

Peel Senior Link

Program Evaluation Report

August 1996



**Centre for Research
& Education in
Human Services**

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Introduction & Acknowledgements

Supportive housing has emerged as a key component in Ontario's strategy for community-based long term care. Where institutional care was once the only option, supportive housing programs have made it possible for a large number of older adults to receive much needed services without leaving their homes. Furthermore, the principles that supportive housing is based upon (supporting independence and consumer control over services, fostering community integration, and facilitating aging in place) give programs the potential to offer services in a fundamentally different way than institutions and traditional community based service agencies. Supportive housing programs like Peel Senior Link provide evidence that it is possible to provide support without taking away control or compromising dignity, and that independence for seniors requiring support is possible when family members, service providers and other members of the community work together.

In March of 1996, Peel Senior Link, a supportive housing service provider in Mississauga, contracted the Centre for Research and Education in Human Services to conduct an evaluation of Peel Senior Link's programs. This report is the final product of that evaluation. We present you with a snapshot of an agency providing much-needed support to seniors in a kind, caring and compassionate manner; an agency truly committed to the independence and dignity of seniors.

The report includes a detailed description of the program and a review of the success it has had in meeting its objectives. It concludes with reflections on the relationship between Peel Senior Link's two models of service, and recommendations for the future of the project.

Our thanks to the staff of Peel Senior Link, to representatives from other agencies in the community who took the time to talk to us about Peel Senior Link, and to the clients and their families who shared their experiences with Peel Senior Link. Your words are the most important indicators of Peel Senior Link's success, and we hope we have presented them accurately.

Our thanks as well to our colleagues at the Centre for Research & Education in Human Services, who are a consistent source of encouragement and support. A special thank you to Pat Fisher for his help with SPSS for Windows and Terry Goodenough for his editing work.

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Evaluation Purpose and Methodology

This evaluation was undertaken with the following major objectives:

- to develop a detailed and up-to-date description of the Peel Senior Link program that will be of interest to a wide range of audiences.
- to assess the success that Peel Senior Link is having in meeting its objectives. In particular, to provide clients with an opportunity to express their level of satisfaction with the service, and to determine how well the program responds to clients' needs.

The evaluation planning process led to the development of a program logic model for Peel Senior Link. This model is presented on pages 14 and 15. Based on the objectives listed in the logic model and the input of staff, the following data collection methods were agreed upon:

- a satisfaction survey completed by a stratified random sample of 59 clients.¹
- one to one interviews with ten program clients.
- five one to one key informant interviews with representatives of other agencies and organizations that collaborate with Peel Senior Link.
- interviews with family members of four Peel Senior Link clients.
- one focus group interview with Peel Senior Link staff.
- job shadowing of Peel Senior Link staff and observations made within Peel Senior Link buildings.

This combination of methods was designed to gather input from a wide a range of stakeholders, and to combine qualitative and quantitative descriptions of the programs' processes and outcomes.

Qualitative data analysis followed the approach described by Patton (1990). Information generated through each method was analysed individually, in order to

¹ This sample included 5 randomly selected clients from each of the twelve buildings Peel Senior Link worked in regularly at the time of the study. It represents between 10 and 20% of the clients Peel Senior Link serves. The exact number is difficult to calculate. Peel Senior Link is available to all of the more than 900 tenants in the buildings it serves. However, staff do not have regular contact with all tenants, and the percentage varies across buildings. Respondents were selected from the pool of regular Peel Senior Link clients, and not from the population of the building generally. A random sample of this size can be assumed to be reasonably representative of all Peel Senior Link clients (means calculated for the sample are likely to be within 10% of the mean of the entire population).



identify consistencies and variations known as patterns. Then, the patterns from all data sources were considered together in order to develop integrative themes that addressed the stated research questions and also to identify any unexpected findings. The quality of this analytic process was assessed using several criteria:

- **consistency:** patterns were considered to be stronger if several interviewees identified the same issue.
- **triangulation:** themes were considered more credible when stakeholders with very different perspectives on the program identified similar issues.
- **saturation:** data collection was considered to be most comprehensive when later interviews did not uncover any new issues.
- **agreement with program objectives:** findings about program outcomes were considered more credible if they reflected the program's stated objectives.



Program Description

In this section, we describe Peel Senior Link: its history, goals, services, where it works, and how. We also provide a brief definition of supportive housing.

What is Supportive Housing?

Peel Senior Link is a supportive housing service provider. Supportive Housing is a key component of the Government of Ontario's **Re-Direction of Long Term Care and Support Services**. Supportive housing is defined by the Ministry of Health as the co-ordination of personal support services, homemaking and accommodation in community settings. Supportive housing programs are designed to meet the needs of adults with physical disabilities, people in need of palliative care, and older adults.

Supportive housing programs for seniors are intended to make community living possible for older adults who might otherwise be expected to enter a more institutional setting, such as a retirement home or a home for the aged. Some supportive housing programs provide housing which is more accessible, more affordable, and/or requires less maintenance than a private home or other housing options. All programs make services and supports more accessible by providing them on site or facilitating linkages with community based service agencies.

The services that supportive housing programs offer (either directly or through partnerships with others in the community) can include congregate dining, homemaking, personal support services, on call emergency response, service co-ordination, personal advocacy, skills development, social programs, security checks, and friendly visiting.

Several variations on the supportive housing model exist. Some programs own and manage their own buildings. Others work on-site 24 hours a day, typically serving a small number of units within a larger building (an on-site services model). Still other programs visit a number of buildings for one of two days each week, keeping in touch with a core group of higher need clients but responding to the needs of all tenants (a service co-ordination model). Peel Senior Link runs both on-site and service co-ordination programs. Their 24 hour model includes 12 hours a day of on-site service, and 12 hours of available on-call emergency support.



One of the key principles that guides supportive housing is aging in place - the idea that the service system should strive whenever possible to adapt to the changing needs of older adults while allowing them to continue living in the same home or at least the same community. Supportive housing programs work to provide support in ways that rebuild or maintain individual capacity and control, and as a result promote good health and prevent unnecessary institutionalization. Services are flexible, individualized and as client-directed as possible.

The History of Peel Senior Link

Peel Senior Link was established in 1991 as a local initiative of the Ministry of Community & Social Services Halton-Peel Long-Term Care area office. Since that time, the agency has grown tremendously, now offering services to buildings that house over 900 seniors throughout Peel. A brief history of the agency since its inception is presented in Table 1.



Table 1: A History of Peel Senior Link

1991	Peel Senior Link established
1991 - 1992	Operates Seniors Day Program in Malton, to establish a community presence
1992	Undertakes pilot project with Peel Regional Housing Authority to provide services and service co-ordination in a rent-geared-to-income seniors' building, also in Malton.
1993	<p>Additional funding made available by the Long-Term Care area office to establish similar programs in four more apartment buildings managed by Peel Regional Housing Authority.</p> <p>Report commissioned by Sandi Pelly Associates, that outlines:</p> <ul style="list-style-type: none"> • demographics with regard to seniors and services for seniors in Peel • achievements of Peel Senior Link to date • recommendations for improving seniors' services in Peel
1994-1996	Peel Senior Link gradually grows to serve a total of 14 buildings using service co-ordination model.
1996	<p>Peel Senior Link receives funding from the Long Term Care area office to expand programs to include provision of services on-site 12 hours per day, 7 days per week for 12 clients at 35 Stavebank Road, in Port Credit, and 10 clients at Turtle Creek Housing Complex, 1510 Lakeshore Blvd, in Clarkson.</p> <p>Peel Senior Link initiates a program evaluation to ensure goals and objectives are being met, and to strengthen agency</p>

The Goals of Peel Senior Link

In keeping with the goals of Long Term Care Reform, the overall objective of Peel Senior Link is:

to provide supportive housing services and programs for older adults that incorporate an integrated service model, maximize independence, foster stability and thereby prevent inappropriate placement in Long Term Care facilities.



These goals are guided by what Peel Senior Link refers to as Service Principles. These are:

- *to engage in consumer driven planning that includes caregivers, family and community.*
- *to promote better knowledge and understanding of the concerns, needs, potential and worth of older adults.*
- *to promote racial equity by respecting people's different values, religions, languages and customs.*
- *to recruit and train volunteers that will include the participation of older adults..*
- *to develop working relationships with providers of non-profit housing and local service network.*
- *to develop and implement an effective ongoing public relations and education program which may include student placement.*
- *to enable older adults to spend the maximum amount of time in their own community with as much independence as possible by offering a range of services.*
- *to develop working relationships with clients and to advocate on their behalf in any given situation.*
- *act as service co-ordinators to provide equitable access to appropriate services regardless of where they live and regardless of their need.*

These service principles point to Peel Senior Link's philosophy of providing services to seniors. They aim to maximize the potential of seniors, enable seniors to carry out activities of daily living, maintain their independence, and enhance quality of life.



