THE SENIOR CITIZENS DEPARTMENT OF THE REGIONAL MUNICIPALITY OF NIAGARA, ONTARIO, AND ITS CONTINUUM OF CARE MODEL: A CASE STUDY

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EXECUTIVE SUMMARY

The Senior Citizens Department of The Regional Municipality of Niagara

The total population of the Region of Niagara is over 370,000, of whom about 13% are seniors (higher than the national average of 10.7%.).

The Senior Citizens Department of Niagara evolved from the Homes for the Aged Department of the Region which itself evolved from the operation of two Homes for the Aged. The evolution of the Department over approximately 30 years was aided by a number of factors: the establishment of Regional Government; the long standing, fine reputation of Homes for the Aged in the Region and their successful, innovative institutional and community programming; and the expanding concept of long term care for seniors.

The current mandate of the Department includes the provision of long term institutional care for over nine hundred residents of Homes for the Aged, alternate housing arrangements, and the delivery of a wide range of Community Support and Life Enrichment programs and services. Departmental staff are also involved in public education, advocacy, research and planning.

The Senior Citizens Department is structured on a Multi-Campus Model, consisting of Central Administration at the Regional Government Headquarters at Thorold; six Homes for the Aged, each serving a catchment area; three Community Support offices, each serving a specific geographic area; and a free standing Day Program/Resource Centre in Grimsby.

The Department, which employs the equivalent of seven hundred and nineteen full-time staff, is operated on a participatory management paradigm. A Senior Management Committee is the clearinghouse for all policies, procedures and other management decisions. Goals and objectives for the Department are set annually through this committee. There are also thirteen Departmental committees and special task forces participating in planning for the Department. Input from staff at all levels and in all divisions of the Department is encouraged through this committee system.

The Department is responsible to the Regional Council of Niagara through the Human Services Committee, a Standing Committee of the Council. The Department's connection to the Province of Ontario is primarily through the Program Supervisor of the nearest office of the Ministry of Community and Social Services. Revenue for the Department's accommodation options and support services comes from three sources: provincial subsidies, regional levies, and residents/client fees.

Continuum of Care Model

A continuum of care is a range of planned, organized, financed and coordinated support programs and living options, which are based on careful assessment of individual needs, and are designed to help maintain optimal functioning, enhance quality of life and promote the well-being and independence of both seniors and their family caregivers.

The principle aims of a continuum of care are to enhance the quality of life for seniors with diverse needs and preferences, and to prevent premature institutionalization.

There are four key elements to the continuum of care provided through the Senior Citizens Department of the Regional Municipality of Niagara.

- A Single Point of Entry - Toll free numbers are provided to reach the Intake Counsellor at Thorold from all parts of the Region. Callers are either referred to other organizations or given information about the various options available through the Department.

- Assurance of a Continuum of Care - Procedural priority admission is given to clients of the Department - for example, residents of Satellite Homes have priority admission to Homes for the Aged, as do participants in Day Programs, Home Sharing, and all other community programs. Written assurance of priority re-admission can also be provided to residents of Homes for the Aged who wish to leave the Home and try living in the community again. This assurance of priority admission prevents premature and inappropriate use of services.

- Assessment - Formal social, functional and medical assessments are carried out by a multi-disciplinary team prior to admitting clients to the more dependent end of the continuum, and less formal assessments are carried out by community support workers for application to their programs. Assessment and communication among staff about clients' progress is on-going.

- Multi-Campus Model - Service is delivered out of six Homes for the Aged, three Community Support offices, and one free standing Day Program/Resource Centre, each of which serves a specific geographic area. This multi-campus arrangement means that few seniors in the Region have to go a great distance to take advantage of services offered, and few have to move out of their own communities to live in a Home for the Aged.

Numerous advantages and benefits of the continuum of care model were identified in the case study.

It is estimated that the average length of stay of a resident in a Home for the Aged has been reduced by half in the last ten years, because of the provision of home support services delivered through the model.

Two main benefits associated with having an umbrella organization are:

- The various levels and types of care/service delivered through the Department are familiar to all staff, so that any staff person can readily refer a client/resident to an additional or alternative service or program.

- Staff from all parts of the Region meet regularly, ensuring communication of information - such as assessments of clients' changing needs - and shared solutions.

Several advantages to the single access model are the following.

- Central Intake means that the amount of time spent on screening and paperwork is significantly reduced for community support program staff and administrators at the Homes for the Aged.

- Having the intake handled by a small team of Admissions Counsellors means that there is consistency in admissions processes and criteria.

- Seniors and their families are less frustrated than they might be in other regions in Canada, where access to programs, services and accommodation options for seniors is fragmented.

- Seniors in urgent need of placement in a Home may apply through Central Intake, and if there is not a bed available for them in their preferred community, temporary space may be found in another Home. Having single access means that information on the availability of beds in six Homes for the Aged and other programs is quickly accessible.

Assurance of a continuum of care benefits the clients in at least two ways.

- Once 'in the system', seniors do not have to reapply every time they need a new service or a more advanced level of care. Their needs will be met.

- Residents who wish to leave Homes for the Aged to live independently in the community, as well as Satellite Home

residents and Day Program clients, are all assured priority admission to a Home for the Aged.

The referral system used by the Department's continuum of care model was also identified as a positive feature of the model.

- The referral component of the Model reflects the recognition that the Senior Citizens Department cannot alone provide all the accommodation options and services required by seniors in the Region.

- Referral is made to other organizations as part of the screening process. The telephone numbers of dozens of organizations/ agencies are kept on hand and up to date by the Department for this purpose.

Programs, Services and Accommodation Options Provided through the Senior Citizens Department

The Senior Citizens Department offers a whole range of services and life enrichment programs designed to support the independence of seniors living in the community, to relieve their family caregivers, and to enhance the quality of life of both groups.

Examples include: Senior Day Programs, Vacation/Respite Care, an Alzheimer Respite Companion Program, Family Support Groups, Intergenerational Programs at Homes for the Aged, referral to Meals on Wheels, Home Help Services, Postal Security Alert, Lunch Out, Pen Pals, Grandparents in Action, Friendly Visiting, Talk-a-Bit telephone assurance, and Senior Volunteers in Service (the volunteer corps comprised of seniors).

Accommodation options offered through the Senior Citizens Department are: Home Sharing, Satellite Homes and Homes for the Aged.

Home Sharing involves screening, assessing and matching potential Providers (those people who want to remain in their own homes and wish to share them) and Seekers (those people who wish to live in the community but not alone) and then following up on the matches. Participants negotiate their own financial arrangements. The main advantages to both parties are companionship, assistance with household tasks, and financial relief. This housing option incurs neither capital nor insurance costs.

Satellite Homes are group homes in the community, for people aged 60+ who need assistance with everyday living. The Department is responsible for over 20 Satellite Homes in the Region. They are owned and operated by private operators, typically former health

professionals, retired couples and homemakers who are caring for elderly relatives. Satellite Homes usually have 3-4 residents. Each one is affiliated with a particular Home for the Aged for "back-up" assistance. This accommodation option incurs no capital or insurance costs (they are the responsibility of the operators).

The six Homes for the Aged in the Niagara Region under the Department's umbrella house more than nine hundred residents. They are located in St. Catherines, Niagara Falls, Welland, Port Colborne, Fort Erie and Niagara-on-the-Lake. The majority of residents in the Homes are frail, classified as requiring extended care, since residential care is now being delivered to a great extent in the community.

Assessments

Assessments of the continuum of care model, the Senior Citizens Department itself, and the accommodation/program/service options offered through the Department, were found in this case study to be generally very positive.

Trends and Future Directions

The increasing age and frailty of seniors at time of admission to Homes for the Aged and the increasing number of residents in Homes who have Alzheimer Disease and related dementias result in the need for higher staff to resident ratios, more and better training of workers, and escalated efforts at rehabilitation of residents. In order to ensure that residential care is delivered in the community, support services to seniors will have to be not only sustained but enhanced.

THE SENIOR CITIZENS DEPARTMENT OF THE REGIONAL MUNICIPALITY OF NIAGARA AND ITS CONTINUUM OF CARE MODEL: A CASE STUDY

1.0 INTRODUCTION

One of the priorities of the Canada Mortgage and Housing Corporation (CMHC) is to improve the number and quality of housing options for older Canadians. CMHC recognizes that the concept of housing goes beyond shelter - it includes a wide range of supports for seniors wherever they live.

In keeping with this priority, CMHC has undertaken a case study of the Senior Citizens Department of The Regional Municipality of Niagara and its continuum of care model. The Department is considered to be successful in achieving coordination among the various housing and support service sectors, thus providing a true continuum of care to seniors in the Niagara Region. This continuum of care extends from life enrichment programs for seniors living independently in the community at one end, to extended care for frail seniors in Homes for the Aged at the other.

Various research methods were used to carry out the case study: extensive document review; face-to-face interviews with nineteen members of the Department's staff, the Chairman of the Human Services Committee of The Regional Municipality of Niagara, and relevant government officials, and follow-up telephone interviews where required; a survey questionnaire mailed to 20 representatives of affiliated service organizations, clients of the Department's Community Support and Life Enrichment programs,

and residents of Homes for the Aged; and follow-up interviews with five respondents.

In addition to this case study report, a videotape about the Senior Citizens department and its continuum of care is available from the Research Division at the National Office of CMHC in Ottawa.

