebaum	Executive Director, Peel Senior Link
Susan Cameron	Executive Director, Caledon Community Services
Kitty Chadda	Executive Director, India Rainbow Community Services of Peel
Paula Decoito	Executive Director, Social Planning Council of Peel
Nancy Duff	Supervisor, Community Relations, Social Housing, Peel Access to Housing, Region of Peel
Monika Khosla	Program Manager, India Rainbow Community Services of Peel
Kyra MacNeil	Square One Older Adult Centre
Joe McReynolds	CEO, Ontario Community Support Association
Bob Morton	CEO, Community Care Access Centre of Peel
Wendy Mullinder	Senior Co-ordinator, Dixie-Bloor Neighbourhood Centre, and Chair, Caregivers of Peel Network
Brenda Parris	Regional Director, Peel Region, Catholic Cross-Cultural Services
Glen O'Brecht	Director, Property Management, Peel Living
Janette Smith	Director, Long-Term Care (Health), Region of Peel
Janette Robinson	Senior Health Planner, Halton-Peel District Health Council
Jane Richardson	Planner, Halton-Peel District Health Council
Joyce Temple-Smith	Executive Director, Malton Neighbourhood Services
Blair Thompson	Manager, Peel Community Mediation Services & Centre for Seniors, Inter-Cultural Neighbourhood Social Services (Mississauga)
Connie Martin	Assistant to Alfred Stockwell, Manager, Transhelp

APPENDIX C: FOCUS GROUP SUMMARY

BACKGROUND

As part of the research on the needs of Peel Region seniors for community support services, focus groups were held with seniors in each of the three municipalities and with specific ethnic groups representing the major immigrant groups. The purpose of the focus groups was to collect qualitative information from seniors about the services they currently need and use, and will need in the future as well as to identify their perceptions regarding gaps in services and barriers to obtaining needed services.

Participants were recruited by staff from the Caledon Community Services agency, the City of Brampton Parks and Recreation Division, the Senior Life Enhancement Centre in Mississauga and the Intercultural Neighbourhood Social Services of Peel (ICNSS). In Brampton and Caledon a focus group was held with younger seniors, i.e., those under 75 years of age, and another with older seniors, i.e., those 75 years and older. While we attempted to hold focus groups with seniors from the Square One Mississauga Centre in Mississauga, the centre was in the midst of renovations and this was not possible. Instead two focus groups were organized through the Senior Life Enhancement Centre in Mississauga which caters to individuals with physical limitations.

After meeting with staff at the ICNSS, we decided to hold focus groups with already existing seniors' groups serving Punjabi, Chinese, Polish and Caribbean seniors. As these were existing groups, the number of participants was sometimes quite large – twenty or more people. Other focus groups tended to have between 8 to 10 participants except the Senior Life Enhancement Centre which had a smaller number of participants.

Focus groups lasted between an hour and an hour and a half depending upon the size of the group and how much individual seniors had to say.

Ten focus groups were held from mid-June to mid-August 2004 with a total of 97 participants. A summary of the attendance at the focus groups is provided below:

Focus groups hosted by Caledon Community Services:

Two focus groups were held at the Caledon Community Services head office in Bolton. Where necessary, rides were provided by Caledon Community Services volunteer transportation services.

- One focus group included 7 participants, with 4 women and 3 men, whose ages ranged from 60 to 74. Three participants are current or retired farmers, and one participant was relatively new to the area. Most live in their own home although one person resides in a seniors' building in Alton.

- The second focus group had 9 participants, with 7 women and 2 men. These seniors were older including a couple of individuals in their nineties. Five participants live in apartments, one in his own home, and three live with family members.

Focus groups in Brampton hosted by the Brampton Parks and Recreation Division

Two focus groups were held at the Knightsbridge Community and Senior Citizens' Centre near the Bramalea City Centre.

- The first focus group had 7 participants, with 5 women and 2 men. Most were younger seniors whose ages ranged from 68 to 74 years of age. One older senior 84 years of age was also in the group. Most are living in their own house.
- The second focus group had 9 participants, with 7 women and 2 men. Half were over 75 years of age and half were under – mostly in their early 70's. Most live in an apartment.

Focus Groups in Mississauga, hosted by the Senior Life Enhancement Centre

Two focus groups were held at the Senior Life Enhancement Centre in Port Credit.

- The first focus group had 3 women participants, with one participant in a wheelchair. Ages ranged from 81 to 88.
- The second focus group included 4 participants – 1 woman and 3 men. Three of these participants were disabled – two in wheelchairs and one with a walker, with one participant being the primary caregiver to his wife who also participated in the group. Ages ranged from 50s to 60s.

Focus Groups Hosted by the Intercultural Neighbourhood Social Services of Peel, Mississauga

Four groups were held at the Intercultural Neighbourhood Social Services of Peel centre located in the south end of Mississauga. The four groups are described briefly below:

Chinese Group

This focus group had 20 participants, most of whom were women. Half of the participants live with family members. A translator was provided by Intercultural Neighbourhood Social Services.

Punjabi Group

This focus group had 13 participants with ages ranging from 65 to 78. Translation was provided by a member of the group as well as some of the staff in attendance.

Polish Group

This focus group included 10 women whose ages ranged from 68 to 88 years. Seven of these women live alone and three live with adult children and their families. The staff person from ICNSS provided translation where needed.

West Indian Group

This focus group had 15 participants and included a mixture of males and females.

METHODOLOGY

Each focus group had a facilitator who introduced the topic and asked respondents to respond to several questions regarding their use of and need for community support services. Detailed written notes were kept during each discussion which were then analyzed. The major findings were summarized.

Participants were asked to respond to the following questions:

1. *What services do you currently use in the community that can help you to live independently in your own homes? e.g.,*
 - *visiting nurses or other medical assistance on an ongoing basis*
 - *help with housekeeping*
 - *help with maintaining their home*
 - *help shopping*
 - *help going to doctor's appointments*
 - *friendly visiting*
 - *Transhelp, etc.*
2. *Are there any services that you used to get but cannot get now because the service is not available or eligibility requirements have changed*
3. *Are there any services which you would like to have but cannot obtain in the community?*
4. *What are the main barriers that you have encountered in terms of getting the services that you need?*
5. *What support services do you think will be important to you in the future – say over the next five years?*
6. *What changes or improvements would you like to see being made to the provision of community support services for seniors?*
7. *Any other final comments?*

FOCUS GROUP FINDINGS

Limitations

There are several limitations relating to the focus groups that need to be kept in mind when applying the findings to the general older population.

The first limitation is that many participants in the focus groups represent those who already participate in activities rather than the general older adult population. Many of the participants are healthy and active and able to participate in community activities. As a result the focus groups tended to reflect the needs of this population, rather than the needs of seniors who require more services at this time. Efforts were undertaken, however, to include some seniors who were using walkers, wheelchairs, canes and other assistive devices and two groups included older adults with physical disabilities.

