

ACKNOWLEDGEMENTS

The Aging in Place project was initiated and funded by Mainstay Housing. It builds on the 2011 report *Forty is too Young to Die* by the Early Onset Illness and Mortality Working Group, also initiated and funded by Mainstay. The issue of aging in place is of particular concern to Mainstay, as out of 800 residents, 75 per cent of its residents are over the age of 45; however, as with other projects, Mainstay invited a broad range of agencies and service providers to share their knowledge and expertise.

THE AGING IN PLACE STEERING COMMITTEE COMPRISED THE FOLLOWING ORGANIZATIONS AND INDIVIDUALS:

- **Bob Rumball Centre for the Deaf**, Robert Miller
- **Centre for Addictions and Mental Health**, David M. Oddie
- **Dixon Hall Neighbourhood Services**, Pablo Escobar
- **Habitat Services**, Joanne Knutson and Chris Persaud
- **Hong Fook Mental Health Association**, Teresa Ng
- **Houselink Community Homes**, Helen Chung
- **Progress Place**, Robyn Evans
- **Regeneration Community Services**, Ruth LeDrew
- **Salvation Army Booth Supportive Services**, Grace Kim-Kris
- **South Riverdale Community Health Centre**, Carolyn Pitchot
- **St. Jude Community Home Services**, Peter Scott
- **York University**, Mike Park
- **Mainstay Housing**, Gordon Singer, Kimberley Ellsworth, Parvin Merchant, Troy Diaz, Volletta Peters, and Azad Pervez

The project was facilitated by Jerry Mings

THE EXPERTS INTERVIEWED FOR THIS REPORT

The Steering Committee sought out five Key Informant with experience in health and social services fields, and through telephone interviews, gathered their perspectives on aging in place for clients with mental health and addiction issues. The Steering Committee wishes to thank the following for their valuable contributions to this work:

- Paulette Marshall, Reconnect Community Health Services
- John Wilson, Ministry of Health and Long Term Care, (Supportive Housing)
- Christine Samsom, WOTCH Community Mental Health Services
- Bridgitte Witowski, Wellesley Institute
- Atsuko Matsuoka, York University

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
AGING IN PLACE: AN OVERVIEW	3
CHALLENGES OF AGING IN PLACE	3
HEALTH CHALLENGES START EARLY	4
HARD-TO-ACCESS HOUSING	5
SOCIAL ISOLATION	6
DIFFICULTY NAVIGATING GAPS	7
LIMITED ACCESS TO SERVICES	8
POVERTY AND INCOME IMPACT HEALTH	8
THE CHALLENGE TO ACCESS TRANSPORTATION...	8
WORKING TOGETHER ON AGING IN PLACE: RECOMMENDATIONS...	10
SYSTEM LEVEL OPPORTUNITIES	11
AGENCY LEVEL OPPORTUNITIES	13
CLIENT AND FAMILY OPPORTUNITIES	14
APPENDICES	15
APPENDIX 1: STEERING COMMITTEE WORK PLAN	15
APPENDIX 2: THE CLIENT POPULATION	16
APPENDIX 3: THE STAFF POPULATION	18

EXECUTIVE SUMMARY

Most Canadians view the aging process as something that happens sometime after they turn 65 or, if they are lucky, much later. They understand it involves decreased mobility, less mental acuity and increased illness. They hope to age gracefully, in the residence of their choice, for as long as possible. Entering a seniors' residence or nursing home is seen as something to be delayed as long as possible.

But for one group in our society, this version of aging is an impossible dream. Those living with mental illness and addictions, compounded by poverty, homelessness and complex health and social needs, experience the effects of aging at a much earlier age – as early as 40 in some cases. Many die prematurely, as much as 25 years earlier than should be expected.

This report presents the findings of a steering committee on aging in place, the term used to describe those who remain in their own homes rather than in an institution. The committee commissioned two surveys, one a cross-section of clients who either live in or are eligible for supportive housing, and another with staff who provide services to these clients. Interviews with a small group of system leaders in the community (key informants) and a literature review completed the steering committee's research.

THE STEERING COMMITTEE CONCLUDED THAT SEVEN CHALLENGES MAKE IT DIFFICULT FOR THOSE LIVING IN OR ELIGIBLE FOR SUPPORTIVE HOUSING TO LIVE SUCCESSFULLY IN THE COMMUNITY. THEY:

1. FACE PHYSICAL, HEALTH AND MENTAL CHALLENGES WELL BEFORE THE AGE OF 65
2. HAVE DIFFICULTY FINDING THE RIGHT TYPE OF HOUSING.