2.0 SENIOR CITIZENS DEPARTMENT

2.1 Historical Background

The formation of the Regional Municipality of Niagara and the development of the Senior Citizens Department have had a major impact on the service delivery system available to seniors in The Regional Municipality of Niagara.

Historically, twenty-six area municipalities within the Region operated on a county system of government for over half a century (Kitchen:1989:17). The identified need for a more comprehensive form of government provided the momentum to consolidate these 26 municipalities into the 12 municipalities which now exist under Regional Government. This transition occurred in 1969 with the passage of The Regional Municipality of Niagara Act.

Prior to the formation of Regional Government on January 1, 1970, two Homes for the Aged, Sunset Haven in Welland and Northland Manor in Port Colborne, were owned and operated by the County of Welland. Linhaven, a Home for the Aged in St. Catharines, was owned and operated by Lincoln County. Upon incorporation in 1970, the Region assumed ownership of these three Homes. The Region then opened another Home for the Aged, Dorchester Manor in Niagara Falls, in May, 1970, and added two more, Gilmore Lodge in Fort Erie and Upper Canada Lodge in Niagara-on-the-Lake, in 1988.

Much of the leadership and innovation in services to seniors originated from Welland County. The first Satellite Home program in the province was established there in 1956. By 1970, the county was also able to offer Respite Care and Day Care, which were the first programs of their kind in Ontario.

The present Director of the Senior Citizens Department, Doug Rapelje, was the Administrator of the two Welland County Homes for the Aged at the time of the formation of Regional Government, and was responsible for the innovative programming for seniors. He reported directly to the Homes for the Aged Committee of Welland County Council. In 1974, because "it was realized that services for and needs of the elderly deserve as much attention as any other department mandate", a Homes for the Aged Department was developed at the Regional level, with Mr. Rapelje as Director. One of the first tasks was to bring Lincoln County up to the service level of Welland County. The Department received strong political support from the regional and provincial governments because of the reputation of Welland County as progressive and innovative in the development and delivery of programs and services for seniors.

The development of such a department at the Regional level was enhanced by the department's own internal structure; "We built a stronger central administration which supports the organization". The coordinators of all the components of the department were housed together, facilitating a committee team approach and on-going communication among staff, critical to the operation of the Department and its programs.

Successful coordination has had many years to develop. In many other communities, agencies are autonomous and fragmented. In Niagara, however, senior management state that the Department "grew from the bottom up rather than from the top down". (Senior management of the Department stress that it is important to understand that it took decades to help develop the nexus of services now available to seniors in the Region of Niagara.)

In 1977, the Department's name changed from Homes for the Aged Department to Senior Citizens Department, reflecting a broader

vision of care for seniors, one which extends beyond the provision of long-term care facilities. This broader view includes a whole range of housing options, community support services and programs for seniors at many levels of competence, as well as the provision of institutional care for the frail elderly.

2.2 Context of the Senior Citizens Department

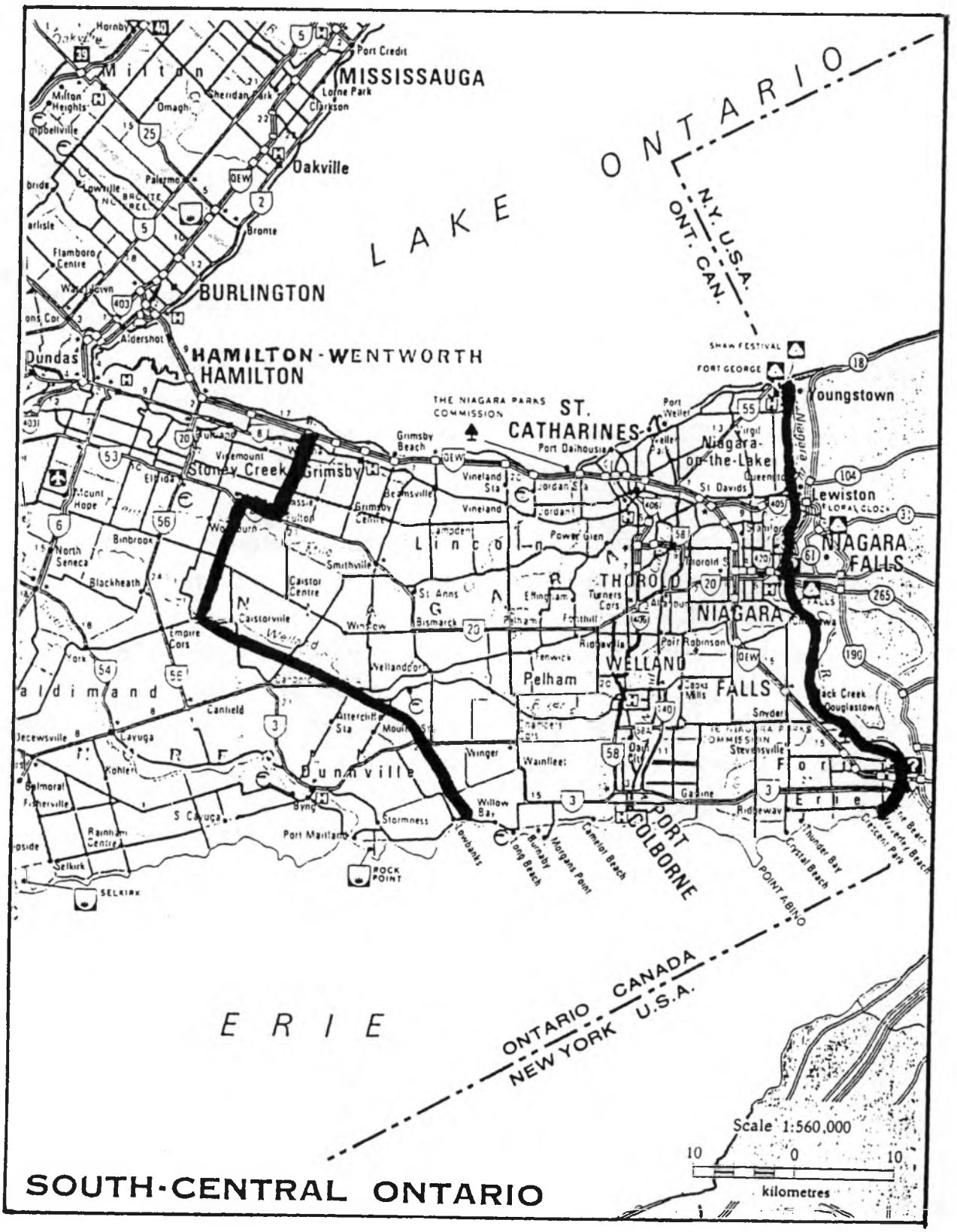
The Regional Municipality of Niagara covers an area of about 1850 square kilometres. The Region is located in one of the most southern areas of Southern Ontario, bordered by Lake Ontario on the North, Lake Erie to the South, and New York State to the East (Exhibit 1, Map of Niagara Region, following page). Generally, the Region enjoys a more moderate climate than most of the province, typified by warm summers and mild winters.

1986 Census data reveal that 13% of the Region's 370,125 population was comprised of people aged 65+, higher than the 10.7% figure for seniors in Canada as a whole. By 1991, it is expected that 18% of the Region's population will be aged 65+, compared to a projected 12% for Canada. It is also projected that between 1986 and 2006, the number of people over 75 years of age in the Region will more than double.

The Regional Municipality of Niagara is characterized by both rural and urban populations. The highest urban populations are in St. Catharines (123,014), Niagara Falls (71,088) and Welland (45,173). Due to the independent earlier growth of many of the towns and villages of the Region, the population is "pocketed" in several centres, with a lack of public transportation between them. This presents problems for the delivery of services, as it does in many other mixed rural/urban regions in Canada.

EXHIBIT 1:

MAP OF NIAGARA REGION



2.3 Mandate

The Department's original mandate was to provide long-term care for seniors. This mandate was broad enough to allow flexibility and innovation and was driven by the Director's philosophy that "people make things happen." Three factors influenced the expansion of the original mandate: political support for a creative, progressive philosophy; a willingness on the part of the Department to be innovative and take a leadership role in Niagara; and the practice of moving quickly when new situations or systems present themselves as opportunities.

The current mandate of the Senior Citizens Department is:

- to provide long term, multi-level institutional care (six facilities - 919 beds);

- to provide alternative housing arrangements (e.g. Home Sharing and Satellite Homes);

- to provide community support, health promotion and family support programs to the community-based elderly (e.g. Senior Day Programs, Respite/Vacation Care, Family Caregiver Support Groups, Alzheimer Respite Companion Service);

- to make Life Enrichment and Health Promotion programs available and accessible to the 75% of elderly who are well (e.g. Senior Volunteers in Service, Grandparents in Action, Pen Pals, Talk-a-Bit Telephone Assurance Program);

- to play an advocacy role by increasing public awareness of concerns and issues related to the needs of the elderly;

- to play a leadership and on-going consultative role with groups of volunteers, by helping them establish programs and services for seniors, and to consult with outside organizations planning new programs;

- to provide public education through a speakers bureau, writings for journals, open houses, sponsorship of community seminars, and providing tours of Homes for the Aged;

- to encourage research and evaluation of the Department's programs; and

- to encourage and provide educational opportunities for students by various means - student placement in the Department's programs, preceptorship, career counselling, lectures at colleges and universities, provision of literature for student projects, and use of the Department's library.