Programs Operated by Peel Senior Link

Peel Senior Link operates in existing rent geared to income apartment buildings throughout the region of Peel (a complete list of these buildings is presented in Table 5). Peel Senior Link offers two distinct, yet related programs that assist seniors to remain living in their own apartments.

The first is a service co-ordination program, currently offered in thirteen buildings. A Peel Senior Link staff member works in each building one or two days per week, providing direct service, such as banking or grocery shopping, and co-ordinating the delivery of other community services to clients who require them. This program is open to all tenants in the building who require support. An initial needs assessment is conducted with all tenants in a building. Peel Senior Link staff work with those individuals who identify a need for service.

The second program operates in two buildings only, serving a total of 22 clients. Peel Senior Link purchases home support services from the Victorian Order of Nurses (VON), whose staff are on-site 12 hours per day every day to assist clients with activities of daily living. Registered practical nursing staff are on-call during off hours to deal with emergencies.

In both programs, medical services are not provided directly by Peel Senior Link, but are co-ordinated by the Service Co-ordinator, who is generally on-site one or two days per week.



Services Provided by Peel Senior Link

Within these two programs, Peel Senior Link offers a range of services, listed below in Table 2. In the agency's own words, "we will do everything possible to ensure that seniors get the support and services they need...We promise to meet any reasonable request from seniors..."

Table 2: Descriptions of Services Provided

Service	Description
Information and Referral	information about, and referral to: community services such as HomeCare and other homemaking, medical, social and recreational services; current and future housing options
Advocacy	working with the senior to ensure access to appropriate services; ensuring client participation in decisions
Support for Activities of Daily Living	organizing and managing provision of services to assist senior with activities of daily living; providing assistance not provided by others such as: <ul style="list-style-type: none"> • grocery shopping • banking • transportation to medical appointments • filling out tax and other government forms • organizing an income tax clinic • establishing programs where chiropractic services are offered in buildings • establishing programs where foot care clinics are offered in buildings • organization and administration of emergency response systems • acting as contact in emergencies • organizing private housekeeping and handyman services • access to cultural interpreters when required
Personal Emotional Support:	<ul style="list-style-type: none"> • includes telephone reassurance, friendly visiting, counselling on particular issues • in some buildings, Peel Senior Link provides lunch and programs where seniors have opportunities to meet one another
Crisis Intervention	responding to crises immediately, contacting family, working with community services
Public Awareness Promotion	working to promote community understanding of seniors' issues, by: <ul style="list-style-type: none"> • committee work & conference presentations • talking with families • working collaboratively with agencies and other partners



At Stavebank and Turtle Creek, the two 12 hr. a day programs, clients receive all of the above services. They also receive extra services, including:

- home maker services (meal preparation, house cleaning, laundry)
- more intensive personal support (dressing, bathing, and monitoring self-administered medications)

Within these general categories, Peel Senior Link provides a wide range of specific services. Our survey asked people to indicate the services Peel Senior Link had provided for them. Table 3 lists the most frequently provided services:

Table 3: Specific Services Provided by Peel Senior Link

Case management	64%
Information about other services	93%
Referrals to other services	75%
Advocacy	56%
Service co-ordination	53%
Supportive listening	81%
Access to emergency response	7%
Crisis intervention	36%
Friendly visits	83%
Grocery shopping	56%
Banking	32%
Transportation to medical appointments	56%
Assistance completing forms	53%
Assistance visiting library	3%
Social events	41%



Table 4: Services Accessed through Peel Senior Link

Meals on Wheels	10%
Transhelp	14%
Victorian Order of Nurses	10%
Physiotherapy	10%
Occupational Therapy	7%
Homemaking	25%
Chiropractor	20%
Foot doctor clinic	29%
Income tax clinic	25%
Handyperson service	27%
Hairdresser	5%

A major part of Peel Senior Link's role is to link clients with other services in the community. Table 4 lists some of the services provided by other organizations that were accessed through Peel Senior Link for surveyed clients. Other services which Peel Senior Link has helped clients to access include the Canadian national Institute for the Blind, The Canadian Hearing Society, the Cancer Society, and a variety of government offices.

Mr. Martin: Case Study #1

Mr. Martin is 86 years old. He has lived at Hillside on Truscott Drive in Clarkson for four years. He moved into the building to be closer to his wife, who was in the nursing home next door. Mrs. Martin died six months ago. They had been married for 38 years. Said Mr. Martin "I'm kind of lost now because I used to go and see my wife every day...sometimes twice a day...I can't get used to this kind of life, just sitting around." Around the same time that his wife died, Mr. Martin fell while trying to cross the road outside his building. The fall gave him a fright, and he says he is now more cautious about going out on his own.

Peel Senior Link has only been working at Hillside for three months. Shortly after starting work in the building, the Co-ordinator conducted a needs assessment with Mr. Martin, told him about Peel Senior Link and asked if there was anything Peel Senior Link could do for him. The Co-ordinator now drives him to doctor's and dentist's appointments, and visits him whenever she is in the building. She has also organized a VON foot care clinic for all tenants in the building, which he attends, and has helped make arrangements for him to get a hearing aid. Said Mr. Martin, "I've never asked them for anything that they haven't done. That's a good recommendation...It's great help having a person like (the Co-ordinator). It takes a weight off."