ONCE HOUSING IS FOUND, THEY:

3. EXPERIENCE SOCIAL ISOLATION
4. HAVE DIFFICULTY NAVIGATING HEALTH AND SOCIAL SUPPORT SYSTEMS
5. HAVE LIMITED ACCESS TO SERVICE
6. FIND POVERTY LIMITS THEIR OPTIONS FOR CARE
7. HAVE DIFFICULTY ACCESSING APPROPRIATE TRANSPORTATION

THE REPORT IDENTIFIES SEVEN OPPORTUNITIES FOR IMPROVING THE SYSTEMS THAT PROVIDE SERVICES TO THESE CLIENTS, TWO ADDITIONAL OPPORTUNITIES THAT COULD BE IMPLEMENTED AT THE AGENCY LEVEL, AND TWO MORE THAT ADDRESS CLIENTS AND THEIR FAMILIES. THE SYSTEM COULD BE IMPROVED BY:

1. Creating a co-ordinated housing plan that would identify and build housing to meet existing and future demands in the community
2. Identifying and closing gaps in the system by, for instance, extending hours of service and having a framework for coordinating services in the community
3. Developing a coordinated service plan that takes into account agency expertise and the client needs of those aging in place, and addresses, among other issues, food security, transportation, access to primary care, access to other services, and support for family involvement
4. Creating a coordinated training program at the system level that would be provided to agency staff and others, better preparing them to deal with the challenges faced by their clients
5. Improving communications with those who are aging in place, to better acquaint them with the services that do exist and could provide social, health and community support
6. Simplifying access to services by replacing the various rules for service delivery and access with a more consistent approach that would not only better serve the clients but also make better use of the agencies' resources
7. Finding better ways to provide comprehensive funding to both the clients and to service providers, using different models to ensure all parties are funded in a way that can support sustainable community living

AGENCIES HAVE OPPORTUNITIES TO IMPROVE THEIR SERVICE TO CLIENTS WHO ARE AGING IN PLACE BY:

1. Making greater use of the data collected by the Ontario Common Assessment of Need (OCAN) screening tool and working together to identify at an earlier stage those clients who need support for aging in place. The early identification framework should include a common set of indicators that address the challenges faced by those aging in place.
2. Exploring ways of better sharing expertise among service agencies, including ways of measuring changes in the client's quality of life.

FINALLY, THE REPORT IDENTIFIED OPPORTUNITIES FOR INVOLVING FAMILY AND ENGAGING CLIENTS BY:

1. Gaining a better understanding of the role played by families, however defined, and considering the needs of the family in supporting those aging in place
2. Engaging clients in the design of future surveys, which should be part of an annual consultation that would focus on developing an ongoing, deeper understanding of the current and future needs of those aging in place

AGING IN PLACE: AN OVERVIEW

CHALLENGES OF AGING IN PLACE

The individuals who are the focus of this study are people living in or eligible for supportive housing and who are living with mental health or addiction issues. Many of them are or will be aging in place, that is, suffering from the early onset of complex needs. Many of them will die much sooner than the general population of a similar age.

BASED ON ITS RESEARCH, THE STEERING COMMITTEE IDENTIFIED SEVEN CHALLENGES FACED BY CLIENTS ATTEMPTING TO LIVE SUCCESSFULLY IN THE COMMUNITY.

THESE SEVEN CHALLENGES ARE:

- 1** FACE PHYSICAL, HEALTH AND MENTAL CHALLENGES WELL BEFORE THE AGE OF 65
- 2** HAVE DIFFICULTY FINDING THE RIGHT TYPE OF HOUSING

ONCE HOUSING IS FOUND, THEY:

- 3** EXPERIENCE SOCIAL ISOLATION
- 4** HAVE DIFFICULTY NAVIGATING HEALTH AND SOCIAL SUPPORT SYSTEMS
- 5** HAVE LIMITED ACCESS TO SERVICE
- 6** FIND POVERTY LIMITS THEIR OPTIONS FOR CARE
- 7** HAVE DIFFICULTY ACCESSING APPROPRIATE TRANSPORTATION

HEALTH CHALLENGES START EARLY

Just how early do complex needs appear in this population? Based on the client survey, 35 per cent experience complex needs between the ages of 36 and 50, while 38 per cent will see the onset of complex needs between 51 and 60 years of age.