2.4 Structure of the Senior Citizens Department

The Senior Citizens Department headquarters at Thorold provides centralized administration, one point of entry to the various accommodation options, programs and services offered through the Department, and information dissemination and referral to services offered by other agencies in Niagara.

Located at the headquarters in Thorold are:

- the Director of the Department and administrative staff;

- the Supervisor of Financial Services and Finance staff;

- the Coordinator of Admissions and Social Work (a unit that includes the Intake Counsellor, who is responsible for the first stage of screening and directing incoming calls from or for seniors, and other members who conduct functional and social assessments related to the placement of clients in Homes for the Aged, Day Programs and Satellite Homes and social work staff for the Homes);

- the Coordinator of Education and Staff Development and staff (the unit responsible for orienting staff and their on-going education and training);

- the Quality Assurance Coordinator (responsible for quality assurance for all aspects of housing and programming in the six Homes for the Aged and Community Support and Life Enrichment programs delivered through the Department);

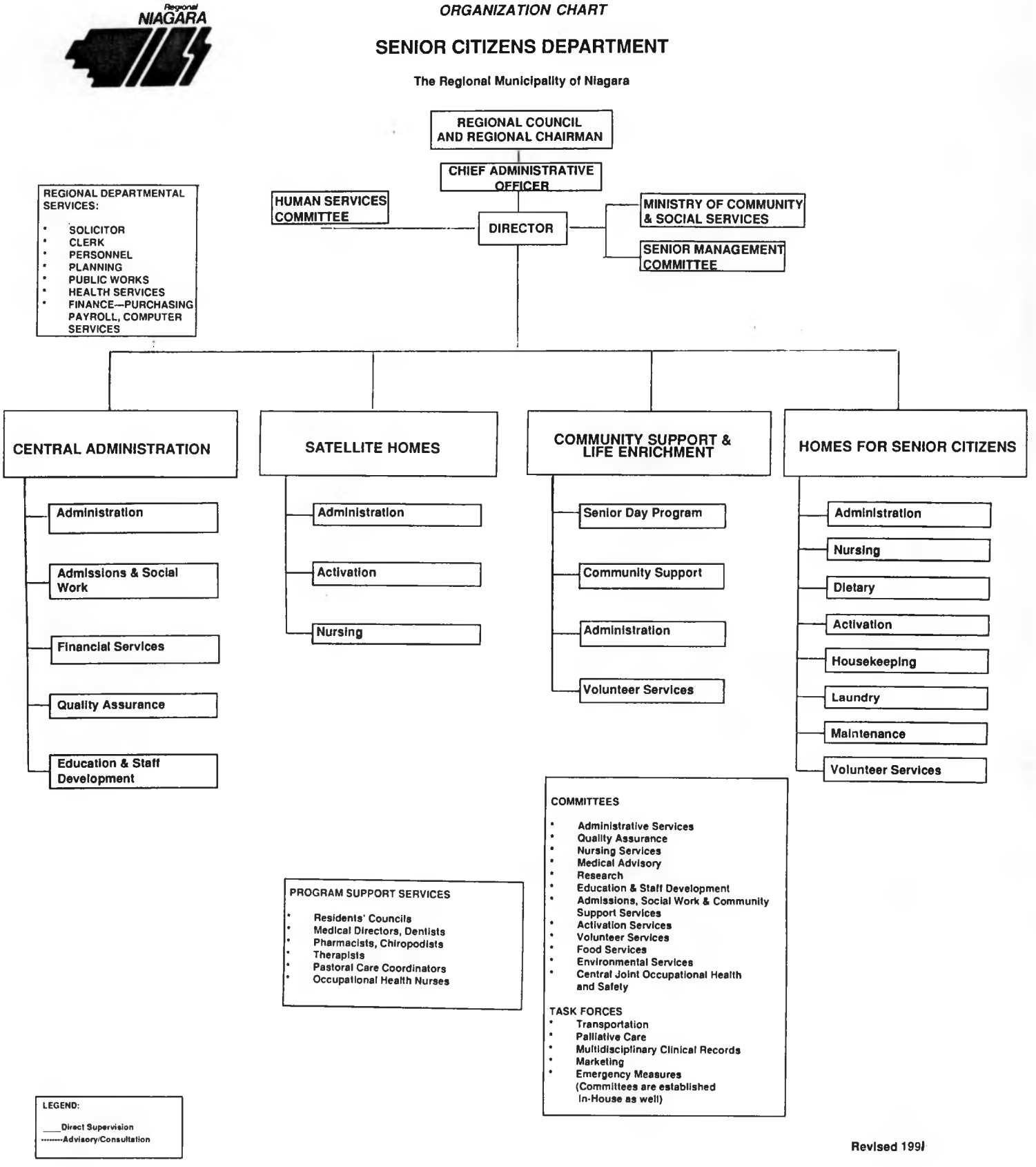
- the Administrator of Satellite Homes and Satellite Home staff (responsible for screening Satellite Home operators and on-going assessment of both the homes and their residents); and

- the Administrator of the Community Support and Life Enrichment programs that are run out of three Community Support offices (one in St. Catharines, one in Niagara Falls and one in Sunset Haven, a Home for the Aged in Welland) and the Senior Day Programs. (See Exhibit 2, Organizational Chart of the Senior Citizens Department, following page.)

(In the interests of providing a case study that is detailed enough to be useful to other municipalities in Canada, three specific components of the Department are described in detail in Appendix B: the Central Intake system, the Quality Assurance program, and the Education and Staff Development program.)

EXHIBIT 2:

ORGANIZATIONAL CHART OF THE SENIOR CITIZENS DEPARTMENT



Services to seniors are not delivered from the headquarters at Thorold. They are delivered from Homes for the Aged, Community Support offices and a community Resource Centre in a shopping mall - a multi-campus model of service delivery. (The multi-campus model of service delivery is described in section 3.2.4.)

A committee team approach is articulated in the organizational and management philosophies of the Senior Citizens Department and practised throughout the Department. All levels of staff, working in all parts of the Region, are involved in the committee system. There are thirteen Departmental committees, meeting on average seven times a year. Included are, for example, a Quality Assurance Committee, an Education Committee, and a Safety Committee. By having all levels of staff involved in the Committee system, consistency in the level and quality of service is maintained, and there is on-going exchange of information and ideas among staff members. (See Exhibit 3, Management Philosophy, following page).

A Senior Management Committee, chaired by the Director, and comprised of the Administrators and Directors of Care of the Homes for the Aged, is a clearinghouse for all policies and procedures and other management decisions that are recommended to the Human Services Committee of the Region or other bodies. Corporate goals and objectives which provide direction for the department are based on discussion involving all levels of staff.

EXHIBIT 3:

MANAGEMENT PHILOSOPHY OF THE SENIOR CITIZENS DEPARTMENT

WE believe that our most important resource is our people, and that people are most productive when working together as a team.

WE believe that the best teams are characterized by honesty, trust, sensitivity, understanding and respect among team members.

WE believe that among departments, programs, services and managers, there must be co-operation, cohesiveness, open and direct communication, and support.

WE believe that we are accountable not only to Regional Council through the Human Services Committee, but also to our employees, our clients and their families, to various professional bodies and to the community.

WE believe in the involvement of all staff in giving and receiving information, in setting standards and goals and in planning work, utilizing the talents and expertise of the staff.

WE believe that, through the Residents' Councils and as representatives on various committees, residents and family members have valuable input into the management of our Homes and programs.

WE believe that we must work to bring out the best in our staff, to encourage growth, development, participation as team members, education and responsibility.

WE believe that our employees are entitled to a work environment within which individuals are treated with respect, provided with equality of opportunity based on merit and kept free of discrimination and harassment.

WE believe in using modern technology and modern methods to help the Department reach its goal.

WE believe that we must manage our organization's resources in the most effective and efficient way possible.

WE believe that we must accept the challenge to manage in a way that will respond to the future needs of the growing senior population.

Revised 1990

2.5 Human Resources

The Department's staff are increasingly well educated and trained in the expanding field of aging. The growth in gerontology as an area of research and study not only increases the chances of finding recent graduates with specialized knowledge and skills, but also offers the opportunity for long-term staff to upgrade.

Staff have a variety of qualifications from both the university and community college level - nursing, dietary, social work, education, theology, human services, and others. According to the Director, the people who are hired within the Department are selected as much for their personality, interest in the elderly and enthusiasm, as for their formal qualifications.

Volunteers are identified as crucial to the running of all the services to seniors provided under the Department's umbrella. A good rapport has developed over the years with communities in the Niagara Region which has fostered high levels of volunteer support. For example, in one of the Homes for the Aged:

> Community members operate the coffee shop on a volunteer basis .. they have a Volunteer Coordinator who is involved in recruitment and training ... There were volunteers ready to go before the building was even finished!

Auxiliaries operate combination coffee/gift shops in each Home for the Aged and donate their profits to purchase items that will better the quality of life of the residents. For example, the Auxiliary of one home purchased a new piano; others raised enough money in one year to purchase two $65,000 vans to be used for residents' activities. Additional examples are the funding of therapeutic parks for the cognitively impaired.