Because many of the seniors were well and active, they were often not able to comment in depth on reductions in service availability and changing criteria for services, as many of them had not previously used them.

As well, a general lack of information about available community-based services often made it difficult for seniors to comment on services they need now or in the future. Furthermore, this lack of information may mean that some participants do not receive services which could be of benefit to them.

Many participants had difficulty identifying the kinds of services they might need in the future, often stating that it was not possible for them to know what they would need in the future.

Key Themes

Key themes identified in the ten focus groups include:

- Improved transportation services are and will be required in order to help seniors access services in the community and to continue to live independently in their own homes.
- There is a need to improve the availability and accessibility of information about seniors' community support services so that seniors can access needed services and make appropriate choices.
- In addition, information needs to be available in languages spoken by immigrant populations such as Punjabi, Chinese and Polish.

- Many seniors rely on family or friends to help them occasionally or on a regular basis with such services as transportation, shopping, difficult tasks around the home requiring strength or agility.
- The costs of services such as homemaking, home maintenance and transportation are of significant concern to many seniors including those who are presently well and active.
- Many seniors are currently involved in providing volunteer services and others wish to be proactive in meeting seniors' needs through such activities as organizing meals for specific ethnic groups and other activities such as yoga classes.
- Many seniors were concerned about the provision of medical and hospital services (e.g., wait times in emergency wards, quality of treatment, etc.)— an issue that was beyond the scope of this study but which appeared to be an over-riding concern amongst seniors.
- Seniors living alone often expressed a sense of vulnerability while those living with family or a partner had someone to rely on to help them when they needed assistance.
- Seniors who participate in organized group activities seem to really value these opportunities to mix with other seniors, participate in social and recreational activities and to get meals in a friendly setting.
- Specific services that seniors would like to have better access to include physiotherapy, exercise classes, homemaking, snow removal and grass cutting, and, call alarm system.

Services Currently Used

Although some participants indicated or appeared to have high service needs, many participants in the focus groups were healthy and active and indicated that they do not presently use services outside of participating in social and recreational activities. A significant number indicated that they might require them in the future and some participants described family members' use of community-based services. Others mentioned that other family members, their spouse or a visiting relative helps them with services and, therefore, reduces their need for community services. There was a general lack of information about community-based services which may mean that some participants are not receiving services that would help them to live independently in their own homes.

Focus group participants identified the following services, in ranked order from most frequently identified to less frequently identified, that help them to live independently in their own homes:

- Social and recreational services were the most highly used services with participants being involved in a variety of activities including exercise classes, cards, trips to Casino Rama, dances, etc. As noted earlier, the way in which participants were recruited for the focus groups tended to influence the relatively high level of participation in organized group activities. These regular seniors' groups provide seniors with an important opportunity to socialize, form friendships, get needed exercise and eat in a group setting. Many seniors exhibited a very good sense of humour about their situations, including aging.
- Transportation services – either volunteer-based rides, the Red Cross or Transhelp - was the second highest service used. Many participants rely on friends and family to provide them with transportation assistance thus decreasing their use of publicly or volunteer provided transportation services.
- A number of seniors noted that they had used personal support and homemaking either after a major illness or because of a physical limitation. Other seniors described the services that their spouses had used when they were ill. Many participants were cognizant of the fact that they might need such help in the future should they become ill.
- A handful of respondents used meals on wheels. One lady who looked after a disabled sister commented on how good the food was and that one could get frozen meals at a very reasonable price. As mentioned earlier a number of seniors involved in seniors' groups enjoy a meal with other seniors on a regular basis.
- Those who had physical disabilities in some cases received assistance with bathing.
- Many seniors reported using other services such as physiotherapy, nursing, caregiver relief, foot care and Lifeline – many such services being limited to particular medical conditions that may have been temporary in nature.

Gaps in Services

Gaps Related to Services No Longer Available:

As the majority of focus group participants are still active seniors, many had not previously used services and could not comment on services no longer available.

Six participants identified reductions in homemaking services (light housekeeping) from the CCAC and reductions in assistance with shopping as services which they can no longer obtain or for which eligibility requirements have changed.

Gaps Related to Services Seniors Would Like to Have:

Focus group participants identified the following services (in order of frequency mentioned) that they would like to have but which they cannot obtain in their communities:

- Transportation was probably the most frequently mentioned service gap, including the need for improved transportation services, such as drives to exercise and pool activities, more direct transportation to destinations, and reduced waiting time for the transportation required. The physical layout of Peel means that it can take a long time to get to services by public transportation and taxis are too expensive for many seniors. Buses are difficult to board and most do not have the lowered platform that some seniors noted are provided in other municipalities.
- Respondents from Caledon were particularly happy with the volunteer-based driving program there, whereas those in other parts of Peel voiced some dissatisfaction with public transportation and with the service provided by Transhelp. Some of the concerns related to Transhelp included long wait times at either end of a trip meaning that many hours were wasted either before or after an appointment.
- More information about services, including having information available in various languages in Peel Region, was one of the most common concerns among seniors and was mentioned almost as frequently as transportation. There was a considerable lack of knowledge around what services are available and how to access them. This lack of knowledge made it difficult for seniors to talk about their need for services as they did not know what was available. One area that created some confusion was why some residents in seniors' buildings were receiving support services (through supportive housing arrangements between Peel Senior Link and Peel Living) and others could not access these services.
- Physiotherapy provided at no cost to clients – many elderly were concerned about having to pay for physiotherapy.
- Snow removal and grass cutting – this was considered to be a major reason why many seniors have to move out of their home into an apartment.
- Exercise classes – a number of seniors noted that there should be more exercise classes in accessible locations as exercise was very important to maintaining one's health.
- After hospital treatment at home – many seniors reported on problems with some services provided to them or their spouse after an injury or illness that had required hospitalization. A lack of consistency in staff sent out was also commented on.

- Homemaking – as was mentioned, a number of participants wanted help with light housekeeping.
- Foot care - in Caledon, it was noted that seniors have to come into Bolton to obtain the services of a podiatrist.
- The lack of respite services for caregivers, or for seniors who are caregivers, was noted as a service gap.
- Some seniors noted that not only do material needs have to be addressed but it is also important to address inner needs including spiritual and social needs. This is especially important for persons who are more limited in their mobility and opportunities to interact with others.

Barriers to Accessing Services

Participants identified several barriers in obtaining services they need:

- Lack of information was mentioned frequently as a reason for not getting services. Those participants in specific ethnic groups identified the need for information to be provided in various languages used in Peel. One participant noted that case management services could help seniors be better informed regarding services available.
- The high cost of services which require a fee was considered a barrier to using many services (e.g., taxis, the VON and help with housekeeping).
- Problems with homemaking services, such as inconsistency in the provider, lateness, no-shows, and limited effort on the part of some homemakers.
- Distances to some services were noted as a barrier. Again, this concern reflects the physical layout of Peel. This was a problem mentioned in many of the focus groups.