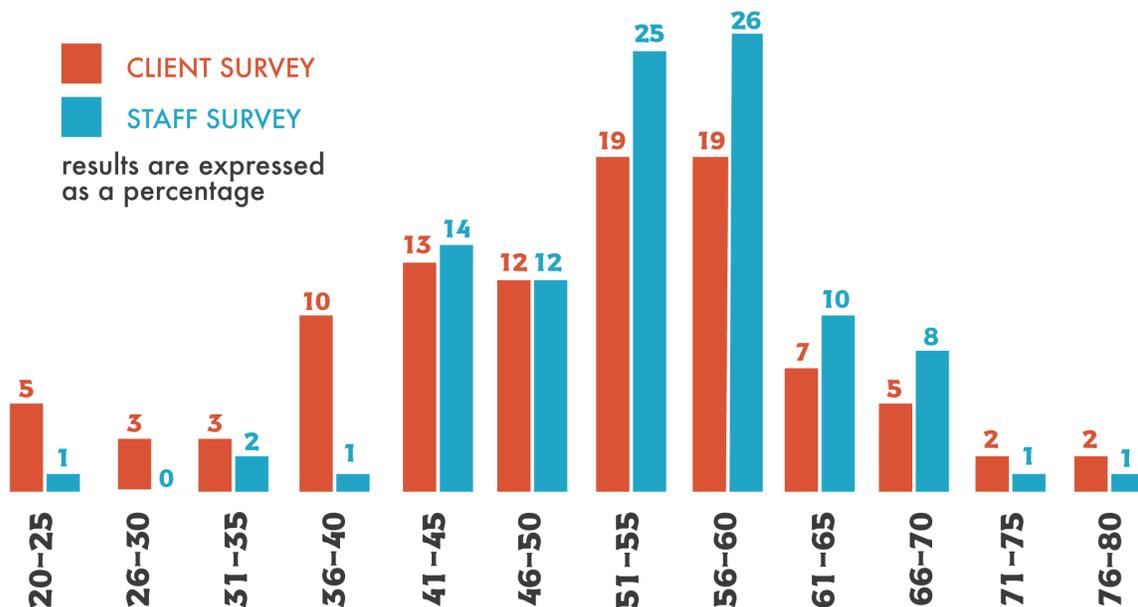
Staff respondents shifted early aging somewhat later, reporting that 25 per cent of their clients experienced complex needs between 36 and 50, and 49 per cent between 51 and 60. And whereas staff reported only one per cent of their clients experiencing early aging symptoms between 36 and 40, the clients themselves said 10 per cent were so affected.

The graph clearly indicates that the majority of individuals living in or eligible for supportive housing begin to show complex needs related to aging well before the age of 65, the age used by Statistics Canada to define “senior.” The client survey shows 60 per cent of respondents developing complex needs before that age, while the staff survey placed the number at more than 80 per cent.

According to the study’s key informants, and based on people they know or have served, early characteristics of aging in place include:

- DETERIORATING MENTAL HEALTH
- A FEELING OF ISOLATION AND LONELINESS BECAUSE OF POOR RELATIONSHIPS WITH FRIENDS AND FAMILY
- PHYSICAL HEALTH PROBLEMS, INCLUDING DIABETES, HEART ISSUES AND CANCER
- SYMPTOMS OF AGING STARTING IN A PERSON’S 40S OR 50S
- HOARDING ISSUES
- LIMITED ACCESS TO TRANSPORTATION AND SERVICES

WHAT AGE DID COMPLEX NEEDS RELATED TO AGING START TO APPEAR IN LIFE?



These aforementioned perceptions were borne out by the results of the client and staff surveys undertaken by the Steering Committee. For example:

- Those responding to the client survey listed their top five prevalent health issues as chronic physical health issues, mental health issues, physical disability, mental health and addiction issues, and cognitive/neurological/brain injuries. The results for these and other issues identified by client respondents are plotted in the illustration below; the closer a point is to the outer ring of the diagram, the more important it was to the respondents.
- Staff survey responses showed the same top five health concerns, in the same order.
- Socioeconomic issues were ranked by clients in descending order as low income, poverty and unemployment, social isolation, finding appropriate housing, cultural and language barriers and maintaining housing. Staff ranking of socioeconomic issues was slightly different: low income, poverty and unemployment, finding appropriate housing, social isolation, maintaining housing, and cultural and language barriers.

HARD-TO-ACCESS HOUSING

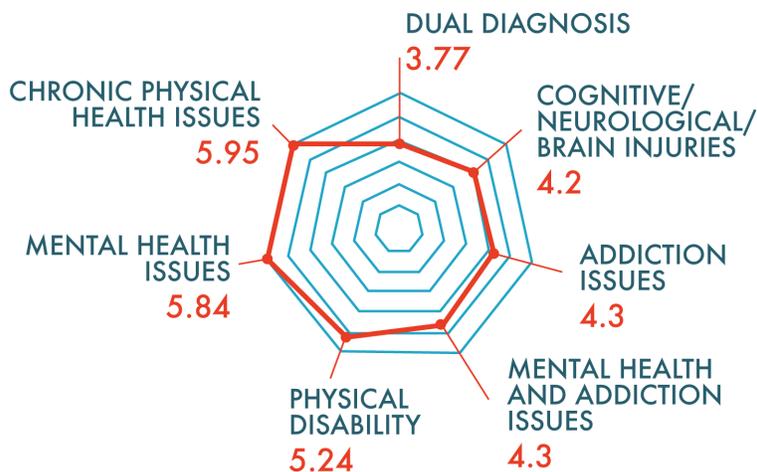
The client and staff surveys, and data gathered during the key informant interviews, all point to “Finding appropriate housing” as a critical issue facing those aging in place. (Appropriate housing means housing that is accessible, affordable and provides the proper level of support for each client.) Clients completing the survey ranked finding housing as their third most difficult challenge, while the staff survey ranked it as the second most important issue. At the root of the problem is that there is a shortage of adequate housing that can support people who are aging in place.