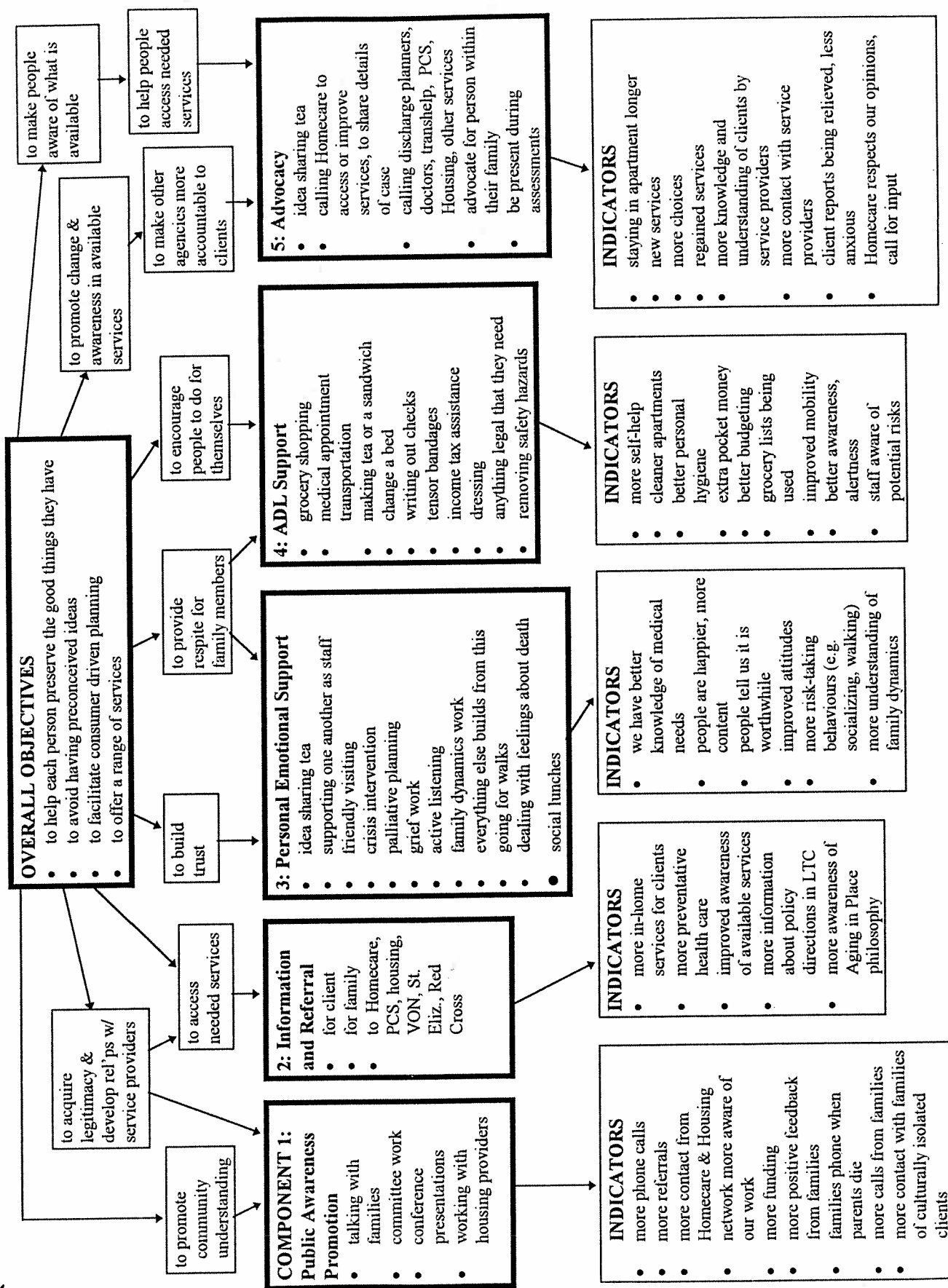


Linking Goals to Services: Peel Senior Link's Program Logic Model

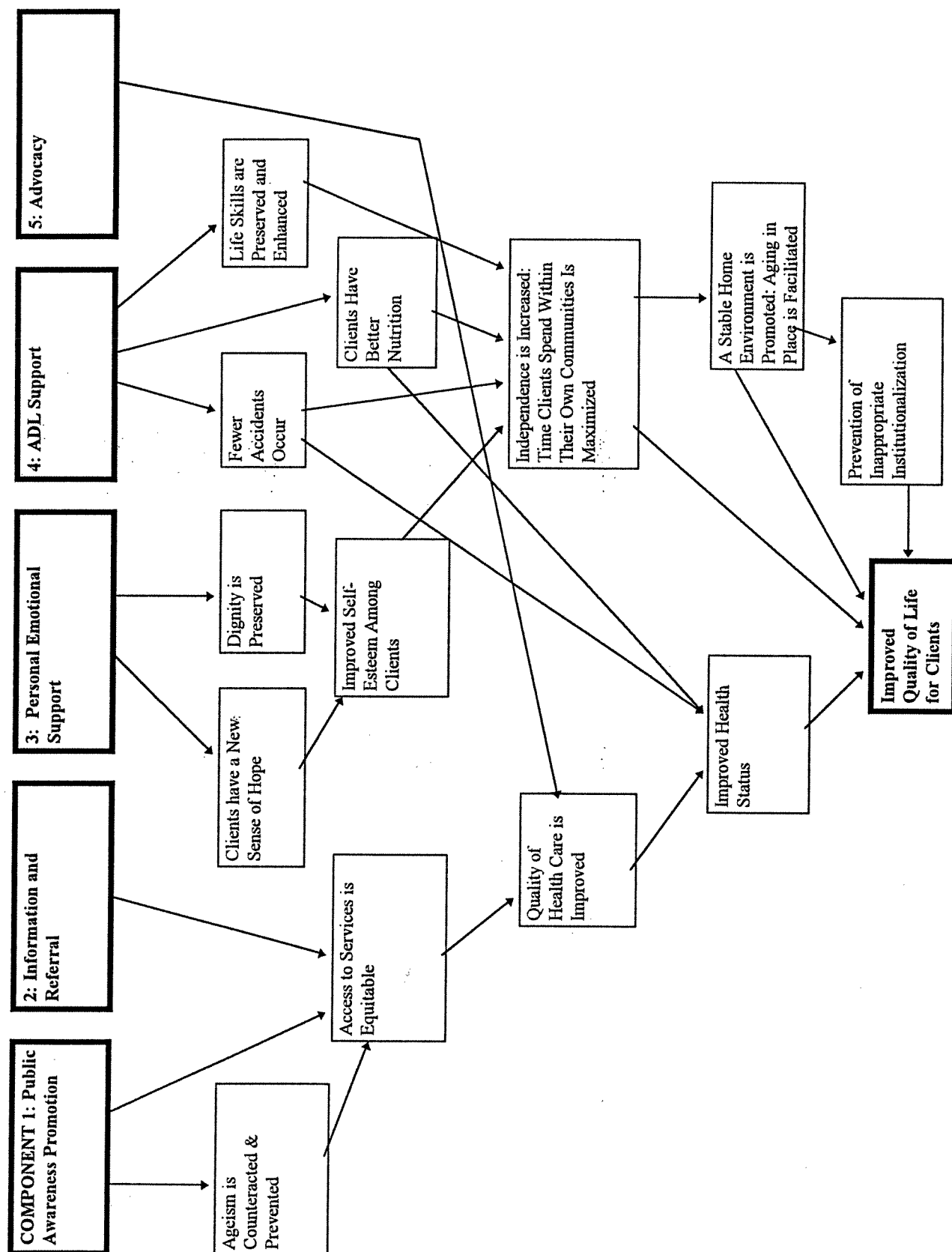
Program logic models are a useful tool for both evaluation and planning because they provide a graphic description of how the day to day activities of an agency contribute to its objectives (Rush & Ogborne, 1991). The logic model on pages 14 and 15 lists the main components of Peel Senior Link's work under the headings included in Table 2. The activities that make up each component are linked to the program's objectives. These objectives are divided into implementation and outcome objectives. Implementation objectives, listed at the top of page 14, describe what Peel Senior Link intends to do. Outcome objectives explain the importance of Peel Senior Link's work, or what impact it is expected to have. Each main component is also linked to a box containing indicators. These are concrete, observable things which, when taken together, help to determine whether or not the program is meeting its outcome objectives. These indicators were drawn upon in order to design our data collection tools.



IMPLEMENTATION OBJECTIVES, MAIN COMPONENTS, AND INDICATORS



MAIN COMPONENTS AND OUTCOME OBJECTIVES



Where Peel Senior Link Works

Peel Senior Link works in specific seniors apartment buildings throughout Peel. Currently, the agency serves fourteen buildings, managed by a number of non-profit property management agencies. A fifteenth site is currently under construction. Table 5 lists the buildings served by Peel Senior Link, their age, size, cultural mix and the type of program offered in each building.

Table 5: Descriptions of Buildings Served by Peel Senior Link

Address	Area	# of Units	Age of Building	Type of Service
Peel Regional Housing Authority Buildings:				
4 Caroline Street	Streetsville	60	20 years	1 day/wk.
958 East Avenue	Lakeshore	15	20 years	on-call
175 Central Parkway Drive	Brampton	45	22 years	1 day/wk.
3580 Etude Drive	Malton	50	21 years	1 day/wk.
66 King Street West	Cooksville	121	25 years	2 days/wk.
1 Maple Avenue	Brampton	101	19 years	1 day/wk.
McHandy Court	Brampton	48	18 years	1 day/wk.
Queen Frederica Drive	Mississauga	114	21 years	2 days/wk.
Stavebank Road	Port Credit	98	23 years	12 hrs./day for 12 clients, 2 days/wk. for others
William Street	Streetsville	22	22 years	1 day/wk.
Peel Living				
Truscott Drive (Hillside)	Clarkson	129	13 years	2 days/wk.
Murray Street (Manorbridge)	Brampton	99	9 years	2 days/wk.
Other				
Battleford Road (Edenwood)	Meadowvale		5 years	1 day/wk.
Lakeshore Blvd. (Turtle Creek)	Clarkson		New	12 hrs./day for 10 clients

There are a number of differences between buildings that influence Peel Senior Link's work. Many of these differences arise because Peel Senior Link typically



enters established buildings and begins to serve existing tenants. As a result, they must find ways to fit into the established community within the building.

The age of the building is very important. Older buildings tend to house older tenants and therefore require greater service on the part of Peel Senior Link. Consequently, higher need clients and crises may be concentrated in certain buildings rather than distributed throughout the region.

The buildings also differ in terms of the income and class background of tenants. Peel Regional Housing Authority buildings house seniors who have limited incomes, many of whom have been dependent on state agencies in some form or another for years. These buildings tend to have a greater need for service than buildings housing slightly more affluent seniors. Staff from Peel Senior Link and Peel Regional Housing Authority both noted that while their need may be greater, low income seniors are more cautious about approaching Peel Senior Link, at least in the beginning, for fear that they will lose their housing if they require support. Some of the seniors in other buildings have a sense of entitlement to the services and seem better able to advocate on their own behalf.

Finally, buildings vary in terms of cultural diversity. Three buildings, 3580 Etude Avenue in Malton, 66 King Street in Cooksville, and 3020 Queen Frederica in Mississauga, have significant immigrant populations, and many people have limited English language skills. Peel Senior Link has made a commitment in principle to providing equitable access to services for racially and culturally diverse communities: Co-ordinators use the services of cultural interpreters to conduct needs assessments with some clients and call upon other tenants in a building to help translate in emergency situations; VON home support staff at 35 Stavebank and Turtle Creek were chosen to reflect the cultural and linguistic make-up of the clients, and racism and respect for cultural diversity are discussed at staff meetings. In general though, staff noted that accessing some ethno-cultural communities has been a challenge, particularly at the Queen Frederica building.