Predictions About Services That Will be Important in the Future

When asked about what services they would need in the future, many seniors found it difficult to respond. They had difficulty because they did not want to think about a future in which they would be more limited or because they had an attitude of “taking things as they come”. The following are services that seniors saw as being potentially important to them in the future (in descending order of priority):

- Transportation was seen as becoming increasingly important as seniors’ ability to drive on their own or to access public transportation diminishes due to physical and health limitations.

- The need for assistive devices was perceived to increase in the future. As this need increases, seniors will require greater access to information about such devices, including how to obtain low cost assistive devices. It was suggested that assistive devices should be installed in all seniors' buildings.
- Information about seniors' community services needs to be provided in all languages in the community.
- Personal support and homemaking services were seen as services that some may need in the future should their health deteriorate.
- Some seniors saw the need for increased volunteer visits if they become more isolated.
- Meals on wheels and communal dining were seen as services some participants might need in the future.
- A number of seniors were interested in free or subsidized call alarm systems (such as Lifeline or a call button) as they age and as their mobility deteriorates.
- Some seniors mentioned the need for physiotherapy either as a preventive or post-injury treatment.
- A few seniors mentioned easier access to a library for books/videos.

Changes and Improvements to the Provision of Support Services for Seniors

Focus group participants identified the following suggested changes and improvements to the provision of support services for seniors:

- Improved transportation services, including access to transportation, services at night for social /recreational activities, and transportation for shopping;
- Increased publicity/general information about services, including provision of information in various languages. It was suggested that more outreach was needed to provide seniors with information and that when people turn 65, they should be mailed a list of services available in the community.
- The provision of volunteer-based community lunches/dinners in facilities such as seniors' buildings. This proposal was put forward by a member of the Punjabi group who had experience with "canteen" type of food services while serving in the army and he indicated that his group was actively seeking a facility in which they could provide meals for seniors living on their own – all they needed was a facility.

- Increased provision of exercise classes including yoga. Again, a member of the Punjabi group indicated he would like to lead such classes.
- Increased homemaking services;
- Financial coverage for dental care;
- Improved organization of service delivery – including more consistency in personnel sent out and timeliness of service provision;
- Development of services appropriate for seniors with special needs (such as those with Down Syndrome);
- Increased rent-gearred-to-income housing;
- Reduced cost of services for all seniors with higher reductions for lower-income seniors;
- More language instruction for immigrants whose English needs improvement.

APPENDIX D: PEEL SENIORS SUPPORT SERVICES SURVEY

Purpose of the Survey

As stated in the proposal to the Trillium Foundation the overall focus of the project (*“Peel Seniors Community Support Services Needs Study”*) was to:

- Identify the unmet needs and service gaps of low-income seniors who are currently living in social housing in Peel Region, have applied for social housing and are on a centralized waiting list in Peel Region and who are living in the private sector independently in Peel Region;
- Identify the barriers to meeting these needs;
- Determine possible solutions to address these needs.

The survey is one of four research components included in the project. The purpose of the survey was to:

- Determine the extent of need of low-income seniors in Peel Region for support services that will enable them to remain independent in their own homes;
- Examine the nature of the needs of low-income seniors for support services, and
- Identify the types of services that will meet these needs.

As well the survey will help to identify seniors “at risk” of institutionalization, one of the anticipated outcomes of the research.

Survey Sample

The proposal defined two major groups of seniors for participation in the survey:

- 1) those who have unmet service needs due to an inability to access the current system;
- 2) those who may not currently have a need for support services but anticipate such need in the near future.

As it was not possible to define a survey sample based on the above criteria (there is no database of “low-income seniors”), seniors in existing social housing (Peel Living) or on the centralized waiting list were used as a proxy for low-income seniors. In the case of those on the centralized waiting list managed by Peel Access to Housing (PATH), it was assumed that these individuals were currently living in private sector housing. Prior to the sampling process it was also decided to define “seniors” as those aged 60 years and over.

The proposal identified a target of 200 completed interviews with low income seniors. The sample design was premised on obtaining interviews with 100 individuals currently in social housing and 100 individuals who had applied to PATH and were still on its waiting list. It was assumed that this latter group was currently living in a range of private housing situations. These two populations were sampled independently as described below.

1. PATH Waiting List Sample

PATH provided the consultants with a profile of its waiting list according to Peel community of residence (as recorded on the application), gender and age. Based on this profile, the consultants determined that 400 individuals, distributed throughout the waiting list so that the profile of this group matched that of the entire list, should be identified by PATH for inclusion in the study. The names, telephone numbers and addresses were requested (after a Research Agreement was signed by Peel Senior Link and Peel Region in compliance with the Municipal Freedom of Information and Protection of Privacy Act). This was four times the number of required interviews with this group and was considered to be adequate for ultimately yielding 100 interviews. A letter signed by the Commissioner of the Housing and Property Department, Region of Peel was sent to each individual in the sample explaining the study and advising them that they would be contacted by phone and asked to participate in the study.

Interviewers were given a screening protocol to use when contacting potential respondents from this list. The protocol was designed to identify individuals who matched the age, gender and community of residence criteria of the PATH waiting list and also agreed to be interviewed. The target number of respondents required within each of the criterion categories was posted on a website that was available to all of the interviewers so that they could record completed interviews by category. This was intended to inform interviewers about the survey progress in order to avoid duplication of efforts once a category was filled.

When the interviewers encountered difficulty in obtaining a sufficient number of seniors according to the selected categories to participate in the survey, the consultants subsequently requested another 800 names based on the same profile. These additional names enabled the researchers to come close to the target for households on the waiting list.

2. Peel Living Sample

A profile of seniors in Peel Living apartment buildings was provided by Peel Living. This identified the number of seniors in subsidized units by municipality in Peel as well as by the age and gender of these residents. The target number of individuals to be interviewed was determined according to their distribution by municipality, age and gender. This number was calculated so that the survey sample would be representative of the overall senior population in Peel Living. A letter, signed by the Commissioner of Housing and Property and the General Manager, Peel Living, outlining the survey purpose and inviting residents to contact the researchers was dropped in a selection of seniors' buildings with a population approximately four times the number of respondents targeted. When contacted by a Peel Living resident the interviewers asked a number of screening questions in order to track the match of respondents to the target numbers by age, municipality and gender.

However, fewer seniors than expected called the number to volunteer for an interview. Letters were subsequently dropped in more buildings but the number of contacts that matched the sample criteria was not adequate to meet the targets set.

For a variety of reasons, a smaller number of seniors on the PATH centralized waiting list and residing in Peel Living buildings agreed to participate in the survey than the original target, perhaps because they were concerned about revealing too much information about themselves to strangers. As well, some seniors were turned down because a particular age group and municipal target had been met.