“I think that the lack of affordable supportive housing with comprehensive supports/ services for people who are aging in place is already at a crisis level. People who need round-the-clock personal care and/or have serious mobility challenges are unable to find suitable housing that meets their needs and they are not accepted into Long Term Care (LTC), sometimes due to complex behaviours or addictions (e.g. smoking).”

“Boarding homes are not equipped to provide personal care and visiting personal care workers are seldom able to address personal care needs in a timely fashion”

- Client Survey Respondent

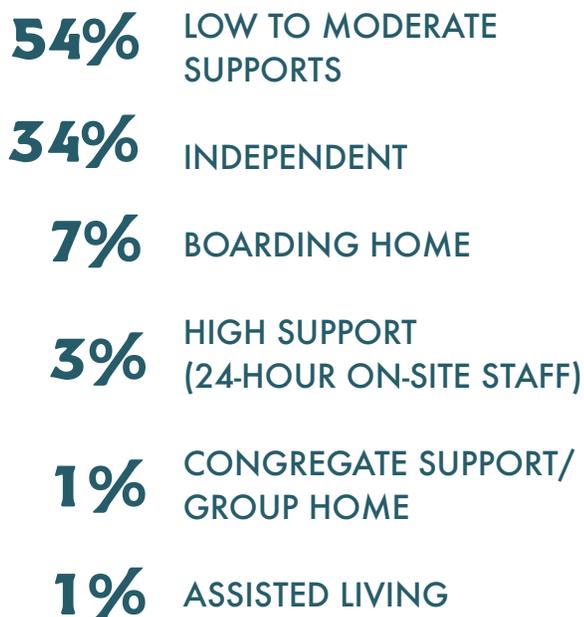
PREVALENT HEALTH ISSUES RELATED TO AGING



Once housing is found, persons aging in place face a new set of problems in finding the resources to maintain and update their homes to support the aging experience (making bathrooms accessible, installing lifts, obtaining walkers, and so on).

And finally, these clients require supports for daily living, often for extended periods of time, and those that are currently offered may be time limited or insufficient to provide adequate support.

Seventy-one per cent of respondents indicated they were living in some form of supportive housing and receiving the following levels of support in their homes:



SOCIAL ISOLATION

The Steering Committee used the following definition as a starting point for this project:

Social isolation is a term often used interchangeably with loneliness, but while the two are closely related, they do not necessarily mean the same thing. It is a state of being cut off from normal social networks, which can be triggered by factors such as loss of mobility, unemployment or health issues.

Clients and staff reported social isolation as a challenge that needs to be addressed. Clients ranked in second place among prevalent social and economic issues that they face, while staff ranked it as number three among issues facing their clients.

Asked what they need to live successfully in their homes.

CLIENTS IDENTIFIED:

“more social interaction,”
“more family support,”
“more contact with housing workers,”
“more frequent home visits,” and so on.

STAFF IDENTIFIED:

“social isolation, lower quality of life,”
“isolation, lack of supports in the community,”
“poverty, social isolation”

These are among the biggest challenges that will be faced over the next five years.

DIFFICULTY NAVIGATING GAPS

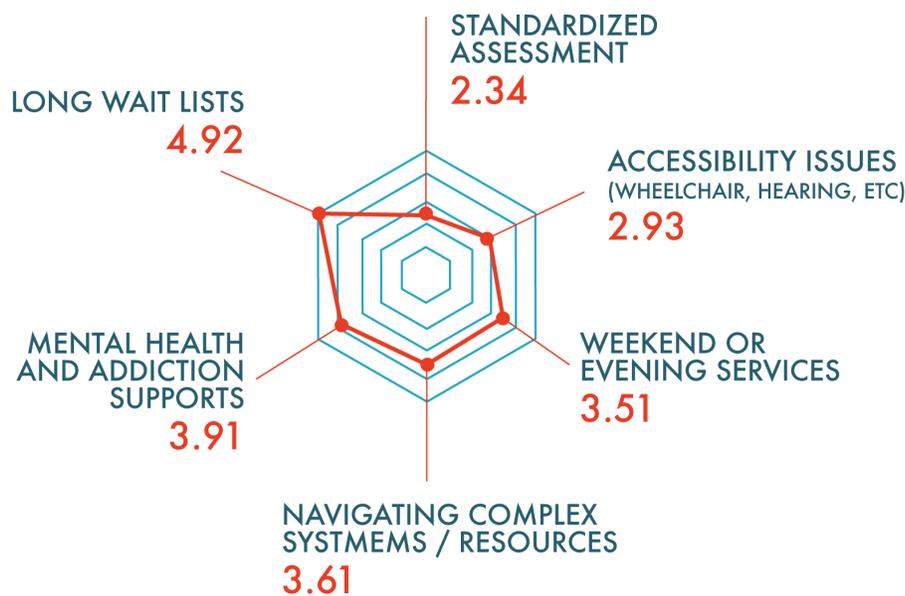
Clients aging in place experience a wide variety of challenges when trying to navigate “systems” designed to help them. The health care system can be a complex web of organizations, locations of services and wait lists to access the right care at the right time. Economic and social support systems can be similarly confusing. As a result, the systems generate gaps that negatively impact clients.