The Clients Peel Senior Link Serves

Most (80%) of the people surveyed for this evaluation study were women. The largest percentage were in their 80's (54%). 5% were in their sixties, and 34% were in their seventies. 7% were over 90 years old. Clients had been living in their



current buildings for as long as 24 years, and as little as six months (an average of 11 years). Few clients (10%) had annual incomes above \$15,000 a year.

The survey sample included 17 different ethnic groups. Canadian and English were by far the largest, accounting for 37% and 22% respectively. 7% described themselves as Scottish, and 5% as Guyanese. Polish, American, Jamaican, Czechoslovakian, Italian, South African, Greek, Hebrew, and West Indian people are also served by Peel Senior Link.

Almost half of survey respondents reported that they had a lot of contact with their families, while 22% had very little or none. Thirty percent said they would like to have more contact with their family. Eighty-five percent got out into their community or neighbourhood at least once a week, and 61% did so many times each week. 30% reported that they would like to spend more time in the community. About 81% had friends that they saw frequently, and were happy with the amount of contact they had with friends. Nineteen percent reported less contact with friends than they would like.

About 20% to 30% of Peel Senior Link's clients appear to be very isolated socially. They live alone, and have little contact with close friends. They have limited (or no) family involvement. Some (about 15% of those surveyed) leave their buildings less than once a week. Our interviews suggested that most clients deal with isolation to some degree. The ten clients we spoke with all expressed some degree of loneliness, even when they had relatively frequent contact with family and friends. Although they may have stronger social networks than their neighbours, few clients seem completely satisfied with their level of social involvement.

Representatives from other agencies felt that the impact of this isolation on seniors, on families and on social service agencies in the region was profound. Availability of informal support is recognized as an important predictor of long-term health and quality of life, and all the service providers we spoke with recognized that socially isolated seniors are much more likely to require their services.

Table 6 illustrates the range of challenges that Peel Senior Link clients face:



Table 6: Challenges faced by Survey Respondents

Challenge	% of survey respondents who reported experiencing this challenge
arthritis	54%
impaired vision	44%
heart disease	41%
use of a walker	34%
hearing loss	25%
depression	22%
diabetes	20%
memory loss	15%
use of a cane	12%
use of a wheelchair	12%
incontinence	9%
stroke	9%
cancer	7%
bedridden	3%

Peel Senior Link's Staff

Peel Senior Link presently employs six full time staff:

- an Executive Director responsible for the overall administration and direction of the agency,
- a Program Supervisor responsible for the administration of both 12 hour on-site support service buildings, two-day per week service co-ordination in one building, and supervision of the Service Co-ordinators, and;
- four Service Co-ordinators each assigned a number of buildings to work with. These Co-ordinators conduct needs assessments with all tenants in a particular building, develop programs, and co-ordinate services aimed at meeting individual needs of clients. The Co-ordinators also provide crisis-intervention services and are responsible for responding to increased needs for services as they arise.

In addition to these paid staff, the agency also uses students from local colleges on a regular basis, providing intensive training and supervision. These students often initiate social programs, such as lunches or afternoon teas in particular buildings.



Peel Senior Link's Relationships with Other Agencies

Peel Senior Link is primarily a service co-ordination agency, and must work closely with other community service providers to achieve its goals. As part of this evaluation, interviews were conducted with representatives of three agencies that provide service to seniors, and with two custodians who worked in buildings Peel Senior Link serves. Below is a description of each agency, the characteristics of its work with Peel Senior Link, what these key informants believed made their work with Peel Senior Link successful, and any recommendations they had for Peel Senior Link.

Peel Regional Housing Authority

Peel Regional Housing Authority provides rent-geared-to-income housing in 20 buildings throughout the region. Fourteen of these buildings are for senior citizens, providing approximately 780 units of accommodation. Peel Regional Housing Authority reserves the right to evict tenants when they pose a health and safety hazard to themselves or other tenants. As a result of Long Term Care Reform, Peel Regional Housing Authority's mandate has expanded to include the provision of supportive housing services to its tenants. The Authority works with two agencies to achieve this mandate. Peel Senior Link is one of these agencies.

Both Peel Senior Link and Peel Regional Housing Authority consider their working relationship to be a successful one. The Housing Authority identified the following factors as contributing to that success:

- a good match between the needs of the Authority for a provider of supportive housing services and Peel Senior Link's orientation to providing those services.
- ongoing, clear communication between the two agencies, and Peel Senior Link's respect for the parameters set by the Housing Authority. The agencies meet regularly to discuss issues with tenants and to ensure a co-ordinated approach.
- the arm's length relationship that the two agencies have been able to maintain, which allows Peel Senior Link to establish trust with tenants and ensures that Peel Senior Link is seen as a separate entity from the Housing Authority.
- the knowledge, training and skills of Peel Senior Link's staff.



- the informal nature of the relationship between the two agencies.

Victorian Order of Nurses

The VON is a community-based professional nursing agency, providing nursing and home support services to people in their own homes in the community. These services are purchased by agencies such as HomeCare or Peel Senior Link, or privately by members of the community.

In February of 1996, Peel Senior Link began purchasing home support services directly from the VON for 12 clients at Stavebank and (since June) 10 clients at Turtle Creek. VON health care aides are now on-site 12 hours every day to provide whatever non-medical services the clients need in order to continue living in their own homes. An after-hours emergency response system is also being provided by VON staff. Medical services, organized through HomeCare, continue to be co-ordinated by the Peel Senior Link Service Co-ordinator.

VON staff who work in these buildings were chosen according to their ability to be adaptable and flexible, and based on their knowledge and experience working with seniors. The selected staff then received an orientation to the principles and practices of supportive housing, to ensure that an institutional setting would not inadvertently develop.

Both the VON and Peel Senior Link consider their relationship to be a successful one. The VON identified the following reasons for this success:

- good communication between VON management and Peel Senior Link, as well as between VON health care aide staff and Peel Senior Link.
- skills, knowledge and personality of Peel Senior Link staff; the flexible approach taken by the agency.
- professional, ethical approach taken by Peel Senior Link staff.
- compassion that Peel Senior Link staff have for seniors.
- Peel Senior Link's sense of humour.



Peel Regional HomeCare Office

The mandate of Peel Regional HomeCare is to co-ordinate the provision of medical services such as nursing, physiotherapy, occupational therapy, speech therapy, or social work, to people in their homes. HomeCare also purchases the services of homemakers from community agencies to provide clients with assistance for a few hours one or two times per week. The representative from HomeCare noted that HomeCare's work with seniors tends to occur when there has been some kind of a crisis, usually resulting in hospitalization.

HomeCare works with Peel Senior Link to provide services to specific clients. Peel Senior Link's intervention is a social intervention, and they refer to HomeCare when medical services are needed. The services of HomeCare are not required for all Peel Senior Link clients, but when they are, the two agencies work together.

Peel Senior Link has identified inconsistency in knowledge of the Peel Senior Link Program by HomeCare case managers as a challenge. Although Peel Senior Link has provided in-service training to many other agencies in the community, they have not yet done so with HomeCare.

The one recommendation HomeCare had for future work with Peel Senior Link, was that when 12 hour on-site service programs are set up, Peel Senior Link should notify the HomeCare case manager and tell them which community service provider is being used. This would allow HomeCare to use the same service provider, and ensure consistency.

Although there have been some difficulties in communication between the two agencies, very positive relationships do exist among individual staff members. As with the other key informants, the representative from HomeCare identified the clear communication she had with Peel Senior Link staff, particularly the program supervisor, as important to the success of their relationship.



Responding to a Crisis: A Case Study of Agency Collaboration²

There was a crisis at Stavebank just after the 12 hour program began there. Daisy was a very well, independent 98 year old tenant who became acutely ill and was transferred to hospital. After a seven day stay in hospital, she was discharged home to her apartment. Her needs were very high, and it was only through extensive effort on the part of Peel Senior Link staff and many people that this return home was possible. Daisy was unable to get out of bed, so twenty-four hour staff were provided through HomeCare. HomeCare and Peel Senior Link worked collaboratively with members of the tenant's family, who subsidized the cost of the care. A local community doctor made regular home visits. Family members visited the Daisy's home daily. This endeavour was truly a collaboration, and a team effort on everyone's part. Daisy remained in her own home in a supportive environment with the independence she so strongly desired. Five days later she was hospitalized again, and passed away shortly thereafter.

Custodians

Peel Senior Link works closely with custodians and superintendents in the buildings that it serves, particularly those working in buildings managed by Peel Regional Housing Authority.

The two custodians interviewed noted that their role included a great deal of social support work which was not part of their actual job description. One custodian said, "Here you see a senior, and you're talking, and they're lonely, and sometimes the family isn't there...A lot of times they don't have a problem in their unit; really it's just that they don't have anyone to talk to."