Many of the Department's volunteers are seniors. They are regarded as a critical element in the human resources of the Department, both in the delivery of Community Support and Life Enrichment programs - for example, as Friendly Visitors and Day Program volunteers - and in the special activities and events at Homes for the Aged. One way in which senior volunteers are recruited is by encouraging them to volunteer when they call the Department asking for information about accommodation and services options; another way is by advertising opportunities for volunteering at annual Information Days presented by the Department.

2.6 Relationships with Other Service Delivery Systems

The Senior Citizens Department tries to work in close cooperation and consultation with other agencies and service providers in the Region. Collaboration with other services outside the Department is considered essential, since there are services available to seniors in the Niagara Region which are <u>not</u> under the mandate or jurisdiction of the Department, but which are nonetheless linked to the Department's continuum of care (described in the next chapter of this report). Examples of these other services are: the Niagara Regional Home Care Program; the Victorian Order of Nurses and the Niagara Regional Health Services Department (which provide health counselling and geriatric clinics); the Alzheimer Society; private nursing services; Niagara Placement Coordination Service (which coordinate placement into all long term care facilities in the Region); Senior Citizens Consultants; seniors clubs/centres, and Senior Citizens Housing.

Some other agencies serving seniors are not entirely supportive of the Department's profile and scale in the Region. It was mentioned during some interviews with representatives from

outside organizations that the Department is seen to threaten independent organizations and to have "inhibited the development of other services".

Although it has been suggested that the ideal system might have the Department coordinating all services and Homes for seniors in the Region, several senior Departmental staff agree that this would be too onerous a task, and would undoubtedly pose new problems.

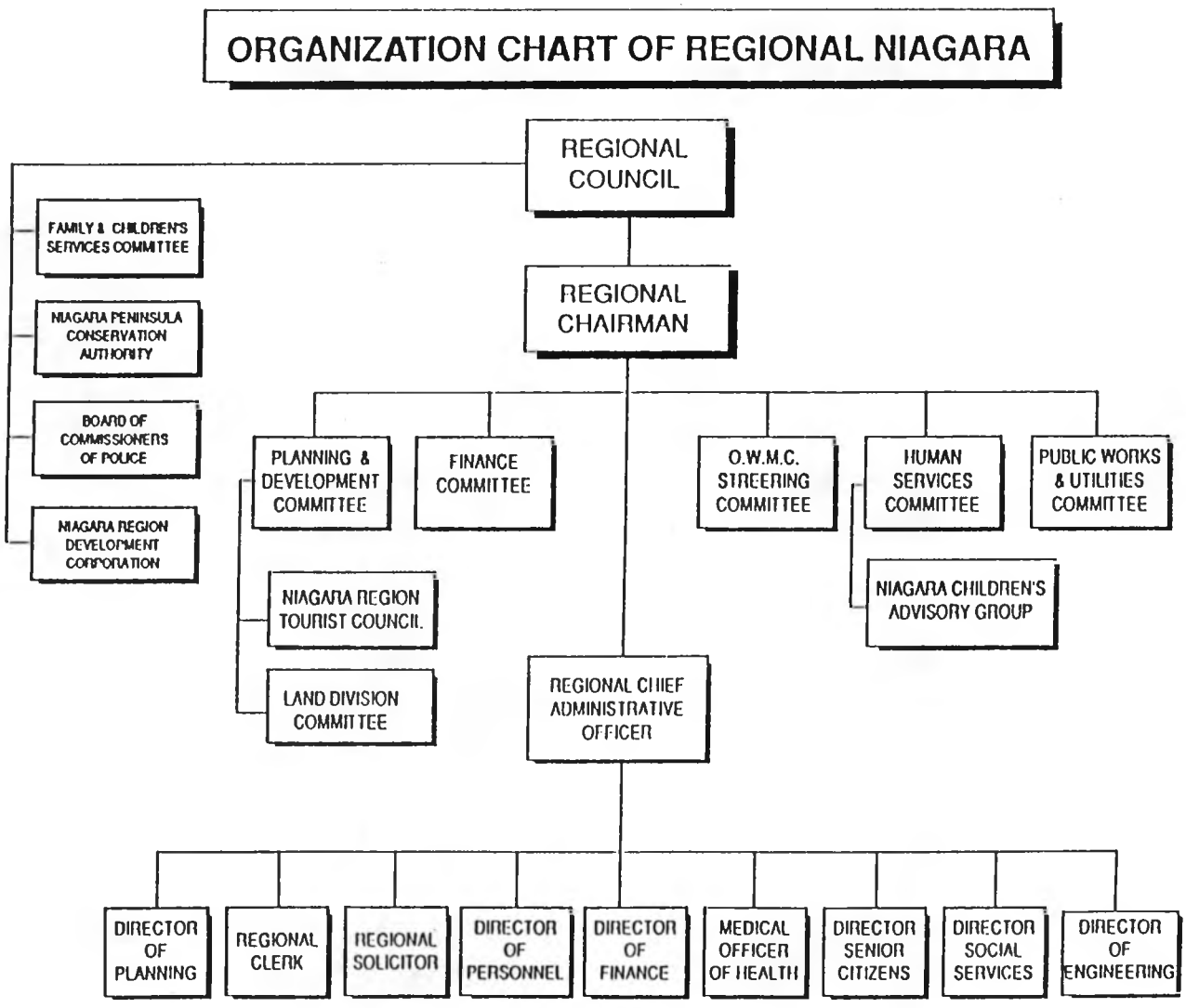
2.7 Relationship within The Regional Municipality of Niagara

The Senior Citizens Department is responsible to the Regional Council of The Regional Municipality of Niagara, through the Human Services Committee - one of eight Standing Committees of the Regional Council. (See Exhibit 5, Organizational Chart of the Regional Municipality of Niagara, following page.)

The Homes for the Aged and Rest Homes Act stipulates that a Committee of Management "shall be composed of not fewer than three members and not more than one-half the members of council of the municipality". In the Niagara case, the Human Services Committee serves as this required Committee of Management. It is comprised of the Chairperson, Ron Book, who is the Mayor of Grimsby; the Regional Chairman (in ex officio capacity) and nine elected counsellors representing the Region. The Social Services Department and the Health Services Department also report to the Human Services Committee. That strengthens the liaison and cooperation between the major Regional departments.

EXHIBIT 4:

ORGANIZATIONAL CHART OF THE REGIONAL MUNICIPALITY OF NIAGARA



The Regional Municipality of Niagara shares the capital and operating costs of the Department's housing and support services with the Provincial Ministry of Community and Social Services. Information on the Department's expenditures and sources of revenue for 1988, 1989 and 1990 is presented in Appendix D.

2.8 Relationship with Provincial Government

The Provincial Ministry of Community and Social Services (MCSS) and The Regional Municipality of Niagara typically share the capital and operating costs of the housing and support services provided through the Department, beyond that which is covered by clients' fees. There are two exceptions. MCSS provides 100% funding for the Alzheimer Companion Respite Service and Alzheimer Day Program, and the Provincial Ministry of Housing provides a grant of $40,000 towards the operation of the Home Sharing Program.

All six Homes for the Aged under the Department are regulated under the Homes for the Aged and Rest Homes Act of the Province of Ontario, which states that: "every municipality shall establish and maintain a home for the aged" (1986:2). The Director identified in the Homes for the Aged and Rest Homes Act is the Minister of Community and Social Services for the Province of Ontario. His or her function is to exercise general supervision over the administration of the Act. The Minister and Deputy Minister delegate these functions to Program Supervisors who are employees of MCSS. The main contact point between the Department and MCSS is the MCSS Program Supervisor of the Hamilton Area Office.

The Senior Citizens Department Director and staff foster their relationships with government personnel and politicians, often

working with them from the very inception of a program or project idea, to ensure their input and support throughout the developmental process.

2.9 Accountability

The Ministry of Community and Social Services (MCSS) has proposed that service providers be accountable to ensure that a) the public can be confident that those in need receive the appropriate type and level of services; b) the Ministry and its partners clearly understand their respective roles and responsibilities; c) the public can be assured that those responsible for programs and services can accurately account for their work; and, d) the public can be confident that leadership is present in all aspects of delivery (Sweeney, 1988).

The Senior Citizens Department, as a non-profit organization, is publicly accountable to the community it serves. The Quality Assurance Program has been integrated into all programs. Inspections are required by statutes and by-laws. In 1988, nursing service reviews were carried out in three of the six Homes for the Aged. As well, all the Homes have been accredited by the Canadian Council on Health Facilities' Accreditation and two have undergone Ministry operational reviews.

3.0 CONTINUUM OF CARE

3.1 Definition and Discussion

A continuum of care is a range of institutional and non-institutional services and resources which provide comprehensive options to meet persons' needs for care. The more detailed definition of a continuum of care used by the Senior Citizens Department of Niagara is the following.

> A continuum of care is a range of planned, organized, financed and coordinated support programs and living options, which are based on careful assessment of individual needs, and refers to a range of planned, organized, financed and coordinated programs, such as preventive health, life enrichment, health promotion and wellness, that promote overall well-being and independence as long as possible. As well, there are support programs and living options that enhance the quality of life and support the independence and needs of the community-based elderly and family caregiver. A range of institutional settings recognizes the varying degrees of physical and mental frailty and provides needed care and services for individuals who are severely disabled, limited in functional capacity or chronically impaired to be maintained at their highest level of health and well-being.

The continuum of care model provided through the Senior Citizens Department was originally conceptualized in the 1950's in Niagara, when "premature institutionalization and misuse of services" became apparent. More recently, governments have promoted deinstitutionalization because it is seen to be both cost effective and preferred by seniors.