Clients and staff agreed that long wait lists represented the most serious gap in health services. Staff respondents rated navigating complex systems as the second most serious issue, and support for mental health and addictions as number three, while client respondents reversed that order. Similarly, staff ranked accessibility as the number four issue and the need for weekend or evening service as number five; clients had these two issues reversed. Both groups placed standardized assessment in the sixth spot. The following illustration plots these and other issues identified by client respondents; the closer a point is to the outer ring of the diagram, the more important it was to the respondents.

Asked to rank social issues where gaps exist, aging in place clients again put long wait lists in first place, followed by poverty and low income, maintenance or management of housing, support for social needs/ social isolation, the need for weekend and evening service, culturally specific services and finally, technology deficits. Staff, on the other hand, ranked poverty and low income first, followed by long wait lists, social supports, housing maintenance, culturally specific services, weekend/ evening services, and technology deficits.

The key informants identified a wide variety of gaps that people aging in place in the community experience. Trying to navigate the health care system is a major challenge, as is the language barrier presented to clients from other countries. Other issues include lack of education, lack of home care caused by too-few personal social workers, and the availability and access to housing.

GAPS IN HEALTH SERVICES FOR PEOPLE WHO ARE AGING IN PLACE



LIMITED ACCESS TO SERVICES

Clients and staff were also asked to rank the importance of the service they or their clients accessed to support aging in place. Both groups ranked primary health care as the number one service. Clients then listed support for mental health and addiction, home care services and dental care, while staff listed home care services, mental health and addiction support, and dental care.

There was not as much agreement when it came to ranking social and economic support services. The following shows the order in which clients and staff ranked such services:

CLIENT RANKING		STAFF RANKING
1	FINANCIAL	2
2	APPROPRIATE HOUSING	-
3	FOOD SECURITY	3
4	ACCESSIBLE HOUSING	1
5	FAMILY SUPPORT	5
6	TRANSPORTATION	4
7	COMMUNITY CENTRE	7
8	SOCIAL SUPPORTS (FRIENDLY VISITORS)	6

POVERTY AND INCOME IMPACT HEALTH

Poverty is a factor in how well people can age in place through supportive housing. Low income, poverty and unemployment were ranked as critical factors that must be addressed in meeting the challenge of aging in place. As already noted, poverty and low income were ranked by staff as the number one gap in social services, while clients ranked it number 2. The word “money” appeared in many of the comments by client respondents.

“I wish I had full dental coverage but I don't. Free community classes and computer classes. Social activities. I'm bored.

I have Parkinson's disease, but am not really 'old' like the other people who live here.

I need more money to be comfortable.”

- Client Survey Respondent

Poverty, when not addressed, impacts the clients' ability to:

- FIND AND MAINTAIN HOUSING
- ACCESS TRANSPORTATION
- UTILIZE SERVICES, SUCH AS DENTAL CARE, IN THE COMMUNITY.

THE CHALLENGE TO ACCESS TRANSPORTATION

Transportation is another important factor that helps people access their community, services in the community and critical health care services located in specialty centres such as hospitals or medical laboratories.

In the response to open-ended questions, clients, staff and key informants noted that transportation impacts a client's ability to:

- TRAVEL TO HEALTH AND SOCIAL SERVICE ACTIVITIES IN THE COMMUNITY
- ENGAGE IN COMMUNITY ACTIVITIES
- VISIT FAMILY AND FRIENDS

WORKING TOGETHER ON AGING IN PLACE: RECOMMENDATIONS

THE STEERING COMMITTEE DEVELOPED RECOMMENDATIONS THAT OUTLINE WHAT CAN BE DONE TO BETTER SUPPORT CLIENTS WHO ARE AGING IN PLACE.

THE RECOMMENDATIONS ARE DIVIDED INTO THREE CATEGORIES:

AT THE SYSTEM LEVEL

recommendations explore opportunities designed to support the collective work of system funders, networks of organizations and in concert with existing reports on aging in place.

AT THE AGENCY LEVEL

recommendations are intended to support agencies and health care providers who are engaged with client aging in place in the community.

AT THE CLIENT AND FAMILY LEVEL

recommendations are aimed at supporting clients and families with ideas about how they can work with agencies, programs and services to support aging successfully in the community.

SYSTEM LEVEL OPPORTUNITIES

RECOMMENDATION 1:

That system planners undertake to develop a coordinated housing plan to meet the existing and future needs of this community.

OPPORTUNITIES

Existing reports from various associations (Addictions and Mental Ontario, Wellesley Institute, for example) and from government and research sources point to the need to increase the supply of housing with appropriate supports. There is an opportunity to address this situation by launching a systemic review of the available reports as part of a coordinated planning process to identify and build housing to meet the existing and future demands of this community.

RECOMMENDATION 2:

That agencies and system planners work together to find and close system gaps, and establish a Policy for Premature Aging in Place.