In the end a total of 144 respondents was obtained with 75 from the PATH list and 69 who were Peel Living residents. Table 1 below compares the distribution of the combined sample with the original target by municipality, gender and age group. Overall the completed interviews turned out to be representative of the combined PATH and Peel Living group in terms of the distribution of low-income seniors across the three municipalities in Peel Region and the age distribution of low-income seniors. In terms of gender, males were slightly over-represented and females slightly under-represented. However, overall the respondents appears to be fairly representative of the sample of low-income seniors.

Table 1: Comparison of Responses to Overall Target

PEEL LIVING AND PEEL ACCESS TO HOUSING		
	TARGET	COMPLETED
Mississauga	120/59.7%	93/65.5%
Brampton	59/29.4%	33/23.2%
Caledon	22/11.0%	16/11.3%
<i>TOTAL</i>	<i>201</i>	<i>142</i>
Male	84/41.8%	46/32.2%
Female	127/63.2%	97/67.8%
<i>TOTAL</i>	<i>201</i>	<i>143</i>
60-64 years	28/13.9%	23/16.2%
65-74 years	86/42.8%	59/41.6%
75-84 years	66/32.8%	44/31.0%
85+ years	21/10.5%	16/11.3%
<i>TOTAL</i>	<i>201</i>	<i>142</i>

Survey Limitations

One of the major limitations of the survey is that It is likely that the more capable and healthier seniors participated in the study.

Data Collection Methodology

Individuals from the PATH sample were contacted by telephone and asked whether they would be willing to be interviewed for the study and whether they could do a telephone interview or if a personal visit was preferred. For Peel Living, residents were asked to phone and leave their phone number if they agreed to be interviewed. Some individuals were interviewed in person though the majority was able to be interviewed by phone.

When a language difficulty was encountered, sometimes another member of the household assisted with translation; for other cases, staff from the Intercultural Neighbourhood Social Services provided translation services.

Survey Findings

Profile of Respondents

A total of 144 individuals were interviewed over the period from March to June 2004. Almost two-thirds (65.5%) are residents of Mississauga; just under one-quarter (23.2%) live in Brampton and the remainder (11.3%) in Caledon. The majority (67.8%) of respondents are female with approximately a third (32.2%) being males. Close to sixty per cent (57.8%) are between the ages of 60 and 75 years with 42.2% being over 75. The largest five-year age group is between 65 and 69 (28.6%).

Income

The single largest major source of income of the survey respondents is Old Age Security (23.2%) followed closely by Canada Pension Plan (22.5%). Less than 10 per cent of individuals reported employment as the most important source of their income. Another 10 per cent, however, reported that they receive the Income Supplement or welfare. Other sources of income are disability (5.6%) and private pensions (14.6%, though many were in combination with other sources). A few respondents (4.2%) are being supported by their family and have no income of their own.

When asked what the total household income is, 12.4 per cent (of 137 respondents) replied that they do not know. Of the 117 respondents willing to tell us their income, approximately two-thirds (65.8%) have incomes of \$20,000 and 79.5% have incomes of \$30,000 or less. A significant share (14.5%) have incomes of \$10,000 or less.

Housing

Most respondents (60.6%) live in an apartment in a high-rise building with the second largest number (13.4%) residing in an apartment in a low-rise building. Almost a tenth live in an apartment in a house (8.5%). Overall, 82.4 per cent live in apartment accommodation. Close to a fifth (17.6 %) live in single detached, semi-detached or

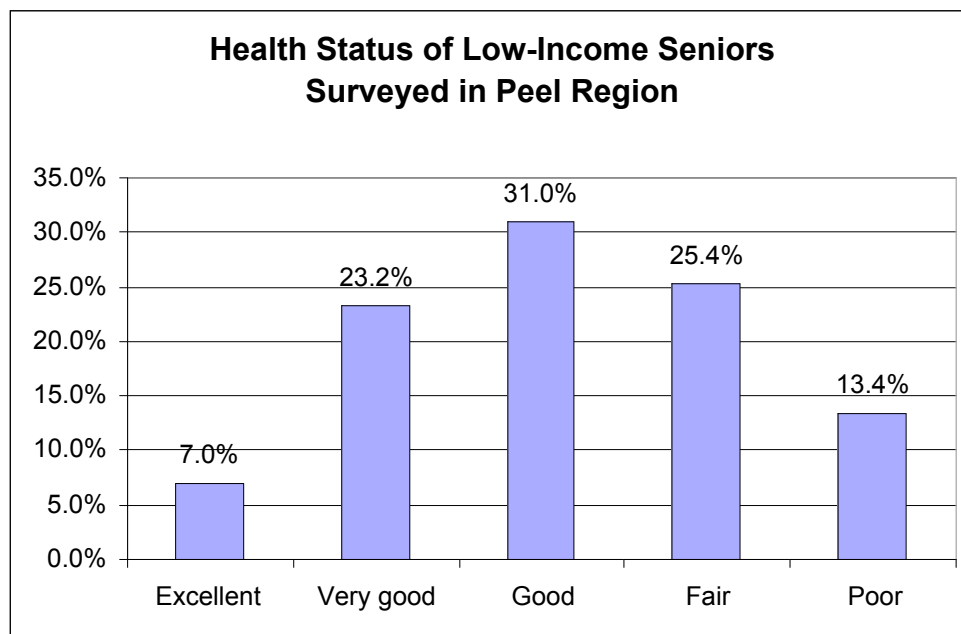
town houses. Information on 124 of the individuals surveyed indicates that the majority (93.6%) are renters who pay on average \$644 (the median rent is \$600). (Rent does not always include utilities.) For the 6.4 per cent who are owners, the average monthly costs (including taxes, condo fees and utilities) is \$755 and median \$520.

Household Composition

A half of respondents 50.0 per cent described their household as consisting of a single person living alone and 30.6 per cent as consisting of a married couple. Thirteen per cent (13.2%) reside with an adult child or children. A small proportion (2.1%) are two or more unrelated persons living together and the remaining 4.2% are other household types.

Health Status

Over 60 per cent (61.2%) of the respondents reported that their health is either good (31.0%), very good (23.2%) or excellent (7.0%). One-quarter (25.4%) are only in “fair” health while a minority of those interviewed (13.4%) is in “poor” health.



Source: *Peel Seniors' Community Support Services Survey, 2004*

However, one-third (33.3%) do have a major or minor illness or medical condition that limits their ability to live on their own without any other help. The most common condition cited was arthritis either combined with another medical condition or on its own (mentioned by 37% of those who reported a major or minor illness). Heart-related conditions, diabetes and injuries each accounted for approximately a tenth of those who reported an illness while fourteen percent of respondents cited other multiple conditions.