3.2 Key Elements of the Niagara Continuum of Care Model

There are four key elements to the continuum of care provided through the Senior Citizens Department of the Region of Niagara: a single point of entry, assurance of a continuum of care, on-going assessment, and a multi campus structure.

3.2.1 Single Point of Entry

Although access to the Department's continuum of care through Central Intake at Thorold is not mandatory (potential clients may also access programs through the Niagara Placement Coordination Service or through the Department's Community Support offices), a single point of entry does simplify access for the public. Toll free numbers are publicized in all parts of the Region. These numbers reach the Intake Counsellor at Thorold. Callers are either referred to other organizations (for example, to the Niagara Housing Authority if they are seeking a Senior Citizens apartment) or given information about the various options available through the Department. Once standardized intake forms are completed, clients are "in the system", and have priority for further access to the continuum of care. (See Exhibit 5, Single Point of Entry, following page.)

3.2.2 Assurance of a Continuum of Care

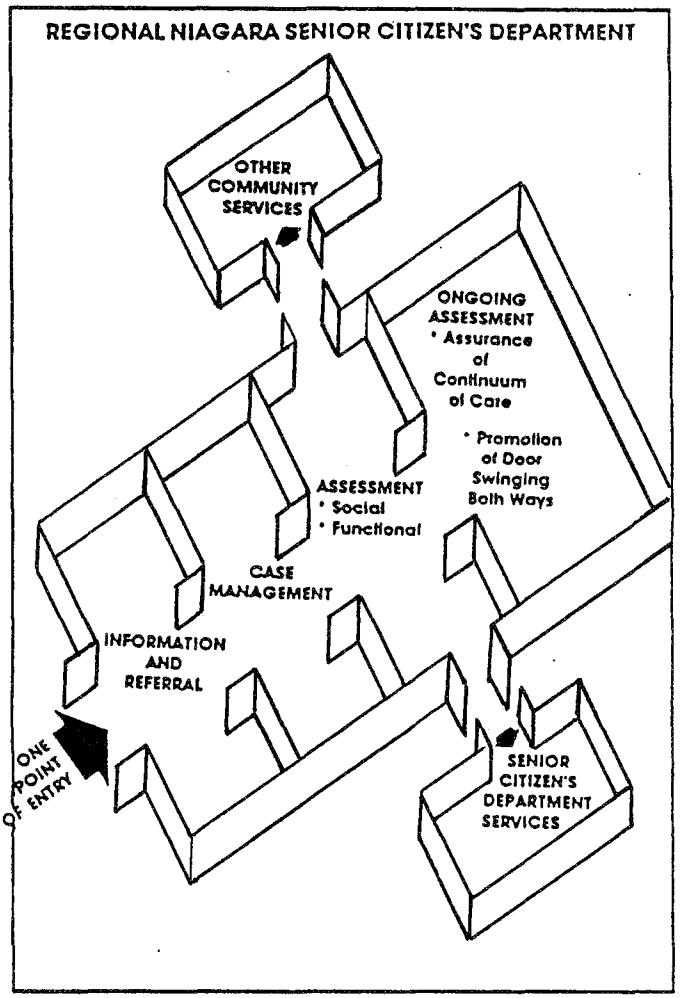
Another key element of the Niagara model is the assurance of a continuum of care that is given to seniors who are "in the system". The Director states that

> when a system guarantees a continuum of care and security, it encourages seniors and their families to use services in an appropriate and timely way, and not seek premature entry into institutions because they fear a place may not be available to them if needed.

EXHIBIT 5:
SINGLE POINT OF ENTRY

PROCESS

- One point of entry
- Choice of services in our department and coordination with other agencies
- Assured continuum of care which greatly influences the use of our services--prevents premature institutionalization.
- Counselling with choice allows elderly and family to make better decisions.
- Promote doors swinging two ways--Operation Move-out.



RESULTS

We believe our screening and counselling has allowed for more effective and efficient use of our services, as well as allowing more independence, integration, involvement for the elderly and generally, a better quality of life.

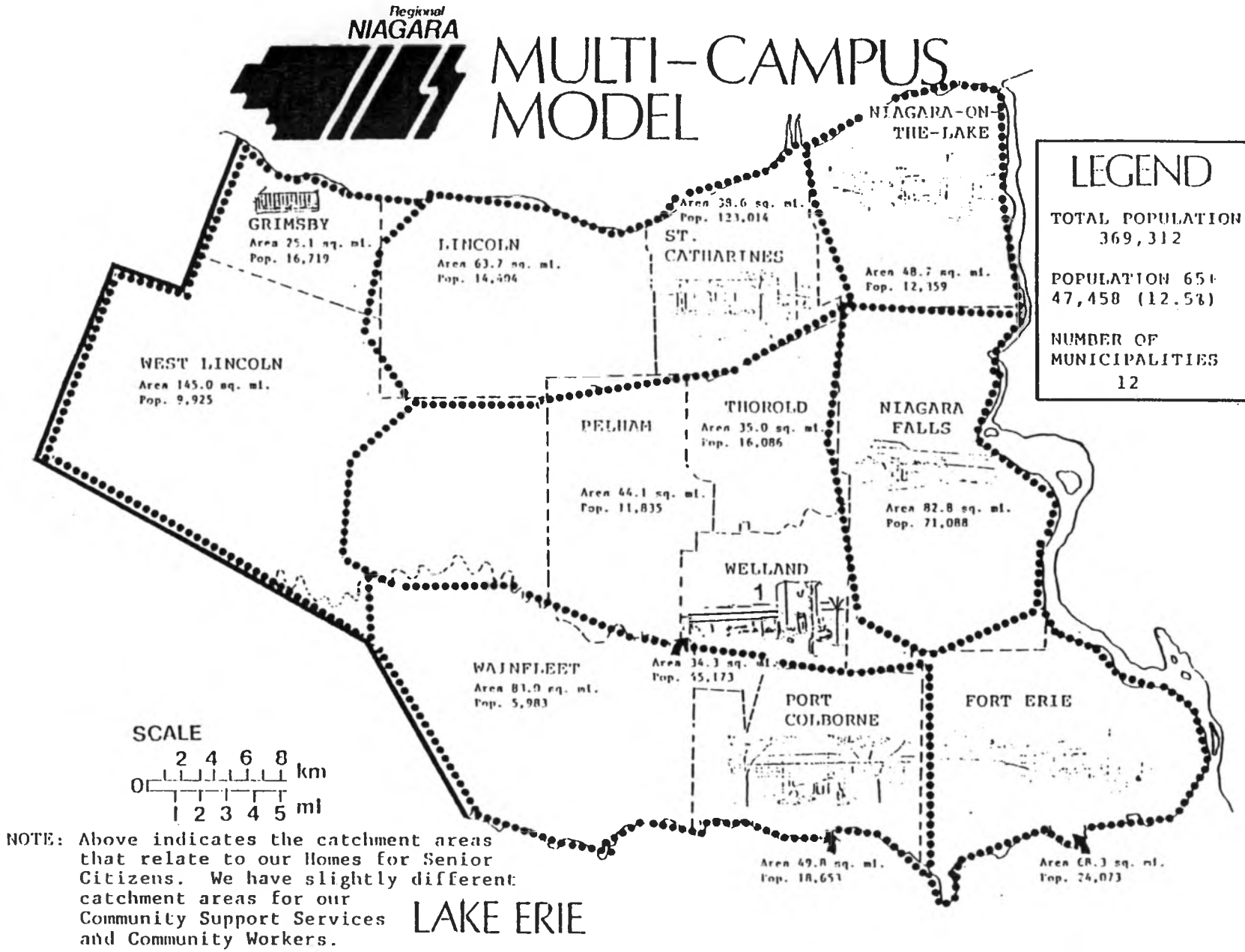
Procedural priority admission is given to residents of Satellite Homes, and to participants in Day Programs, Home Sharing, and some community programs. Written assurance of priority re-admission can also be provided to residents of Homes for the Aged who wish to leave the Home and try living in the community again.

3.2.3 Assessment

Another critical feature of the Niagara continuum of care model is on-going assessment of clients and communication among the coordinators of all the divisions and programs of the Department. Formal social, functional and medical assessment is carried out by a multi-disciplinary team prior to admitting clients to the more dependent of the continuum, and a less formal assessment is carried out by community support workers for application to their programs. On-going assessment is either formal, (for example, in Homes for the Aged and in Satellite Homes, where clients tend to have multiple health problems), or informal, carried out by community support workers on a follow-up or responsive basis, or carried out by volunteers, who are the much valued "eyes" for the Department. Regular communication among staff, volunteers and divisions within in the Department means that clients' changing needs are responded to before they result in crises.

3.2.4 Multi-Campus Model

The continuum of care model in Niagara is based on a multi-campus structure. (See Exhibit 6, Multi-Campus Model, following page.) Service is delivered out of six Homes for the Aged, three Community Support offices, and one free standing Day Program/Resource Centre, each of which serves a specific geographic area. This has several advantages. Few seniors in the Region have to go a great distance to take advantage of the services offered through the Department, and few have to move out



NOTE: Above indicates the catchment areas that relate to our Homes for Senior Citizens. We have slightly different catchment areas for our Community Support Services and Community Workers.