OPPORTUNITIES

The opportunity exists to identify and close gaps in the health and social systems serving the aging in place population in supportive housing. Extended hours would allow people greater access to services including family health teams and specialists, and system planners should establish a framework for coordinated agency policy on services to the community.

RECOMMENDATION 3:

That system planners, working with service providers, develop a model of care that aligns agency expertise with client needs.

OPPORTUNITIES

Clients aging in place require supports in their home, and these are currently provided through several options. As already noted, the complexity of the system creates gaps and can be hard to navigate. There is an opportunity for system planners, working with service providers, to develop a model of care that aligns agency expertise with client needs. The review should include, but not be limited to, food security, transportation, access to primary care, access to services other than those funded by the Ministry of Health, and support for family involvement with clients in the community.

RECOMMENDATION 4:

That system planners develop a coordinated, system wide education and training program.

OPPORTUNITIES

Training for staff about people aging in place should be consistent and coordinated across the system. The training program should incorporate topics including identifying and supporting clients in finding appropriate housing, developing skills to address social isolation, and learning how to connect with key services in the community, such as primary health care, specialized medical care, and so on. Once developed, the training should be provided to all staff at the agency level.

RECOMMENDATION 5:

That better ways be found to communicate service options to potential clients.

OPPORTUNITIES

There are many social, health and community services for people aging in place, but these are not necessarily well-enough known, hindering client access. System planners should initiate research to determine if current communications methods are effective and to explore alternative methods to communicate all available options.

RECOMMENDATION 6:

That ways be found to simplify the processes that clients use to access services.

OPPORTUNITIES

Services and programs in the community are provided through a wide variety of funders, including the Ontario government, the City of Toronto, and privately funded agencies. Each has its own rules for service delivery and criteria for who can access the services. Steps should be taken to simplify the process that clients use to access services, so that the client experience is simple, consistent and makes the best use of the coordination and administration expertise of the service providers.

This could lead to better coordination of visits and access to services, and allow existing resources to be better deployed.

RECOMMENDATION 7:

That a comprehensive funding model be developed to ensure all parties are funded in a manner to support sustainable community living.

OPPORTUNITIES

Funding was raised as an important issue for clients and service providers. Clients require money so they can buy food, maintain their homes and access services to support their quality of life. Service providers require funds to train and maintain staff to support clients in their homes. Taking a comprehensive look at the needs of all the parties (clients, agencies, planners, funders, builders and others) could uncover different models to ensure all models are funded in a manner that can support sustainable community living.

AGENCY LEVEL OPPORTUNITIES

RECOMMENDATION 8:

That there be a more coordinated use of the Ontario Common Assessment of Need (OCAN) screening tool.

OPPORTUNITIES

The OCAN is a tool used by most agencies involved with clients aging in place. There is an opportunity for agencies to work together using the data to identify clients who need support for aging in place. The early identification framework should explore a common set of indicators that would include, among others:

- SOCIAL ISOLATION
- TRANSPORTATION CHALLENGES
- INCREASED PHYSICAL HEALTH COMPLICATIONS
- LIMITED OR NO CONTACT WITH HEALTH CARE SERVICES
- CHALLENGES ACCESSING PRIMARY CARE SERVICES
- THE NEED FOR MOBILITY DEVICES
- INCREASED NEED FOR HOME CARE SERVICES.

RECOMMENDATION 9:

That agencies develop a framework to share resources and expertise.

OPPORTUNITIES

Agencies should explore and develop a framework to share expertise to best support clients. For example, an agency that helps people who are aging in place might assist an agency that focuses on supportive housing. There are opportunities to share metrics for success and to measure quality of life using factors including the service agency, accountability requirements and standards of care and coordination.

CLIENT AND FAMILY OPPORTUNITIES

OPEN-ENDED FEEDBACK FROM AND STAFF RAISED QUESTIONS OF FAMILY INVOLVEMENT AND THE ROLE OF THE CLIENTS THEMSELVES IN AGING IN PLACE IN THE COMMUNITY.

RECOMMENDATION 10:

That additional work be done to understand the role of family in supporting clients who are aging in place.

OPPORTUNITIES

While there are many different definitions of “family,” the role of family however defined is an important factor in the work to support those aging in place. However, family needs are often not included or outright ignored. Additional work should be undertaken with clients to better understand the role of family in supporting clients aging in place.

RECOMMENDATION 11:

That clients continue to be engaged in any future consultation on aging in place.

OPPORTUNITIES

The responses from clients ranged from thanks for being involved in the consultation to concerns about the complexity of the survey tool. For example:

“Conduct surveys more frequently.”

“Good to have this survey so the people that need the help can get it.”

RECOMMENDATION 12:

That an annual consultation be developed and implemented.

The Steering Committee recommends that an annual consultation be developed that includes surveys, key informant interviews, groups sessions etc. to gather information from clients, families, the community and system leaders. The process should focus on developing an ongoing and deeper understanding of the current and emerging needs of people aging in place.