More than a quarter (27.1% or 13) of those with an illness or medical condition receive nursing or other medical assistance for it. This represents approximately a tenth of all seniors who responded to the question about their health status (9.0% or 13 out of 144). Just over half (53.8%) of those who receive nursing or other medical assistance receive this in their physician's office with the remainder going to the hospital or receiving it in their home. Only a small number (6 individuals) feel that they need some regular nursing or medical assistance that they are not now getting.

Mobility and Communication

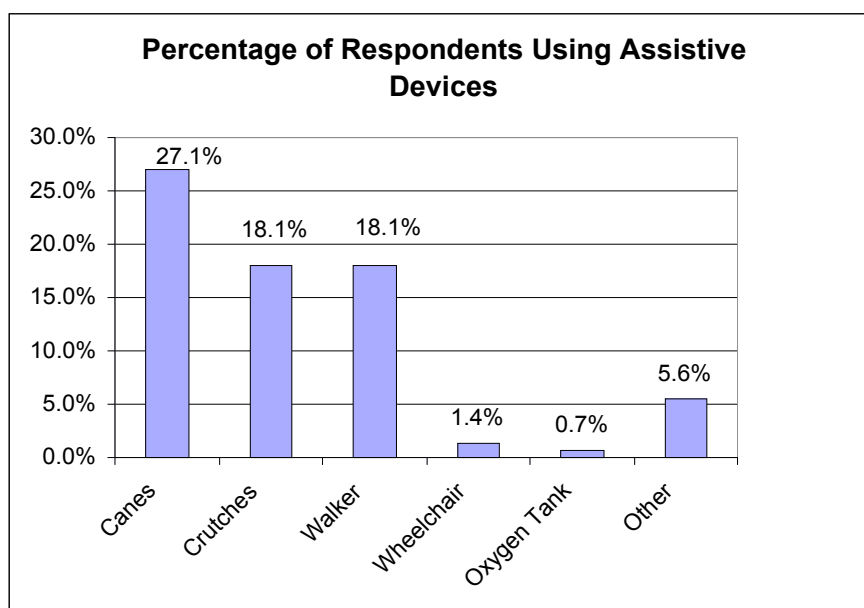
Except for negotiating stairs, mobility within their own residence or for a short distance outside is not a problem for most of those surveyed. Ninety-five per cent (95.1%) are able to get around inside their home without assistance always (81.9%) or most of the time (13.2%) and 85.1 per cent are able to walk a short distance outside always (73.0%) or most of the time (12.1%) with no help.

Table 2: How Often Low-Income Seniors Are Able to Get Around on Their Own

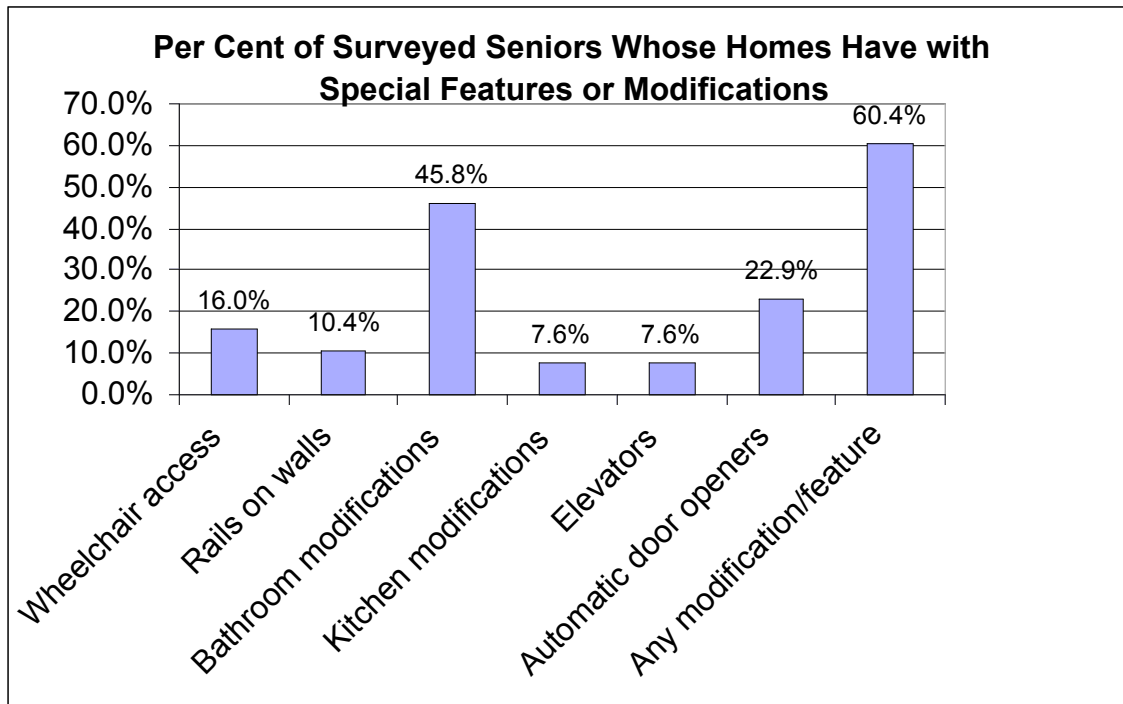
	Walk inside residence	Walk up and down stairs	Able a short distance outside
Always	81.9%	55.3%	73.0%
Most of the time	13.2%	17.0%	12.1%
Sometimes	2.8%	12.1%	7.8%
Never	2.1%	15.6%	7.1%
Total	100.0%	100.0%	100.0%

Source: Peel Seniors' Community Support Services Survey, 2004

Over one-quarter (27.3% or 39) of the individuals interviewed use assistive devices or aids to help them get around. Canes and walkers are the most-used aids to mobility (26 persons in each case). Two respondents have wheelchairs, one an oxygen tank and eight use another device.



Source: Peel Seniors' Community Support Services Survey, 2004



Source: Peel Seniors' Community Support Services Survey, 2004

Sixty per cent (60.4%) of respondents, however, have special features or modifications in their home to help them get around and do things for themselves. Of the 87 who reported modifications, the most commonly reported was bathroom modifications (75.9% or 66). Elevators (for those residing in apartment buildings) and automatic door openers are also important features facilitating daily living (33 persons in each case). Wheelchair access is available to 23 respondents. Fewer have rails on walls (15) and kitchen modifications (11). (Note: the table above shows the proportion of all respondents with a particular modification.)