EXHIBIT 6: MULTI-CAMPUS MODEL OF SERVICE DELIVERY

of their own communities to live in a Home for the Aged. Having many facilities under one Department means that, if there is no space available in the Home for the Aged of an individual's choice, a temporary bed may be found in another. Another advantage of the Multi-Campus model is that the distinct social and cultural characteristics of each pocket of population in the Niagara Region can be taken into account in service design and delivery.

The advantages and benefits of this continuum of care model are discussed in Chapter 5.

3.3 The Continuum of Care Model in Practice: Two Stories

Following are two illustrations of how the continuum of care model in Niagara worked for two individuals.

3.3.1 The Story of Mrs. S.

Mrs. S. initially contacted the Senior Citizens Department six months after her husband's death. She said that she found the yard work and other home maintenance chores very difficult. She thought she would have to sell her house and move to an apartment. A Community Worker of the Senior Citizens Department arranged for a Home Help worker to assist Mrs. S. with the chores she was unable to do.

A year later, Mrs. S. suffered a stroke. Following her hospitalization, she moved to the home of her daughter. Her daughter and son-in-law both worked outside the home full-time and Mrs. S found herself lonely and lacking the stimulation to be as physically active as her doctor recommended. She called the Community Worker, who suggested participation in a Day Program.

The Community Worker referred Mrs. S to the Admissions Counsellor who facilitated her admission to the Day Program in the Home for the Aged nearest to where Mrs. S. lives. She has attended the program twice a week for eighteen months.

When her daughter and son-in-law were planning a vacation recently, they requested that Mrs. S. be admitted to vacation/respite care. Mrs. S. chose instead to increase her attendance at the Day Program to five days a week.

Mrs. S is aware that her attendance at the Day Program provides her with priority for admission to the Home, but she has told the Day Program Supervisor "it's not time yet".

3.3.2 The Story of Mrs. T.

Mrs. T. was admitted to the residential care area of a Home for the Aged, directly from hospital. She had been in hospital for several months, having been in a weakened physical condition due to poor nutrition and inadequate management of her diabetic condition.

Although Mrs. T. found it difficult at first to adjust to the Home, in time she grew accustomed to the group living situation. With proper attention to her nutritional and medical needs, her physical and emotional condition improved. Mrs. T. then expressed her desire to move back to the community.

The Social Worker, Admissions Counsellor and Director of Care of the Home worked together to assist her to make arrangements for community living. The Admissions Counsellor contacted the Housing Authority and helped Mrs. T. make arrangements for an apartment and for attending the Day Program two days a week. The Director of Care assessed her care needs and worked with the

doctor to make a referral to Home Care. The Social Worker counselled Mrs. T. regarding her short and long term options and plans. The Director of Care and Social Worker met with Mrs. T. and her son to review plans and assure them of priority re-admission to the Home for the Aged if that became necessary. Following discharge, the Social Worker kept in touch with Mrs. T. regarding services and her transition back into the community.

Mrs. T. lived safely in her apartment for two years. Further medical difficulties arose, so she applied for re-admission to the Home for the Aged. She was re-admitted to the first appropriate bed and is now very content in the Home, having enjoyed her two years in the community.

4.0 ACCOMMODATION OPTIONS, PROGRAMS AND SERVICES AVAILABLE THROUGH THE SENIOR CITIZENS DEPARTMENT OF NIAGARA

4.1 Accommodation Options

The Senior Citizens' Department of The Regional Municipality of Niagara offers a range of accommodation options to the seniors of the region through its continuum of care. These accommodation options range from interdependent living in private dwellings in the community through Home Sharing arrangements, to supervised group home arrangements in Satellite Homes, to institutional living in Homes for the Aged.

4.1.1 Home Sharing

One housing option available to seniors through the Senior Citizens' Department of Niagara is Home Sharing. Launched about 10 years ago, the Home Sharing Program matches people who wish to share their homes (Providers) with others who wish to move to a private dwelling (Seekers).

There are benefits for both parties in Home Sharing arrangements. For Providers, the benefits are: companionship and the security of having someone else living in the same dwelling; extra income and therefore less financial strain; help with domestic maintenance tasks; and the ability to remain living in the community. For the Seeker, the benefits are similar: companionship; less financial strain (since this housing option is generally considerably less expensive than market housing); and the opportunity to live in the community.

The Home Sharing Program falls within the Community Support and Life Enrichment component of the programs offered through the Senior Citizens Department. Three Community Support Workers,

each in a different location in the region, collect information on interested parties - Providers and Seekers - and attempt to match them.

The process is comprised of a number of steps. Applicants, both Providers and Seekers, may call the Home Sharing Program toll free. A Community Worker collects background information on applicants initially by telephone, followed by detailed information on the applicants' health, functional ability, lifestyle preferences (e.g. smoking) and expectations from the Home Sharing arrangement during a home visit/consultation. Once this screening process is complete, the worker will set up meetings between applicants. The worker will usually attend the first meeting, but if the applicants wish to meet on their own a second time, they can arrange it independently.

Although the monthly rent paid to the Provider is negotiated privately between the sharing parties, the Worker will ask what the Provider is considering charging and will usually make suggestions about what amount is reasonable, based on the characteristics of the accommodation and the amount of assistance given by one party to another.

After a match has been made, the Worker pays a follow-up visit two weeks later, and again quarterly or when she is called by someone in a Home Sharing arrangement.

Not only seniors participate in Home Sharing. Some of the most successful matches appear to be intergenerational, such as an older widow with a young foreign university student; or a frail, elderly woman who was the Provider for a year to a middle aged man (who was setting up a business in the area, and needed a year of minimal expenditures). He voluntarily took on all the heavy household maintenance tasks, inside and out.

Not all the matches are pairs of people. There are a number of Home Sharing arrangements in the Niagara region where 3 or 4 Seekers live with one Provider (like a boarding home situation, without the formal expectation of having meals provided).

There are some difficulties in running a Home Sharing program. Foremost, is the problem of short duration of matches, which on average are less than one year. Personality differences and changes in situational factors have been cited as possible causes. Another is that there is an imbalance of applicants - typically far more Providers than Seekers. Most people want to remain in their own homes. One way of solving this is to extend the eligibility of Seekers to include younger adults, students, single mothers, etc., which has been done in Niagara. Another obstacle is the limited budget for this provincially funded program. While the Ontario Ministry of Housing pays the Home Sharing Coordinator's position, there are limited funds available for advertising (for example, in the newspaper), which certainly limits the intake of applicants and appropriate matching of clients.

4.1.2 Satellite Homes

Older adults who require help with their everyday lives (such as assistance with medication, motivation for self-care, and help in shopping for and preparing food), and who also qualify for residential care in a Home for the Aged (requiring less than 1.5 hours of per day of nursing care) but who do not wish to enter a Home, can apply to the Senior Citizens' Department to live in a Satellite Home.

A Satellite Home is a community-based group home for people aged 60+. It is run by an operator whose qualifications and house

have been approved by the Senior Citizens' Department, municipal fire inspectors, and the Ontario Ministry of Community and Social Services. Operators are typically women who have years of experience in caregiving. Examples include former nurses, women who have worked in long term care facilities as staff or volunteers, and those who are caring for elderly relatives. There are operators who speak French, Italian, German and Ukrainian.

Satellite Homes typically house three to four residents. However, there are variations. One Satellite Home in the Niagara Region is a large farm house where ten senior citizens live. Some of the residents help with the farm chores and they all eat with the hired farm hands, at a table that sometimes seats twenty. Another Satellite Home is a small bungalow in a suburban area, where just two seniors live with a widow.

Each Satellite Home has the backup support of the nearest Regional Home for the Aged. The residents' medical records are kept there and the residents spend the operator's weekly day off there, participating in activities as they wish. The Satellite Home Program has its own nurse, who keeps tabs on the health and competence of the Satellite Home residents, and can alert a Departmental Admissions Counsellor and the resident's family of any changes in the resident's health or social needs.

The Department pays operators a basic daily fee for each resident. In 1990, this varied from $22 to $26 per day per resident (the variable being the level of care required by the resident). Residents' fees (paid to the Department, and covering the room, board, laundry and housekeeping services provided by the operator) are about $900 per month in 1990, which covers the operator's fees and expenses as well as a portion of the salaries of the Satellite Home Administrator, nurse, clerk and

recreationist. In cases where the residents cannot pay full fees, the difference is subsidized, 30% by the Region and 70% by the Province. It cost the regional government $33,000 and the provincial government $80,000 to subsidize the Satellite Home Program, which served/housed close to one hundred seniors, in 1988.

There are at least five ways in which Satellite Homes save public money, while providing quality housing-with-care for seniors. First, there are no capital costs or depreciation costs. The operators own their own houses and are responsible for paying for and installing suitable assistive devices, such as grab bars, railings, etc. Second, there is no liability. Operators are responsible for purchasing appropriate and adequate liability insurance. Third, there is minimal staffing required. An administrator, nurse, recreationist and clerk are required to run a Satellite Home Program. The rest of the health care team is made up of staff at the nearest Home for the Aged. Fourth, transportation costs are minimal. Where the Satellite Home Program Administrator or Nurse feels that a resident should participate in certain activities at the nearest Home for the Aged to enhance their health, then transportation is provided or paid for by the Department. In most cases, transportation agreements are negotiated privately between an operator and a resident. And fifth, if a resident is absent from the Satellite Home for hospital care or vacation, the cost per day is reduced by half and is paid to the operator for bed hold.