APPENDICES

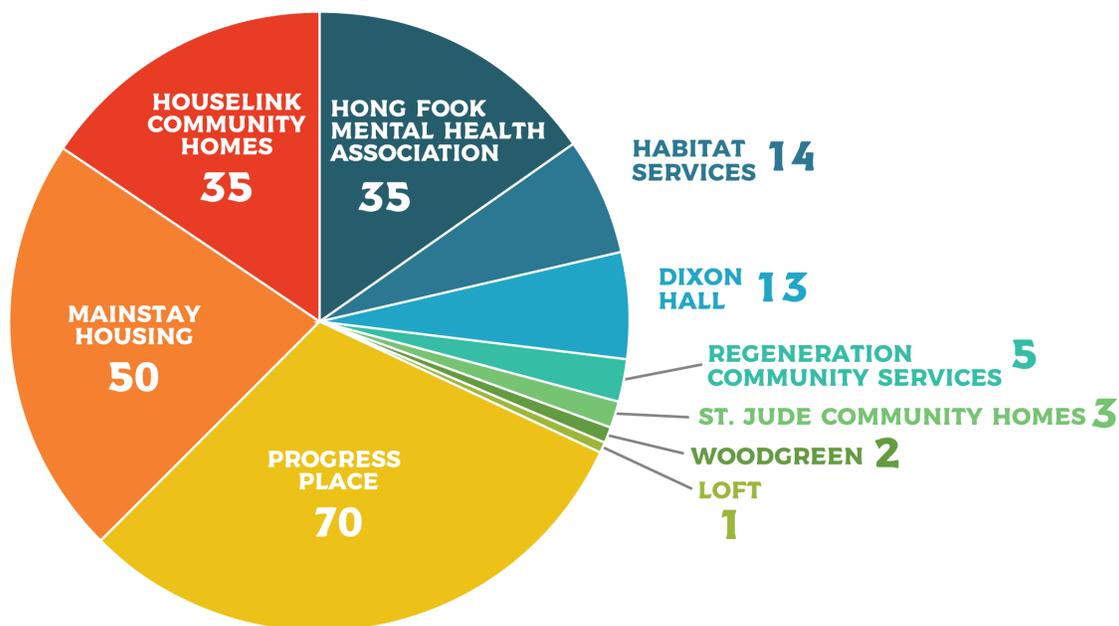
APPENDIX 1: STEERING COMMITTEE WORK PLAN

THE STEERING COMMITTEE MET MONTHLY DURING 2017 TO COMPLETE THE FOLLOWING WORK:

- IDENTIFY WHO TO CONTACT ABOUT AGING IN PLACE AND GATHER INPUT ON THE TOPIC
- IDENTIFY ELEMENTS TO INCLUDE IN A LITERATURE SEARCH ON THE TOPIC
- IDENTIFY THE QUESTIONS AND METHODS TO COLLECT INFORMATION FROM CLIENTS ABOUT THEIR AGING IN PLACE EXPERIENCE
- IDENTIFY THE QUESTIONS AND METHODS TO COLLECT INFORMATION FROM STAFF WHO SUPPORT AND WORK WITH CLIENTS LIVING IN SUPPORTIVE HOUSING
- REVIEW THE INFORMATION COLLECTED FROM THE SURVEYS, LITERATURE REVIEW, AND KEY INFORMANT INTERVIEWS
- IDENTIFY RECOMMENDATIONS FOR ORGANIZATIONS AND SYSTEM PLANNERS ABOUT AGING IN PLACE
- COMPILE THIS FINAL REPORT

APPENDIX 2: THE CLIENT POPULATION

THE STEERING COMMITTEE CREATED AN ELECTRONIC SURVEY FOR CLIENTS THAT WAS COMPLETED BY 228 INDIVIDUALS, ASSISTED BY AGENCY STAFF. THE DISTRIBUTION OF RESPONSES WAS:



Of the respondents, 61 per cent live in rent-geared-to-income properties, 16 per cent live in a rent supplement situation, 11 per cent live in market rental owned, and seven per cent live with their families. Five per cent classified their arrangements as “Other.”

Twelve per cent of respondents have lived in their homes for more than 20 years, 25 per cent have done so for between 10 and 20 years, 16 per cent for seven to 10 years, 19 per cent for four to six years, 19 per cent for from one to three years, and nine per cent for less than a year. Forty-two per cent of the respondents were female, while 58 per cent were male.