Both Peel Senior Link and Peel Regional Housing Authority noted the importance of the role of custodians in the success of Peel Senior Link's work. The support of a custodian for the project is very important, as the custodian can often assist Peel Senior Link in gaining the trust of tenants. The custodian, on-site every day, with a history of interaction with the tenants, also has a sense of their needs and can direct Peel Senior Link to tenants who may be in particular need, but who are not able to approach Peel Senior Link staff for a variety of reasons. Finally, the custodian plays a key role in the community life of a building.

² Thank you to Mary Lou Werlich for contributing this case study.



Other Partners

Although these are Peel Senior Link's major partners, there are many other service agencies in the community with whom they collaborate. These include St. Elisabeth Visiting Nurses, many government offices, hospitals, the CNIB, and The Canadian Hearing Society. Private sector partners include an agency that plans trips and outings for seniors.

Summary

Peel Senior Link is a program that has evolved over time in response to community need. It currently serves 14 buildings throughout Peel using an effective combination of two models: daily on-site support and one-day-a-week service coordination. Peel Senior Link relies on strong partnerships with other agencies in the community. Although it has sometimes been challenging to communicate their mandate effectively, Peel Senior Link generally has had great success in sustaining these partnerships. Peel Senior Link serves a diverse population of clients, many of whom face cultural and financial barriers as well as physical and social ones. One concern that most clients share is social isolation. About 20% to 30% of Peel Senior Link clients may be very isolated, and many more would like to improve their social connections. The program has worked hard to respond to the needs of cultural minorities, but staff still feel there are many culturally isolated seniors with whom they have been unable to establish relationships.

Peel Senior Link is unusual among the Supportive Housing projects we have had contact with for a few reasons. Rather than admitting clients into designated units in a new building, Peel Senior Link has travelled to existing buildings that already house a high concentration of seniors. As a result, Peel Senior Link has had to fit itself into existing communities of seniors, gradually building their trust and gaining their confidence. Advantages of this approach are that Peel Senior Link can build on the strength inherent in a naturally occurring community, and meet the needs of seniors without requiring them to move.

Peel Senior Link is also unique in that staff have open-ended job descriptions. Staff have the autonomy and the flexibility to develop creative and personalized responses to a wide variety of requests. In the 12 hour a day model, the VON help to ensure that basic physical needs are met. As a result, Peel Senior Link staff are able to provide the advocacy and personalized planning necessary to develop a



comprehensive and individualized array of supports. As the agency says in its brochure, “we will meet any reasonable request from seniors.”

What Peel Senior Link shares with many other supportive housing service providers is a commitment to the service co-ordination model, in which services are organized through external providers. Although the Long Term Care Division is no longer encouraging this model in new supportive housing initiatives, Peel Senior Link has had great success with it and would like to see its use expanded.



Outcomes

In this section, we describe the outcomes of Peel Senior Link's services from the perspective of clients, their families, and other agencies that Peel Senior Link works with. Under each outcome, we identify some of the key factors which help to explain why Peel Senior Link has had success in this area.

Outcomes for Clients

The feedback gathered in this evaluation clearly indicates that Peel Senior Link is meeting its stated outcome objectives. Support from Peel Senior Link staff and volunteers is contributing to improved health and well being, an increased sense of security, maximized independence, improved ability to age in place, and ultimately appears to reduce the chances of inappropriate placement in Long Term Care facilities. Perhaps the most central outcome for Peel Senior Link clients - the one which underlies and links together all the others - is that clients have an increased sense of dignity and self-worth.

The outcomes discussed in this section are drawn from the program logic model on pages 13 and 14. Some of these outcomes have been grouped together, under more general headings. In some cases, clients made reference to outcomes that were not suggested in the program logic model, and these have been added.

Client Satisfaction

During interviews, clients consistently told us how happy they were with Peel Senior Link's work. Few were able to come up with serious criticisms even when encouraged. Eighty-three percent of survey respondents reported that they were highly satisfied with the services they were currently receiving from Peel Senior Link, and the remaining 17% were quite satisfied. No-one reported that they were "not at all satisfied" or "somewhat satisfied." Overall, Peel Senior Link received a 93% client satisfaction score.



Improved Emotional Health Status

Our findings suggest that Peel Senior Link's work helps clients to achieve improved emotional health and well being. Peel Senior Link is able to do this in a number of ways; most importantly, they are able to counteract social isolation and provide emotional support.

Alleviating loneliness through regular contact was mentioned by many clients as helping to decrease their isolation and improve their emotional well-being. Things such as weekly or daily visits, organizing a friendly visitor and/or homemaking services, making regular check ins over the phone, and making referrals to counselling or other related services were all important. Said one client:

It's the idea too that I'm not alone in this. It's something to look forward to [the Co-ordinator's visits]. For nine months or so I was here all the time by myself.

Providing a space where the client could come down to talk to someone (at Turtle Creek and Stavebank), for tea, or to meet other seniors in the building was also important. As one client put it:

These 4 walls have opened a bit with having people to meet and talk to.

Fostering social interaction within the building through organized lunches and other social events, or connecting the client with services in the community was also noted by clients as contributing to their improved emotional well-being. 51% of surveyed clients reported that Peel Senior Link had helped them to get out into the community more often, and 10% felt their relationships with their family had improved as a result of Peel Senior Link. Other service providers, who often were unable to foster these kinds of links, felt that this was an important outcome as well. One service provider said:

They're arranging a luncheon in some buildings and some tenants are starting to interact among themselves, people who have been shut in for years.

Another service provider highlighted the links between improved social support and both physical & emotional health:



With two of the ladies, in 4-6 weeks (since they moved in) there's been a remarkable change. They are coming out a bit more. One lady has diabetes, and even her blood sugar levels have improved. They've really come around. She's accepting and enjoying and appreciating now, the people that have been introduced into her life and the support she is getting."

Peel Senior Link staff and volunteers also helped to improve emotional health and well being by **acting as supportive listeners**, providing more in-depth emotional support around particular issues such as bereavement, or death, or simply by being a friend to the client; someone the client could talk to without fear of judgement or ridicule. 81% of surveyed clients reported that Peel Senior Link staff had acted as a supportive listener for them. As once client said:

It makes me feel more at ease knowing they are there, having kind words, instead of putting you down.

This increased sense of emotional well-being was very important for clients; it contributed to a sense of security, to a feeling of being cared for, and to an ability to accept their illnesses or mortality. From this stemmed other outcomes, including increased independence, the prevention of inappropriate institutionalization, and opportunities to age in place.

Earlier in this report, we presented survey findings which suggested that about 20% to 30% of Peel Senior Link clients are seriously isolated. At first glance, this finding seems contrary to the impressions of our interviewees, who suggested that social isolation was a critical issue throughout the program. It may be that this relatively low percentage reflects in part the success that Peel Senior Link has had in reducing isolation. Many survey respondents told us that Peel Senior Link had helped them to get out into the community more or to improve relationships with their family.

It may also be that clients were able to express their complex feelings of isolation better in the interviews than in the surveys. Someone who sees their family quite regularly and has a few friends may still feel quite lonely, or have limited access to support.



Improved Physical Health Status

A number of program clients mentioned that their health had improved, or was not deteriorating as quickly, because of Peel Senior Link's intervention. This was related to increased emotional well-being, as well as to the more physical aspects of their care.

Peel Senior Link clients reported *learning about and accessing services in the community*. Many interviewees had previously been unable to access needed services, either because they were not aware of their existence or because they were not able to advocate effectively on their own behalf. One very important way in which Peel Senior Link's services helped improve the physical health of its clients was by providing information, making referrals, and advocating with community agencies on behalf of clients. 93% of surveyed clients had acquired information about other services through Peel Senior Link, and 75% reported that they had actually been referred to one of these services. This information and referral function brought about an *increase in services provided to clients by outside agencies*, which also contributed to improved physical well-being. Other agencies confirmed that they have seen increased referrals from Peel Senior Link buildings as a result of this work.

Improved nutrition was also important. Some clients noted that Peel Senior Link was educating them about nutrition, shopping for healthy groceries for them, and helping them to organize Meals on Wheels and/or homemaking services. One client recently diagnosed with diabetes, said:

[Since the Peel Senior Link Co-ordinator has come into the building] I haven't been as sick...I've been eating better and I'm monitoring what I am eating; [the Co-ordinator] helped me with that...I've got my blood sugar levels under control. ..In 8 weeks I've had only one unit of blood. I used to get two every week.

Key informants from partner agencies also confirmed Peel Senior Link's role in improving nutrition, and as a result, clients' physical well-being. For instance, one custodian mentioned how, before Peel Senior Link came into her building, clients would run short of food and have no way of getting it, because their family would not be visiting them for a few days and they were not able to get out themselves.