One-fifth of all respondents (20.8%) reported that they need special modifications that they do not have at this point. The most frequently mentioned ones are:

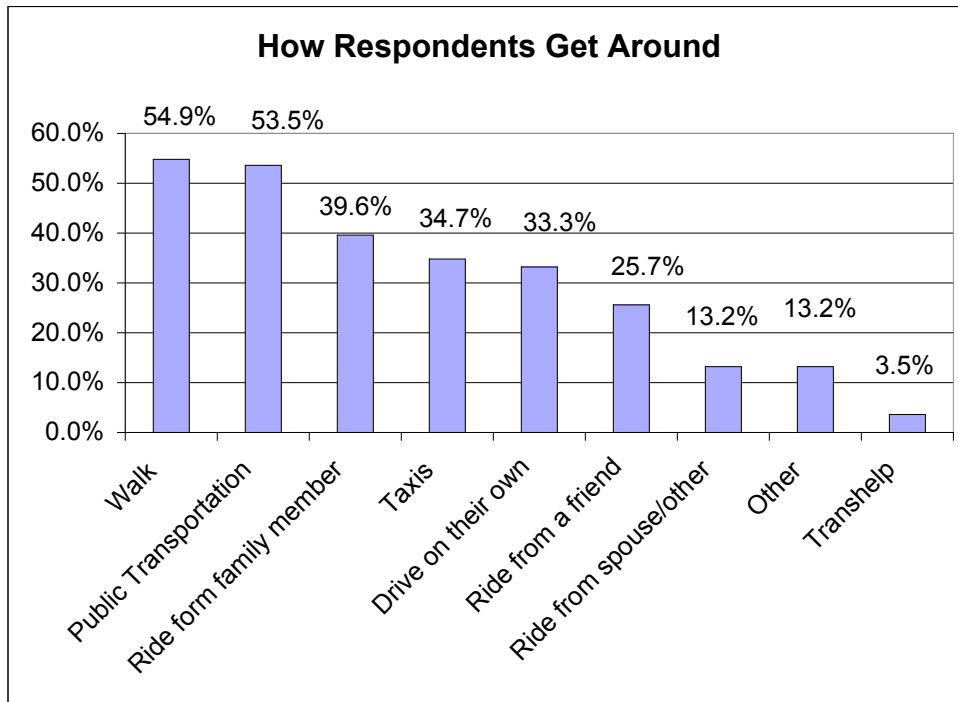
- Automatic door openers or handles designed for those with arthritis (10 respondents or 6.9% of all respondents);
- Bathroom modifications (8 respondents or 5.5%);
- Elevator (7 respondents or 4.8%);
- Changes to their residence to allow wheelchair access (4 respondents or 2.8% of all respondents), and,
- Ramps – either new ones or wider one to make it easier for wheelchairs (4 respondents or 2.8%).

Respondents typically get around for shopping, going to the doctor, visiting and other activities in several ways. Most often they walk (54.9%) or use public transportation (53.5%). Some (39.6%) get rides from a family member and one-third use taxis (34.7%). One-third of the respondents (33.3%) drive themselves while 13.2 per cent get a ride from a spouse or other household resident.

Among the 19 respondents who use other means of transportation:

- 3 use Caledon Community Services
- 4 use a bicycle
- 3 use a scooter
- 1 gets a ride from a club member
- 1 gets a ride from a neighbour
- 1 uses the Cancer Society
- 1 uses Red Cross Society
- 2 use other services (a community care transportation service, Hospice of Peel Wellspring)
- 1 uses a taxi.

One-quarter (25.2% or 34 respondents) of those responding use services that require them to travel to the offices or location of the service and 29.4 per cent of these (i.e., 10 persons) have difficulty in getting to this location.



Source: Peel Seniors' Community Support Services Survey, 2004

The most commonly experienced communication problem affecting the individual's ability to participate in daily activities is hearing (20.3%), followed by vision (17.9%) and speech (4.3%). Hearing difficulties are primarily related to hearing loss due to aging and the need for hearing aids. Respondents have a range of diminished sight problems with a few having blindness in one or both eyes (4), cataracts (2) or macular degeneration (2). Speech difficulties, for the most part, consisted of lack of English language skills.

Use of and Need for Services

Overall, 79.0 per cent of the 138 respondents answering this question reported that they are able to live on their own without assistance from other people and 18.1 per cent need some assistance. However, when asked whether they need help with a variety of specific activities or whether they are able to carry them out on their own, a higher percentage of respondents indicated that they need help and are currently receiving some help. The activity for which the largest number need help is heavy housework (35.4% of all respondents), followed by grocery shopping (27.1%), laundry (17.4%) and light housework (16.7%).

Almost one-fifth (17.4% or 25 respondents) also said that there are other aspects of daily life that they need assistance with. Homemaking and cleaning was mentioned most (6 persons), followed by the services of a "handyman" (5) and affordable and adequate seniors' housing (4).

In addition to support services, one quarter (24.3%) said that there are other kinds of services they need on a regular basis to live independently. These include: physiotherapy (15 respondents), counseling or advice (5), acupuncture (4), chiropractic care (3) and massage, blood pressure checks, foot care and an exercise machine.

Table 3: Number and Percentage of Respondents Who Said They Needed Assistance with Activities of Daily Living

	#	% of respondents
Heavy housework	51	35.4%
Grocery shopping	39	27.1%
Laundry	25	17.4%
Light housework	24	16.7%
Banking & financial assistance	17	11.8%
Dressing and bathing	11	7.6%
Food preparation	10	6.9%
Transferring	5	3.5%
House and yard maintenance	3	2.1%
Medication	3	2.1%
Toileting	2	1.4%
N	144	

Source: Peel Seniors' Community Support Services Survey, 2004

Table 4 below identifies from whom seniors receive assistance different kinds of assistance. Most of those who obtain assistance are getting help from family – either living with them or coming in to help them – or from friends. In some cases, no one is providing help – particularly for grocery shopping (7 respondents). Only data for the services for which there was a sufficient number of respondents indicating help was needed are shown in this table. The data shows that for the five most frequently needed services, family – either living with the respondent – or living outside the home – account for close to half of the people who provide assistance. Friends provide 14% to 20% of the help needed depending upon the service (except for laundry where 0% got help from friends). Often seniors turn to commercial services for help with heavy housework, laundry and light housework.

Table 4: Who Provides Assistance to Low-Income Seniors Who Need Help with Activities of Daily Living

	Does on Own	Family-in home	Family - outside of home	Friends	Support Service	Other	Total
Heavy Housework	4 8.3%	12 25.0%	10 20.8%	6 12.5%	11 22.9%	5 10.4%	48 100.0%
Grocery shopping	7 17.5%	10 25.0%	12 30.0%	7 17.5%	4 10.0%	0 0.0%	40 100.0%
Laundry	3 14.3%	4 19.0%	6 28.6%	0 0.0%	5 23.8%	3 14.3%	21 100.0%
Light housework	3 14.3%	7 33.3%	2 9.5%	3 14.3%	4 19.0%	2 9.5%	21 100.0%
Banking and financial	0 0.0%	2 12.5%	11 68.8%	2 12.5%	1 6.3%	0 0.0%	16 100.0%

Source: Peel Seniors' Community Support Services Survey, 2004

Respondents were asked the relationship of the family member who provides help. Daughters are most relied upon to provide assistance mentioned by 44 respondents representing close to a third of all respondents (30.6%). Sons were mentioned by 27 respondents (18.8% of respondents, sometimes with other members of the family as well). Sometimes respondents mentioned their in-laws or grandchildren. Only 3 mentioned getting help from their spouses – reflecting the high proportion living on their own and, perhaps the age of their spouses. It is clear that older persons rely heavily on their children for assistance. Of the total respondents who are being helped by family members (64.6% or 93 persons), over one-third (37.6%) said that the family member has difficulty finding the time to be able to help because of their own family or work responsibilities.