There are several advantages for seniors who become residents of Satellite Homes. Seniors who consider institutional living aversive or who want to live in a family setting in the community find this housing-with-care option very attractive. They can enjoy the security of a back-up system of professional health care without living in a health care facility. Another advantage

is that regular exposure to the nearest Home for the Aged acclimatizes the residents to the Home, and may reduce relocation stress if and when they are transferred to the Home for the Aged.

Although neighbourhood resistance to the establishment of Satellite Homes for seniors might be expected, it has rarely been encountered. There has only been one instance where neighbours contested the establishment of a Satellite Home during the thirty years that they have been in existence in the region. One of the reasons for this is that operators are advised by the Administrator of the program to "start out small" with one or two residents. When the neighbours are accustomed to the seniors, then the operator may decide to apply to the municipal planning department to accommodate more than two residents, as per zoning by-laws.

There are impediments associated with providing a Satellite Home Program, however. One is that there is no way to predict demand and therefore be able to encourage or discourage supply. In other words, potential operators cannot be guaranteed a clientele or a certain level of annual income. Another problem is that there is no way of knowing a year ahead of time how many applicants are going to be able to pay full fees or require subsidy, although it is their fees that provide the bulk of the money available to pay the operators' and program personnel salaries. The third problem has to do with the residents. Many of them have established such a close relationship with the operators, their homes and families, that they are resistant to moving to a Home for the Aged when they are in need of more nursing care.

The first two problems are not easily solved. The third is alleviated by periodic visits to the nearest Home for the Aged. Many Satellite Home residents participate in activities at the

Home and become familiar with staff and residents there.

4.1.3 Homes for the Aged

The goal of Homes for the Aged is to "provide the highest quality of living and to give as much choice as possible".

The Department operates six Homes for the Aged in the Region of Niagara: Linhaven in St. Catharines with two hundred and forty (240) residents; Dorchester Manor in Niagara Falls with ninety-eight (98) residents; Sunset Haven in Welland with three hundred and forty-eight (348) residents; Northland Manor in Port Colborne with eighty-eight (88) residents; Upper Canada Lodge in Niagara-on-the-Lake with eighty (80) residents; and Gilmore Lodge in Fort Erie with eighty (80) residents. The latter two are considerably newer than the other four, having opened in mid-1988.

The Homes offer both residential care (for persons requiring less than 1.5 hours of nursing care per day) and extended care (for persons requiring more than 1.5 hours of nursing care per day). In the older Homes, the majority of residents receive extended care, whereas in the newer Homes, the ratio is about 50-50. The allocation of beds by level of care is treated globally (i.e., the six Homes are treated as an aggregate number of beds by the principal funding body, the Ontario Ministry of Community and Social Services) which allows for flexibility in the number of residential versus extended care beds in each Home.

There has been a definite shift in client characteristics in Homes for the Aged over the last five to ten years. Residents are considerably older and more frail upon admission and their average length of stay has shortened as a result. The average age of residents in the long established Homes is 86+, whereas ten years ago a typical average age in a Home for the Aged was

81+. In the Homes for the Aged, 30% of the residents are over 90 years of age.

Another shift in resident profile is that there are proportionally more cognitively impaired residents, and consequently a higher percentage of residents with agitated and aggressive behaviour. The phasing out of psychiatric hospitals has had a major impact on the Department, since Homes for the Aged are among the few facilities with "special care" areas for the cognitively impaired. As in most long term care facilities for the aged, the majority of residents are female.

For the most part, residents come from within the Homes' geographic catchment areas. As the Region of Niagara is made up of quite distinct communities, the characteristics of the residents in each Home vary by area. For example, in one Home, most of the residents have been farmers, whereas in another, many of the residents are retired from (or widows of retired workers from) Ontario Hydro or the railways.

All of the Homes are within residential areas of urban centres. Two of the older Homes are close to shopping centres, one is located beside a children's day care centre, and two are adjacent to spacious urban parks. All have central gift and coffee shops run by volunteers, which become hubs of informal activity. The newer Homes are designed as cluster housing rather than on a hospital model. All six Homes have smooth exterior pathways designed for safe walking or wheeling, benches for outdoor summer sitting and therapeutic parks for frail and cognitively impaired residents.

An estimated fifteen to twenty residents per year choose to leave a Home for the Aged to move back into the community. They receive encouragement and assistance to do so from the Home and

Senior Citizens Department staff. Most of the people who enter a Home for the Aged, however, stay there for the rest of their lives.

One of the main difficulties in providing high quality care in Homes for the Aged relates to the aforementioned shift in client characteristics. Older, more frail and more cognitively impaired residents require more care from more highly skilled staff. The education and training of staff does not always keep up with these changes in client needs. A second problem is that policies and funding priorities have not kept pace with the need for specially allocated beds and labour intensive care.

In Niagara, the first problem is addressed by investing in staff education. Staff are encouraged to increase their knowledge and skills by attending staff development sessions and outside workshops, and by taking college and university courses for which there is tuition allowance. As well, staff participation in the Quality Assurance Program enhances an understanding of care requirements. The second problem is dealt with, in part, by the Province's policy of treating the six Homes for the Aged globally, which allows them flexibility in the allocation of extended care beds. However, this does not meet the need for an increased absolute number of beds in the extended care category.

4.2 Community Support and Life Enrichment Programs

In addition to the housing-with-care options already described, the Senior Citizens Department of Niagara provides a wide range of support services to enhance the quality of life of seniors living in the community as well as their caregivers. Following is an overview of these community support and life enrichment programs.

4.2.1 Seniors Day Programs

There are seven Senior Day Programs offered through the Senior Citizens Department. Six are located in Homes for the Aged and serve their catchment areas - the urban centres and surrounding areas of St. Catharines, Niagara Falls, Welland, Port Colborne, Fort Erie and Niagara-on-the-Lake. A seventh Senior Day Program is located in a downtown shopping mall in Grimsby.

Municipal Homes in the Region of Niagara were the first in Ontario to offer senior day care long before it was considered a basic service to seniors and their caregivers. Senior Day Programs (as they are commonly called, to avoid the association with children's "day care") provide multiple services. They provide seniors who live alone with companionship, a hearty, balanced meal at lunch time and a range of activities. Another purpose of Senior Day Programs is to keep seniors functioning at their optimal level in order to prevent premature institutionalization. Day Programs also provide respite to family caregivers, some of whom work full-time in the labour force, and others who are elderly or infirm themselves.

All of the Senior Day Programs that run through the Department provide transportation. Program staff will pick up the clients who require transportation, usually between nine and ten o'clock in the morning and take them home after three o'clock in the afternoon. A twelve to fourteen seat mini-bus is the usual mode of transportation. In some cases, family members provide transportation.

The Day Program clients spend most of their time in the program separate from the Home for the Aged residents. They generally do not want to be thought of as a "resident". The Day Program clientele is typically made up of three groups: those who are

cognitively impaired; those who can function well cognitively but who have some other health problem; and those who are isolated and require socialization. The Day Program clients who are cognitively impaired are at times provided with separate programming and care appropriate to their level of functioning.

Day Program personnel do not have to spend a great deal of time on intake telephone calls and paperwork, and there is no duplication of services or files, because of the central intake system used in the Department.

Caregivers, health care professionals and gerontologists often state that there is an urgent need for extended (evening and weekend) hours for formal care of seniors (mostly to provide respite for caregivers). However, response to a five month trial period of extended hours at Dorchester Manor in Niagara Falls, as well as response to a survey questionnaire disseminated from the Day Program at Linhaven in St. Catharines with the help of the Alzheimer Society, revealed little demand on the part of caregivers for evening and weekend service.

There are three major limitations to providing Senior Day Programs. First and foremost is transportation. One program worker may spend two to three hours of each day simply picking up and dropping off clients. This sometimes results in tiring rides for those seniors who are picked up at the beginning of the routes. Public transportation - either regular or special service for the handicapped - is usually inappropriate for the clients. Transportation is one of the most costly components of this program but is considered one of the most essential. A potential solution would be to have one or more drivers dedicated to the program.

Another challenge is that it is hard to predict precisely the characteristics of the Day Program clients. Therefore, it is necessary to have flexible space and flexible activities. A third stumbling block is the need to convince all levels of government that Day Program services for seniors are cost effective, delay institutionalization, enhance the quality of life of both clients and their families, and are an integral component of a complete continuum of care to community-dwelling seniors.

4.2.2 Vacation Care and Respite

There are nine beds in Homes for the Aged and Satellite Homes allocated as "respite" or "vacation care" beds. Two of these are designated for cognitively impaired clients. This accommodation is available at a basic per diem rate to community living seniors who may require formal care while their family caregivers are resting or away on vacation. The limit to vacation care is usually four weeks, per client, per Home. This means that if there is an emergency (perhaps the spouse-caregiver has major surgery and cannot care for a spouse-patient after only four weeks of convalescence) and the occupied respite bed has been reserved for another senior, it may be possible to move the client to a vacation/respite bed which is vacant in another Home until the caregiver has fully recovered.

4.2.3 Intergenerational Programs at Homes for the Aged

There are a number of Intergenerational Programs operating within and out of the Homes for the Aged. At Linhaven in St. Catharines, for example, there is a Co-op Day Nursery, where about a dozen children aged two and one half to five years of age spend the mornings in a child care centre in the Home, or in a special outdoor play area, which is at the edge of the seniors'

garden, and in full view of the residents' lounge and patio.