A Sense of Security

Security refers to a state in which one is confident, and untroubled by fear. Clients' own statements echoed this, as the quotes below indicate.

If an emergency arises, I know I can call on her [Co-ordinator from Peel Senior Link].

Before [the Peel Senior Link Co-ordinator], people would fall and lay for days before being found.

They give me roots.

Peel Senior Link's ***ongoing presence in the building***, and their ***co-ordination of necessary services***, lets clients know that if they do fall or need help, that help will be available. This eases clients' fears about living alone, making it possible for them to live independently, and in some cases, giving them the confidence to take more risks. Said the custodian at one building:

One woman used a walker and she had just given up [on life]. The Peel Senior Link Co-ordinator went up and talked to her a few times. And now she doesn't need her walker. I said "what is the miracle drug?" and she said "oh, just talking to [the Co-ordinator]."

This security also resulted from knowing that Peel Senior Link would do all it could to provide additional services, should client needs increase. This was particularly true of the Stavebank and Turtle Creek buildings where services and support are available 24 hours per day.

Security was also a critical issue for family members, and they reported that Peel Senior Link had made an important contribution in this area. As one daughter put it:

My mother was feeling extremely vulnerable and dependent. She's glad about being able to depend on Peel Senior Link. Before, she was at the mercy of whatever agency, for a few extra minutes here and a few extra minutes there.

One service provider pointed out that seniors who feel secure are less likely to take unnecessary health risks:



The greatest impact is an increased feeling of security and safety. Not worrying about falling in the night and not being found for two days, which does happen. Knowing that if I can't remember what pill I take this evening at supper, I just ask and someone is going to help me out. During the winter it will probably prevent, or alleviate some falls and broken hips, because if you've got it in your mind that you need something, you sometimes take risks, and risk is going out in the snow and ice.

Independence

All of the outcomes mentioned so far contribute to the independence of seniors. This concept, independence, is key to understanding supportive housing. Older adults, service providers and policy makers all agree that living in a long term care facility does not constitute independent living. Part of what makes supportive housing programs innovative is their belief that older adults can live independently in the community even when they have significant support needs. For Peel Senior Link, independence means being able to do for oneself what one is able to do. The program provides a physical environment that allows one to do as much as possible independently, while having access to appropriate help when needed. Key to this understanding of independence is the idea of clients having control over the support received, and receiving that support in a way that supports independence, autonomy and dignity rather than undermining it.

Peel Senior Link's clients maintain that both the one day a week service co-ordination and 12 hours a day support programs do help them maintain their independence. Said one client:

Independence means not going into a nursing home until I have to, staying on my own, being independent, doing as much as I can for myself with the help of people like [the Peel Senior Link Co-ordinator], and the volunteers, and Meals on Wheels. As long as she's coming around making sure I'm alright, I'm independent...I'm quite capable of taking care of myself, with help.

One important way in which Peel Senior Link was able to maintain the independence of seniors was by ***supporting clients to continue doing what they are able to***. For instance, one client said, "I do what I can do myself, which isn't a lot."



Peel Senior link was effective for this person because of the individualized nature of the support they provided. Another client, describing the services she was receiving through the 12 hour on-site program at Stavebank, said “they don’t bathe me, but they give me a hand if I need to get out (of the tub)”. This individual, though she needed assistance getting out of the tub, did not need assistance actually taking her bath, and the VON Health Care Aide responded by waiting in the living room until called upon.

When interviewed, VON staff made it clear that they were used to a somewhat more “hands-on” approach to providing service. Through Peel Senior Link, they have learned new ways of supporting independence while providing care.

The flexible nature of the support provided by Peel Senior Link staff and their partners was also key for many interviewees. Staff were able to respond to the needs of clients as they changed from day to day. Sometimes a client may need a health care aide to make their dinner. Other times they may be able to do it themselves, and would like a friendly visit instead.

As one building custodian pointed out, providing services in a way that supports independence requires a whole new way of thinking: a way of thinking which Peel Senior Link exemplifies:

The tenants themselves are still very independent. The tenant will say I want something done this way and Peel Senior Link will do it that way, understanding that they need their privacy and they need their independence. Who would think to do that? I wouldn’t think to do that, to talk to the person about what they want.

Aging in Place

Supporting seniors to age in place involves providing the supports people need in their own homes, preventing inappropriate institutionalization, and, when possible and wanted by the client, enabling seniors to die in their own homes. Clients spoke of this as an important outcome of Peel Senior Link. Interviewees said they would not have been able to stay in their own homes without Peel Senior Link. As mentioned above, also important to clients in terms of aging in place was knowing that in the long-term, the support they needed would increase if when they needed it.



In some cases, Peel Senior Link has prolonged the lives of its clients by preventing institutionalization. The daughter of one client said,

If it hadn't been for the promise of Turtle Creek, she would have died. She didn't want to go into a home. Turtle Creek was held out like a light on a hill.

Every key informant interviewed agreed that Peel Senior Link is helping to prevent or at least to delay institutionalization for some of their clients. Part of the reason for this success is Peel Senior Link's *ability to prevent crises* because they know the clients well, and to *respond quickly and effectively when crises do occur*.

Preservation of Dignity

Peel Senior Link's success has as much to do with *how they interact with people* as it does with the concrete services they provide. Many interviewees told us that Peel Senior Link was successful in large part because the *staff and volunteers are special people who communicate that they really care*. This was reflected in the interviews when people spoke of Peel Senior Link restoring a sense of dignity. Dignity was very much a part of what people told us about independence and aging in place. According to one client;

I wasn't very happy before [the Peel Senior Link staff member] came into the picture. She provided me with someone to talk to. She doesn't frown on me. Before Peel Senior Link came along, I was preparing to take my own life, to tell you the truth. That is the truth. I'd rather die at home and die by my own hand than to suffer [in an institution] as I have seen others suffer.

Service providers from other agencies appreciate the importance of restoring a sense of dignity to people's lives:

One of the major impacts of Peel Senior Link for seniors is that I think they're starting to realize that they can stay in their own homes for a long time. And there's a little more dignity involved in them staying in their apartments, whereas before, it was like "well, I'm sorry, you can't cope, you're out of here."



Mr. Fletcher: Case Study #2

Mr. Fletcher lives at 66 King Street. He is 74 years old, lives alone, has few friends and is estranged from his wife and children. He has also experienced homelessness. In 1994, he was told he is dying of bone marrow cancer. Said Mr. Fletcher "It hits you and you don't even know you've been hit... There should have been some psychological support, someone I could talk to..."

Peel Senior Link started working with Mr. Fletcher after he was hospitalized for emergency surgery in 1995. The Co-ordinator does his grocery shopping and banking, visits him on a regular basis when she is in the building, has arranged for a male homemaker through HomeCare to assist him with bathing, has made suggestions of foods and drinks that will help him to keep his strength up, and is helping him prepare psychologically for his death. Said Mr. Fletcher, "she is helping me to accept it more than I was accepting it". The Co-ordinator is also helping Mr. Fletcher to physically prepare for his death; making palliative care plans, and ensuring his possessions will be claimed by the executor of his will. The Co-ordinator has said she will work to ensure that Mr. Fletcher's wishes are respected when he has died.

Outcomes for Families

Based on their experiences with the program, families identified the following as outcomes for them.

Eased Workload

All of the families interviewed said that Peel Senior Link eased their workload, and eased the pressure that was placed on them to be responsible for the care of their parent or grand-parent. Their statements speak to this:

It's difficult for old people and their families. You can't just put aside a day a week to go and help them. Their need is ongoing. I retired in January, and up until the girls got involved with my mom...literally I did not retire; I just changed jobs.

It's taken a lot off us. There would be a lot more for me to do, more of a burden, for lack of a better word...I try to do what I can...But like I've got 2



kids, a house, a wife, and we both work shift work...Peel Senior Link has made life easier for her and for the family.

What was valuable for them was that *Peel Senior Link stepped in and did the physical things that families were not able to do* regularly, or effectively.

Sense of Security

Peel Senior Link also contributed to a sense of security on the part of families. Three of the four said it was a relief knowing that Peel Senior Link was involved.

I've found it very helpful. Now I don't worry as much, because she has had a few falls and it worries me...now that she's got something coming in I feel better myself, and I know that she does

That my mother wasn't alone in dealing with this helped me, because I didn't have time...

Direct Support for Family

The daughter of one client spoke at length of how Peel Senior Link had simplified the process of caring for her mother in a number of different ways. Peel Senior Link *provided suggestions and information* regarding ways to support the client as she aged; Peel Senior Link *advocated on her mother's behalf* to get the services her mother needed from agencies in the community; Peel Senior Link *responded to her mother's increased needs for support* and made arrangements for her mother to move to Turtle Creek where she could get support 12 hours a day, and finally; Peel Senior Link *supported the daughter emotionally* in dealing with her mother's cancer. All of this combined had helped the daughter to respond better to her mother's needs. Said the daughter,

They're kind of like the thread that keeps the fabric together. They can close up the holes and gaps and fill in the spaces. They just bring it together.