Unmet Services

Respondents who required services were asked if they required a support service. Table 5 below illustrates the outstanding needs for support services for those respondents who are either not receiving help at this point or who would prefer a support service to reliance on family or friends. Heavy housework and grocery shopping are the most common service needs that are unmet.

Table 5: Respondents Who Need a Service but are Not Getting Assistance

	Respondents Needing Assistance	Need support service but not getting it	Percent of those needing assistance
Heavy housework	51	8	15.7%
Grocery shopping	39	8	20.5%
Laundry	25	5	20.0%
Light housework	24	3	12.5%
Banking & financial assistance	17	3	17.6%
Dressing and bathing	11	2	18.2%
Food preparation	10	2	20.0%
Transferring	5	1	20.0%
House and yard maintenance	3	1	33.3%
Medication	3	-	-
Toileting	2	-	-
Other	25	8	32.0%

Source: Peel Seniors' Community Support Services Survey, 2004

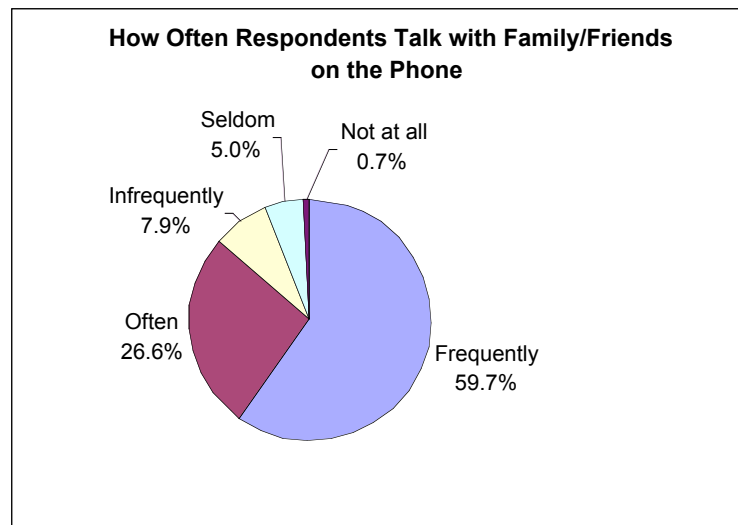
When asked the reason for not having a support service, respondents most often said because they “cannot afford the fee” and they “do not know how to get the service”. It appears, however, that those mentioning the cost of services were not necessarily aware of the fees required and may have been referring to commercial services. Nonetheless, this underlines that lack of knowledge of the services available and eligibility requirements may be a problem for those who need assistance.

In addition to support services, one-quarter (24.3% of 136) said that there are other kinds of services they need on a regular basis to live independently. These include: physiotherapy (15 respondents), counselling or advice (5), acupuncture (4), chiropractic care (3) and massage, blood pressure checks, foot care, an exercise machine. Just over one-quarter (27.7%) of those responding to the question (130 individuals) also indicated that they need other types of assistance that they are not now receiving such as: affordable and adequate seniors' housing (6), financial assistance (6), additional medical services (4), interpreter services (3) and improved public transportation (3).

One-fifth (21.5% of 135 respondents) had services that they got before and still need but are no longer getting. These services are: additional medical services (8), community support services (4), financial assistance (4), homemaking and cleaning help (3), bus transportation (3) and personal care (2).

Socializing

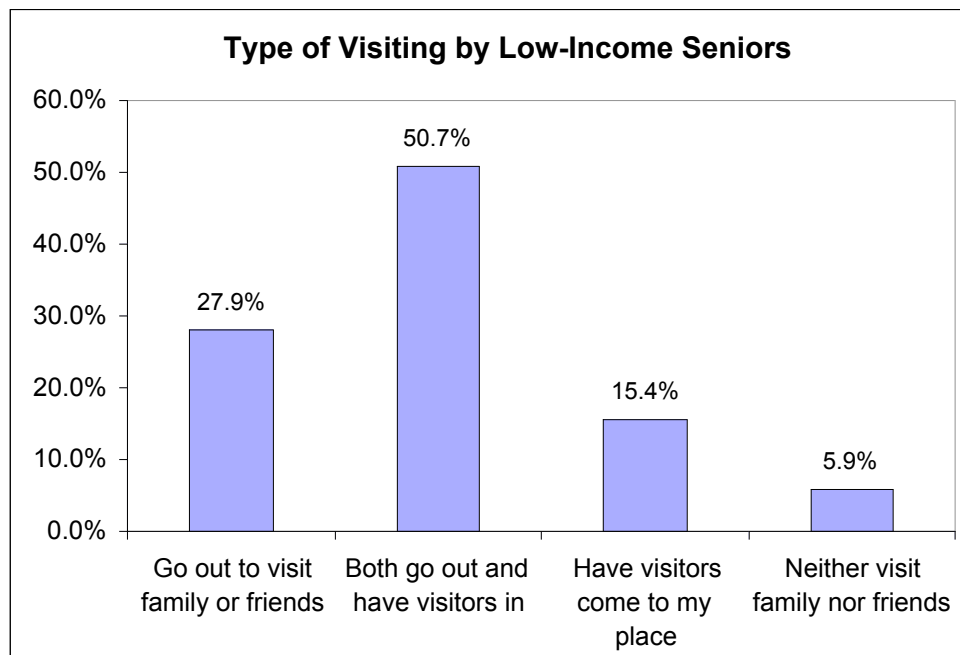
Very few survey respondents appear to be isolated socially. Eighty-six per cent (86.1%) talk on the phone to family and friends frequently, that is, on a daily basis (59.7%), or often, that is, at least two to three times a week (26.6%).



Source: *Peel Seniors' Community Support Services Survey, 2004*

Over three-quarters (77.5%) said that they are happy with the amount of time that they speak with family and friends but the remainder (22.5%), a sizeable minority, would like more social interaction. In some cases individuals (7) said that their families are too busy or not available. Others (4) cannot afford the long-distance telephone charges and still others find that traveling the distance required is too difficult or costly (3).

Ninety-four per cent (94.0%) of those interviewed have personal visits with family or friends in their own home, in the homes of their family and friends or both. Some (6) indicated that they enjoy going out and some (5) also said that their residence is not very appropriate for entertaining visitors.