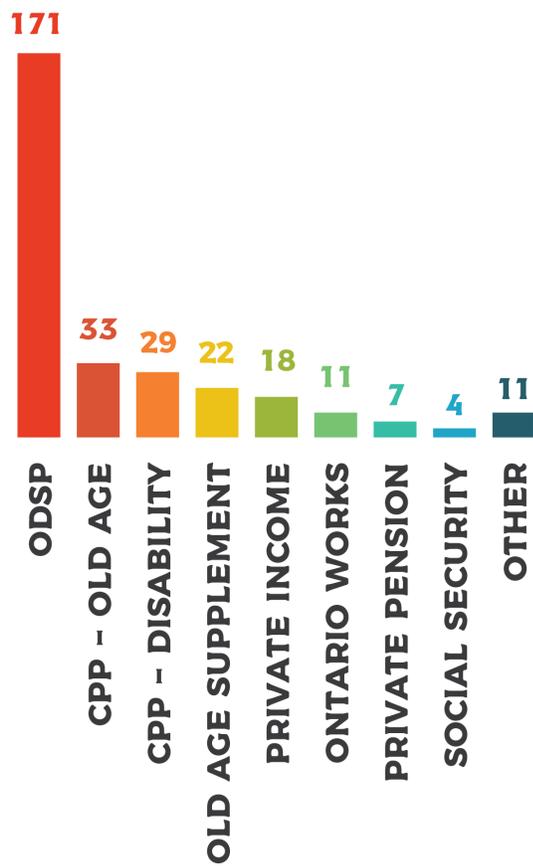
Asked to identify their first language, 66 per cent of participants named English, 11 per cent identified Chinese, six per cent identified Vietnamese and three per cent named Italian. Other languages made up 14 per cent of responses.

Asked: “What culture do you identify with?” participants responded: Canadian, 60 per cent,

South Asian, seven per cent, South East Asian, six per cent, European, six per cent, East Asian, five per cent, Aboriginal/First Nations, three per cent, and others, 13 per cent.

Participants were asked if they had completed a health assessment tool called the Ontario Common Assessment of Need (OCAN), which is used to help agencies and system planners listen and learn about the emerging needs of clients and to better plan services for clients in the community.

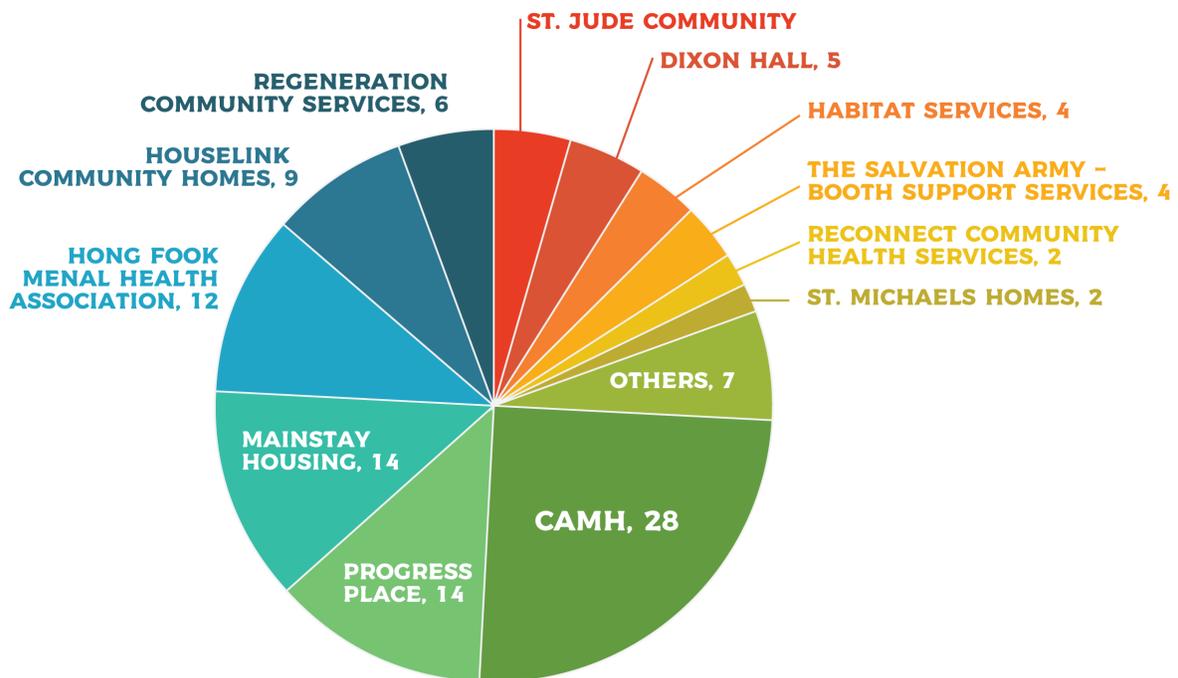
Among respondents, 66 per cent had completed OCAN, while 33 per cent had not. Participants reported a wide range of income sources including multiple sources by a number of respondents:



APPENDIX 3 THE STAFF POPULATION

THE STEERING COMMITTEE ALSO PROVIDED PARTICIPATING AGENCIES WITH A SURVEY FOR STAFF WORKING WITH CLIENTS AGING IN PLACE.

THE PARTICIPATING AGENCIES IN TURN ASKED STAFF TO COMPLETE THE SURVEY. THERE WERE 112 SURVEYS COMPLETED AND RETURNED, FROM THE FOLLOWING AGENCIES:



OPPORTUNITIES **LIVE** HERE

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