Outcomes for Other Agencies

The impact of Peel Senior Link on social service agencies in the region has been considerable, in a number of areas. What follows is a brief synopsis of the impact Peel Senior Link has had on other agencies, from the perspective of those agencies. What runs through all of these outcomes is that Peel Senior Link is a preventative program; preventing crises that contribute to not being able to serve seniors effectively, and that contribute to unnecessary hospitalizations and institutionalization.

Crises Prevented/Better Dealt With

Crisis prevention and intervention by Peel Senior Link was considered a central outcome for agencies. Said one person,

When someone is on-site on a regular basis, they get to know the tenants, they can pick up problems early, before they reach a crisis situation...Peel Senior Link being on-site avoids crises, but they are also there to deal with crises...

Not only does Peel Senior Link prevent crises, according to agencies, but they respond sooner and in a more organized fashion than agencies that are not based in the buildings.

Seniors Better Served

An important outcome for agencies, and one mentioned by all, is that they are better able to provide services to seniors that live in buildings where Peel Senior Link is operating. Agencies mentioned that seniors who live in buildings where Peel Senior Link works are better served in general, because Peel Senior Link is a hands-on agency, providing regular, practical support on-site. One key informant commented:

The impact that they have had because they are on-site and they are providing services that seem menial, but are required because you are dealing with seniors, is phenomenal.



Peel Senior Link is also able to provide greater consistency in service than other service providers, particularly at Stavebank and Turtle Creek:

The Peel Senior Link set-up is better than having someone for 2 hours once a week. Their (the seniors') needs fluctuate. I think Peel Senior Link can service, generally speaking, much better than we can.

Agencies noted that seniors who needed services from other community agencies were accessing the services, due to advocacy on the part of Peel Senior Link. Said one key informant:

Bringing a need to my attention is advocating. Calling another doctor for a client who isn't being serviced appropriately by their physician is advocating.

One agency noted that they had been able to discharge a number of clients when Peel Senior Link established the 12 hour on-site program at Stavebank.

In addition, some agencies felt they understood the needs of seniors better because of their work with Peel Senior Link. Said one representative:

They've helped me become ever more insightful into the needs of seniors, the world of seniors. Even though I have been a nurse for several years and probably, over my nursing career, nursed hundreds and hundreds of seniors.

Peel Senior Link also made it possible for Peel Regional Housing to support clients to remain in their apartments longer. One representative said:

I don't think we could have gone as far as we have in letting tenants stay in their units as long, if we didn't have Peel Senior Link.

Decreased Pressure/Workload

For agencies that were directly and closely involved with Peel Senior Link clients, the presence of Peel Senior Link and their work in particular buildings decreased the workload of those agencies, and their time spent dealing with crises.



Peel Senior Link has had a big impact on [our agency]...A lot of time was taken up with dealing seniors, making up a cheque for the rent would take two hours because the person was upset or sick. Now, instead, they will talk to Peel Senior Link and they have someone to share...Peel Senior Link has eased the workload of staff.

With Peel Senior Link in the building it takes a heck of a lot of pressure off us. When they weren't here you'd get a lot of people coming and complaining, just talking in general. I've really seen that decrease.

Agencies also mentioned that they enjoy working with Peel Senior Link staff and that this also decreases their stress.

They're also fun to deal with. Everything isn't serious serious serious all the time. It makes things easier for us. It helps to alleviate our stress.

Credibility of Outcome Findings

It speaks to the credibility of this evaluation and of the program that the findings are consistent across stakeholder groups. Clients' reports were mirrored by families, by key informants and by Peel Senior Link staff. It is also impressive that the outcomes consistently identified by all stakeholders closely match what staff told us their program was designed to achieve. This clarity of purpose is reflected in the correspondence between the program logic model (which was completed before the evaluation began) and the outcomes identified in this section.

Summary

Interviewees generally agreed that Peel Senior Link has led to important benefits for seniors, and that the program fills a crucial need in the community. Seniors who receive assistance through the program have become less isolated and have been able to access new sources of emotional support. As a result, they are experiencing better emotional health. The accessibility of Peel Senior Link, and its effectiveness as a link to other services, have helped people to maintain or even improve physical health. Other outcomes include improved or maintained independence, a sense of security and improved potential to age in place. Taken together, these findings paint



a picture of an agency that works to improve quality of life in a well-rounded variety of ways that are sensitive to context and complement one another well.

This section has also identified some of the reasons why Peel Senior Link has been so successful. They play a critical preventive role in the community and do hands on work which allows them to come to know their clients well. They have been able to build a sense of trust with seniors and with other agencies because they are seen as independent and committed to serving seniors. Most importantly, Peel Senior Link staff treat people well and instil a sense of dignity in older adults. It seems clear that the approach taken by Peel Senior Link is at least as important as the specific concrete ways in which they help people.

Key informants identified a number of ways in which Peel Senior Link has had an impact on other services in the community. Agencies can provide more appropriate services, because they are able to rely on Peel Senior Link for case management and in-depth knowledge about individual situations. Crises are averted or reduced in severity because Peel Senior Link is on-site and able to identify issues early. Some staff at other agencies feel that the attitude and philosophy of Peel Senior Link has led them to become more aware of the issues seniors face, and helped them to build the skills to provide service in a way which supports independence. Peel Senior Link has made a valuable contribution to a service system which is becoming better informed, more responsive and ultimately better able to prevent institutionalization.



Comparing the Two Models of Service

One purpose of this evaluation was to compare the two models of service that Peel Senior Link offers. The program has been providing the service co-ordination style of service since 1992, and is strongly committed to the value of this approach.

Each program has its advantages. The 24 hour a day program can serve people with higher levels of need, and clients may be able to age in place for a longer period of time. As a result, clients have a sense of security and stability. Clients with serious illnesses or disabilities, who might otherwise be institutionalized or trapped in their own homes, can receive emotional and social support as well as medical services. Consequently, they are likely to enjoy a higher level of independence. Our past research has shown that the availability of on-site services tends to give seniors access to more flexible, individualized support, and to limit the number of different service providers the senior must deal with.

The service co-ordination model meets the needs of a somewhat different population of seniors. Seniors living alone in subsidized housing have low incomes. A significant percentage are socially isolated. Health concerns, while they may not require 24 hour support, are serious enough to trap people in their own apartments. While the "12 plus 12" hour model serves people who would otherwise require immediate institutionalization, the service co-ordination model might be described as preventative program aimed at seniors at high risk for institutionalization in the near future. Because prevention requires far less resources than treatment, a given staff member can work with a much larger number of clients than is possible in the 24 hour a day model.

The preventative function of service co-ordination model supportive housing has not been emphasized enough in previous research. Although HomeCare and other community based services may be able to meet the medical needs of this population, the programs acknowledge that they are unable to provide many of the services that are critical to maintaining health and preventing institutionalization. Peel Senior Link provides advocacy, co-ordination of informal supports and social services, crisis intervention, and a host of other non-medical services that help to maintain dignity, foster independence, and ensure that an individual can remain linked to their



social network and their community. These outcomes are critical if institutionalization is to be avoided.³

Service co-ordination, as implemented by Peel Senior Link, involves providing services where seniors are currently living. Although this may mean that apartment units are older and less accessible for people with disabilities, it also means that people do not have to move into a new apartment to receive services. Furthermore, they can continue to draw on the support of neighbours they may have known for a long time. Part of the power of this model is that it builds from the seniors' existing strengths rather than moving them into a completely new environment.

Many of the clients Peel Senior Link serves have lived in their apartments since the buildings opened. As a result, certain age ranges tend to be concentrated in certain buildings. The service co-ordination model allows Peel Senior Link to enter a building before on-site service is warranted. They can establish relationships, assess needs, and provide services in ways that may delay the need for on-site support by several years. They can develop a sense of the needs of the building as a whole. When 12 hour care is required, the groundwork is already in place, and the transition can be made smoothly without disrupting client-service provider relationships. This transition has been made very successfully at Stavebank.

The case study of Mrs. Jones illustrates the value of the link between the two programs. Key informants also emphasized this point:

Without 12 hour services, some of them would now be on urgent emergency lists for long term care. Four or five of them are on waiting lists now, but it's not urgent, and if there was a call today to say a bed was available, there'd have to be discussion with the client and family. They could probably stay where they are - they've got the support they need.