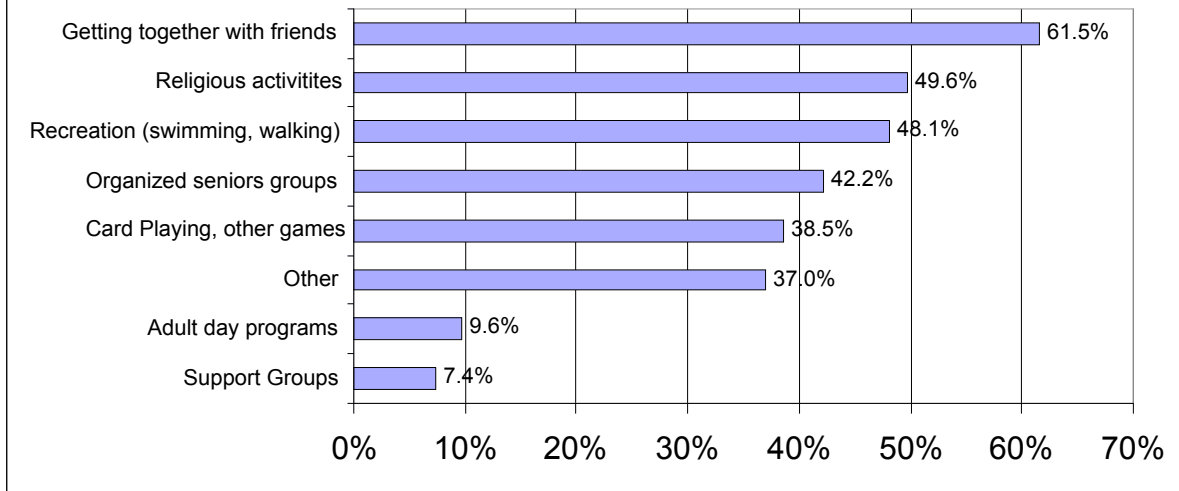


Source: Peel Seniors' Community Support Services Survey, 2004

Many of the respondents also participate in religious, cultural, social or recreational activities on a regular basis. The types of activities most commonly carried out are: getting together with friends (61.5%), religious observances (49.6%), recreation (including walking) (48.1%), organized seniors' groups (42.2%), and card playing or other games (38.5%). Other activities described by respondents include: participation in an organization (14), volunteer activities (8), exercise/fitness classes (6) and arts and crafts (6). Some also mentioned dancing, hunting and fishing, sports, singing, bingo and bowling.

Respondents participate in religious, cultural, social or recreational activities on a regular basis. Close to 40 per cent (39.9%) do so twice a week or more often and another 27.5% participate in such activities once a week. However, almost one-quarter of the individuals surveyed reported that they participated either infrequently or never.

How Much Low-Income Seniors Participate in Social and Recreational Activities



Source: Peel Seniors' Community Support Services Survey, 2004

A large proportion of respondents rely on their family and their friends to go out to socialize. Over 40 per cent (42.4%) get a ride from a family member not living with them and 13.7% get rides with their spouse or another member of their own household. Almost one-third (31.6%) are driven by a friend and just less than this percentage (30.2%) use public transportation. On the other hand, there is a fair amount of independence on the part of this group of seniors as 30.2 per cent stated that they drive themselves and 28.8 per cent walk to locations where they participate in social activities. Very few (2 respondents) use TransHelp services and some use taxis (14 respondents). Many of those interviewed use more than one of these modes of travel.

Table 6: How Respondents Travel to Socialize and Participate in Social and Recreational Activities

Mode of Transportation	#	%
Walk	40	28.8%
Drives	42	30.2%
Ride from member of household	19	13.7%
Ride from friend	41	29.5%
Ride from family member	59	42.4%
Public transportation	42	30.2%
Transhelp	2	1.4%
Transhelp	14	10.1%
Other	8	5.8%
N	139	

Source: Peel Seniors' Community Support Services Survey, 2004

Other Comments

Respondents were asked if they had any other comments about services that would allow them to live independently and two-thirds (62.5%) offered one or more comments. These are summarized by topic in the table below. Housing-related concerns, particularly affordable housing, lead the list followed by the need for in-home support services, financial assistance, medical services and transportation.

Table 7: Summary of Open-Ended Responses Regarding Services

COMMENT TOPIC	#
Affordable, adequate seniors housing/subsidize existing housing for seniors	23
Wheelchair accessible housing	3
Equitable waiting times for housing	3
Availability of alternative housing	2
Expand/improve support services	10
Availability of homemaking/handyman service when needed	6
Changes to government benefits	6
Financial assistance	3
Financial help with rent needed at age 65 or more (when needed)	1
Increase in pensions for seniors needed	1
It would be better if I could afford to buy a house, because it is expensive to rent-living on my own. But I can't afford to buy a home.	1
No taxes for seniors	1
Allowance for seniors owning their own home	1
Gainful employment	1
Closer access for specialists	1
Free/subsidized medication/medical services/procedures/supplies	8
Availability of public transport/wheeltrans, etc.	4
Driver/escort service to appointments	3
Free transportation for seniors	1
Independence is important	5
More respect and a voice for the elderly	3
Easy access to social and recreation programs and amenities	3
Keeping fit for seniors is important	1
Security alarm/buddy system	3
Dental coverage	2
English language training	2
Intergenerational contact	1
Establish tenant's association	1
Women's issues and seniors	1
Wage controls for government employees and politicians	1
Happy with current services	6
Doesn't want/need services	2

Source: Peel Seniors' Community Support Services Survey, 2004

Future Needs

Respondents were also asked to think about their current overall health and look ahead to what their health and ability to look after themselves may be within the next two to five years and, based on this, to indicate the type of help that they may need to enable them to continue to live on their own. Close to two-thirds (63.9%) were able to do this. The kinds of service needs forecast are listed in the following table.

Personal care and homemaking services are very important as is appropriate and affordable housing. Transportation and medical services are also anticipated to be more needed within the next few years.

Table 8: Low-Income Seniors' Views on Future Need for Services

ANTICIPATED NEEDS	#
Homemaking/shopping assistance	22
Personal home care services	10
Meals on wheels or meal preparation	4
Caregiver assistance	3
Stay in own home with support services	3
Affordable, adequate senior housing in the community	13
Home maintenance	2
Wheelchair accessible housing	2
More choices in retirement/nursing homes	1
Ground floor dwelling or building with elevator	2
Bathroom modifications	1
Nursing home	3
Driver/escort to appointments	3
Improved public transportation/wheeltrans	3
Travel	1
Availability of doctors and healthcare	4
Doctor house calls	3
Preventative health care	2
Walker/assistance with walker	4
Support from family/friends	4
Financial assistance	3
Independence important	2
Translation services	1
Assistance with breathing	1
Wheelchair/scooter	1
Planning to stay healthy/don't anticipate anything	11
Difficult to know/predict	6

Source: *Peel Seniors' Community Support Services Survey, 2004*