There are other reasons why it makes sense for Peel Senior Link to have the capacity to offer both types of supportive housing. Peel Senior Link has been able

³ Both models are in fact preventative. The service co-ordination model provides what is often called secondary prevention. By working with a sub-group of the population which has been identified as being at high risk, the program hopes to delay or prevent the onset of more serious problems. The twelve hour a day model might be described as tertiary prevention. It serves people who already face more serious medical or psychological challenges, and attempts to limit the negative effects of these challenges (for example, institutionalization) on their lives.



Mrs. Jones: Case Study #3

Mrs. Jones is 82. Though very ill for many years, it was only recently that she was diagnosed with lung cancer. Her condition is palliative: one lung has collapsed, she is using oxygen regularly, cannot walk distances and requires the use of a wheelchair whenever she leaves her apartment, and; is unable to cook meals or bath herself.

Mrs. Jones became involved with Peel Senior Link 2 years ago. At that time she was living at 66 King Street in Cooksville. "I first met (the Co-ordinator) when Peel Senior Link came into the building...At that time I was sick, but I didn't know what from, and didn't really need anything. As I got worse, Peel Senior Link became more involved." Before she became involved with Peel Senior Link, Mrs. Jones had been receiving some assistance through HomeCare, but the care had been sporadic and uncertain. Said her daughter, "They'd put her on, then cut her off. She'd have an hour here, 1/2 an hour there."

Peel Senior Link advocated with HomeCare to get more regular homemaking services for Mrs. Jones. Each week, the Peel Senior Link Service Co-ordinator did her grocery shopping and banking. She took Mrs. Jones to medical appointments, helped explain official documents, offered to provide assistance with income tax forms, kept on eye on her medications and checked in on her regularly to make sure she was okay. The Co-ordinator also helped Mrs. Jones get a good wheelchair, an oxygen tank/unit, and an emergency response system. In addition, the Co-ordinator started to work with Mrs. Jones' daughter, helping her to advocate on behalf of Mrs. Jones, and helping her to deal with her mother's illness.

Mrs. Jones was hospitalized in 1995. Said Mrs. Jones, "When I was in the hospital, (the Co-ordinator) would come and visit me. That was wonderful. You know, a lot of people just didn't pay that much attention. I don't know how I would have gotten through if it hadn't been for them." While she was in the hospital, Mrs. Jones' family moved her from 66 King Street to another apartment at Turtle Creek in Clarkson, where support services were available 12 hours per day. Said her daughter, "Turtle Creek is the nicest place that she's ever lived."

Mrs. Jones now receives daily care. Staff assist with meal preparation, cleaning, bathing, laundry, groceries and other housekeeping tasks; they check in regularly with Mrs. Jones by telephone, visit, and take her for walks in the area; the Peel Senior Link Co-ordinator continues to accompany her to doctors appointments when necessary. Said Mrs. Jones, "I do what I can, which isn't a lot". Peel Senior Link has told Mrs. Jones and her family that she will be able to live at Turtle Creek as long as she wishes. Mrs. Jones says she would like to stay there, "If they're giving me even part of the care they're giving me now, then I think I'll be okay".



to transfer service co-ordination clients into buildings where 12 hour care is available when the need has arisen. They have also been able to limit these transfers to people who truly require them. Staff have been able to work collaboratively to meet the changing needs of clients.

In general, this evaluation has found that the two programs achieve similar outcomes in different ways. Both have been successful in maximizing independence, improving quality of life, and preventing inappropriate institutionalization. Most importantly, the programs work well together.

However, Peel Senior Link may find it challenging to maintain this effective balance in the future. Current policy directions make it unlikely that the service co-ordination model will be expanded in the province. New supportive housing programs offer only 12 hour or 24 hour models of care. Furthermore, many new programs are being installed in new buildings. As a result, there is no opportunity to build on existing community connections or establish relationships with clients before their needs require 12 hour support.

The evolution of the 12 hour program may raise another challenge. Peel Regional Housing Authority may no longer assign custodians to live and work in buildings where 12 hour a day on-site support is available. The Authority will delegate responsibility to an outside maintenance person. Peel Senior Link will not be able to rely on custodians as it has in the past for assistance in connecting to tenants and developing a sense of community in the building. This change has the potential to increase the workload of Peel Senior Link, and to blur the distinction between Peel Senior Link and Peel Regional Housing Authority; a distinction which both agencies have worked very hard to achieve and maintain.

Peel Senior Link is learning more about developing a 12 hour support program in a new building as it begins its work at Turtle Creek. It remains to be seen how successful this program will be in the long run. However, staff at Peel Senior Link are concerned that the value of the service co-ordination model not be overlooked or forgotten in the process.



Recommendations

Our findings suggest that Peel Senior Link has been very successful. Its approach seems an excellent match with the organization's mandate, and the program appears to have important positive outcomes for seniors, their families, and the service system. However, any organization can improve, and part of the function of an evaluation is to identify recommendations. Based on our contact with the program, we suggest that Peel Senior Link address the following issues as it continues to evolve in the future:

1. ***Peel Senior Link should explore ways to reach out to seniors who are members of cultural minorities.*** Once a senior who is a member of a cultural minority approaches Peel Senior Link for help, our findings make it clear that staff do an excellent job of responding in a sensitive way. However, staff members report that they have had difficulty making these initial contacts, and that minority groups are sometimes underrepresented on their client rosters. Consequently, Peel Senior Link should consider ways in which they can incorporate cultural outreach into their work. Suggestions include:
 - making stronger links with multi-cultural community centres,
 - having more consistent access to cultural interpreters,
 - translating the Peel Senior Link brochure and other printed information,
 - holding an in-service training session for staff on cultural sensitivity and outreach,
 - doing a needs assessment aimed at developing a better understanding of the needs of older adults in a particular minority group.
2. ***Peel Senior Link should continue orienting other agencies to their work through in-service training, one to one contact, and other means.*** Our findings suggest that the quality of Peel Senior Link's partnerships with other agencies depends on how well these agencies understand Peel Senior Link's mandate (and, of course, vice versa). The program has made huge strides in this area since its inception, and is now widely recognized as a key component in Peel's service system for seniors. However, staff still feel that there is work to be done in this area, and educating others about the work of Peel Senior Link should continue to be a priority. Given that staff felt that counteracting ageism through educating community members was a part of Peel Senior Link's mandate, this work is particularly important.



3. ***Peel Senior Link should do what it can to ensure that the service co-ordination model continues to thrive.*** Since the 12 hour a day model is likely to expand, Peel Senior Link must ensure that the service co-ordination work does not get overshadowed in their minds or in the minds of their community partners.
4. ***Peel Senior Link should look for opportunities to involve seniors more directly in the work of the program.*** One of Peel Senior Link's stated Service Principles is to encourage seniors to become involved in the program as volunteers. Although staff now realize that there may not be many seniors able or willing to participate in this way, there may be other avenues through which clients can have more input into the program. Representation on the board of Peel Senior Link, or on an advisory committee may be possibilities.

Other Learnings and Reflections

Although this report has generated relatively few recommendations, it has also led to a number of useful insights in other areas that we believe may be of use to Peel Senior Link and other supportive housing programs.

1. The success of supportive housing programs, and Peel Senior Link in particular, has as much to do with the approach they take to their work as it does with the kinds of services they offer. ***Supportive housing is a critically important component in the community based service system for seniors, not just because it offers services that no one else can, but also because it is a working example of a new way of thinking about what it means to provide support to seniors.*** Other agencies that are interested in supporting independence and providing support in an individualized way turn to Peel Senior Link as a model and a resource. At the heart of Peel Senior Link, and other good supportive housing programs, is a fundamental respect for the dignity of older adults who need support.
2. ***Fostering informal social support and reducing social isolation are critical components of any strategy to prevent institutionalization.*** Although some might describe these services as "soft," everyone involved with Peel Senior Link agrees that informal support for friends, family members, and Peel Senior Link staff is critically important. This is the work that enables seniors to identify and address health issues themselves before they become serious, and to have the



confidence and support to access the help they need. Peel Senior Link staff know more about the seniors they work with and can anticipate and prevent crises because they are able to spend more time fostering social support than other agencies are.

3. ***Supportive Housing programs must be sensitive to the developmental cycle of buildings and entire communities as well as the changing needs of individuals.*** In communities where on-site 12 or 24 hour support is the only form of supportive housing available, older adults with high levels of need must move into a new building in order to receive support. They may not know their new neighbours or have links to the surrounding neighbourhood. While this approach meets the needs of individual seniors, it may miss opportunities to capitalize on resources already existing in the community. The service co-ordination model makes sense in a community where high concentrations of low income seniors have been living in subsidized housing complexes for many years. Support can be provided in a way which complements and nurtures the community connections which people may already have. Seniors at risk for developing higher needs can be identified and crises may be prevented.



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