There are specially arranged activities involving the children and the residents, which are reported to be greatly enjoyed by both groups, such as: the Bubble Game - where the children blow bubbles with cognitively impaired residents; Show and Tell, where the little children describe or demonstrate something from their lives to a small group of residents in residential care; and Get Together - where an intergenerational group may, for example, go to the pumpkin patch at Halloween.

Another successful Intergenerational Program involves participation by residents in education, as informal Teachers' Aides. Tours of the Homes for the Aged are arranged (with the residents' permission) for high school students, after which a select group of residents visit the same students' Family Studies class at the high school and answer students' questions about "growing old".

Two other Intergenerational Programs created at Niagara Homes for the Aged are "Volunteens" and "Friends". In the first, teenagers come to a Home after school and help with the feeding of the frail, extended care residents, and are given dinner in exchange. In the second, students from a senior elementary school who are slow learners or in need of special one-to-one attention, are paired with a resident. The pairs visit at the Home and go on outings together.

4.2.4 Grandparents in Action

This program involves matching older adults (aged 55+) with agencies serving children and young people. Through the Community Workers' liaison with many other social service organizations, candidates for both roles are selected. The extra

time and patience that older, retired people often have are considered valuable resources. An advisory board of seniors is active in program development and fund raising.

4.2.5 Family Educational Support Groups

Developed and implemented by the Social Workers of the Admission and Social Work division, Family Groups consist of seven weekly two-hour sessions presented by a variety of professionals such as social workers, nurses, physiotherapists and lawyers. The sessions offer education on the aging process, information on community resources, products and services related to care of the elderly, and the opportunity for families caring for elderly relatives to share their feelings and concerns in a small group setting.

4.2.6 Alzheimer Respite Companion Program

Respite workers provide socialization, stimulation and supervision to the individual who is cognitively impaired, thereby providing respite to the primary caregiver.

Respite workers are recruited, trained and supervised by the Co-ordinator of this service, a Social Worker in the Admissions and Social Work Division of the Department. Fundamental classroom and practical training is provided as well as regularly scheduled on-going educational sessions.

The Co-ordinator assesses the needs of clients and assigns workers accordingly; provides counselling to family caregivers regarding care needs and service/accommodation options; and makes referrals when required.

4.2.7 Meals on Wheels

The Department's Community Support workers refer their clients to the Meals on Wheels program serving the client's particular neighbourhood. In this program, nutritious lunches are delivered by volunteer drivers to homebound or disabled people. Client fees generally cover the cost of the food, while government grants cover start-up and equipment costs.

The Senior Citizens Department promoted and was involved in the development of most of the Meals on Wheels programs that exist in Niagara. As part of their advocacy work, Departmental staff help associations that wish to provide Meals on Wheels services, by helping them to develop their grant applications, for example. In addition, the Department provides meals at cost (from Homes for the Aged) to four associations, on-going consultations with associations delivering the service, and referrals to the service.

4.2.8 Home Help Services

Home Help Services are provided by people wanting to do yard work, house cleaning and food preparation, for an hourly fee, in the homes of seniors or the disabled . The Department's Community Workers recruit, screen and register the Home Help Workers, suggest a reasonable rate of pay to both parties (but the payment level and transactions are left to the two parties to negotiate) and match likely pairs. The Community workers are also available for follow-up and problem solving.

4.2.9 Postal Security Alert

The Postal Security Alert program is common to many communities across Canada. In this program, letter carriers are notified

about the addresses of people on their mail routes who have registered with the program (usually elderly people living alone). If mail has not been collected from the day before, the letter carrier notifies the nearest Community Support office of the Senior Citizens Department, where there is a list of telephone numbers of neighbours and relatives. This program is so successful that many letter carriers are now "keeping an eye" on all seniors who live alone on their routes.

4.2.10 Lunch Out

Lunch Out is an example of the creative type of programming the region of Niagara is known for. Seniors who are mobile and wish to eat a nutritious, inexpensive meal, perhaps in the company of other seniors, can make a reservation for lunch at a vocational school where students are learning restaurant management (cooking and waiting on tables). The cost of the meal is nominal, and the students get experience serving older people. The Senior Citizens Department is responsible for having set up this arrangement and the Community Workers of the Department refer suitable clients.

4.2.11 Pen Pals

Community Workers of the Department match up potential Pen Pals (people aged 60+ or handicapped) with other people in the Niagara Region or in other provinces or countries.

4.2.12 Friendly Visiting

Like the Postal Security Alert Program, Friendly Visiting is a program that is common to many communities across Canada. Community Workers of the Department recruit, screen and orient volunteer Friendly Visitors and match them with seniors (aged

60+) who are residing alone in the community and/or with caregivers. The candidates for this service may be suggested by public health nurses, clergy, social workers or relatives of the candidates. The service relieves isolation and loneliness for the recipients, and gives satisfaction to the volunteers.

4.2.13 Talk a Bit

Talk a Bit is the name given to the Department's program that is frequently referred to as a telephone assurance program in other Canadian centres. It involves pairing people, one a senior who probably lives alone, the other a person of any age (but commonly a senior too), and arranging for the second person to telephone the first person at regularly scheduled times to "talk a bit". If there is no answer at the recipient's number, the caller notifies a Community Worker, who has a list of telephone numbers of the client's relatives and neighbours. The Community Worker then checks into the situation.

4.2.14 Senior Volunteers in Service

A critical element of the Senior Citizens Department of Niagara is the volunteer corps. The Community Support and Life Enrichment services in Niagara Falls alone have the help of one hundred and twenty volunteers. Volunteers also donate many hours to the six Homes for the Aged in the Region. For example, at Northland Manor there were 9812 hours of service volunteered in 1989.

5.0 BENEFITS AND ADVANTAGES OF THE CONTINUUM OF CARE MODEL OF THE SENIOR CITIZENS DEPARTMENT OF NIAGARA

One component of this case study was a general assessment of the continuum of care model. A number of perceived advantages to having a continuum of care provided through one Senior Citizens Department at the Regional level were identified by Departmental staff and others interviewed for this study.

It was generally agreed that the ultimate purpose of Regional Niagara's continuum of care model is "to create an environment of security for both client and family members so that they can move efficiently through a care system that is sensitive to changing client needs." Since it is the desire of most seniors to continue living in their own familiar environments for as long as possible, providing support to them enhances their quality of life and simultaneously prevents premature or inappropriate institutionalization.

A number of respondents stated with confidence that the continuum of care delays institutionalization, thus saving the health care system significant amounts of money. One Home administrator estimated that the average length of stay of a resident had been reduced by half in the last ten years (from ten to twelve years to five to six years). This is because, with the provision of home support services, "residential care is provided [to a great extent] in the community now". (However, no formal cost-benefit analysis of the continuum of care model has been carried out to date.)

5.1 Benefits of an Umbrella Organization

Staff identified three main benefits associated with having an umbrella organization like the Senior Citizens Department.

- The various levels and types of care/service delivered through the Department are familiar to all staff, so that any staff person can readily refer a client/resident to an additional or alternative service or program.

- Staff from all parts of the Region meet regularly, usually twice a month. This ensures communication of information - such as assessments of their clients' changing needs - and shared solutions.

- If a client has participated in, for example, a Day Care Program and then is admitted to the Home for the Aged where the program was located, familiarity with the setting and some of the staff may enhance adjustment.

5.2 Advantages of the Single Point of Entry

Numerous advantages to the single point of entry model were also identified.

- Central Intake means that the amount of time spent on screening and paperwork is significantly reduced for community support program staff and administrators at the Homes for the Aged.

- Having the intake handled by a small team of Admissions Counsellors means that there is consistency in admissions processes and criteria.

- Seniors and their families are less frustrated than they might be in other regions in Canada, where access to programs, services and accommodation options for seniors is fragmented.

- Once 'in the system', seniors do not have to reapply every time they need a new service or a more advanced level of care, as their needs will be met.

- Residents who wish to leave Homes for the Aged to live independently in the community, as well as Satellite Home residents and Day Program clients, are all assured priority admission to a Regional Home for the Aged.

- Seniors in urgent need of placement in a Home may apply through Central Intake, and if there is not a bed available for them in their preferred community, temporary space may be found in another Home. Having single access means that information on the availability of beds in six Homes for the Aged is quickly accessible.

5.3 Features of the Referral System

The referral system used by the Department's continuum of care model was also identified as a positive feature of the model by respondents in interviews, as follows.

- The continuum of care model of Niagara reflects the recognition that the Senior Citizens Department cannot alone provide all the accommodation options and services required by seniors in the Region.

- Referral is made to other organizations as part of the screening process. The telephone numbers of dozens of organizations/ agencies are kept on hand and up to date by the Department for this purpose, and print material on other services is provided.

5.4 Summary

In summary, the continuum of care model developed by the Senior Citizens Department of Niagara provides assurance of a continuum of care and a range of options to meet the varying needs and preferences of clients; is structured for maximum communication among staff about clients' changing needs; reduces time and frustration for clients and their families by providing single, one-time access to all the Department's options; and makes referrals to those accommodation or service options for seniors in the Niagara Region not offered through the Department.

6.0 ASSESSMENTS OF THE DEPARTMENT AND OF SERVICE GAPS IN NIAGARA

In addition to seeking informal assessments of the continuum of care model through personal interviews, some other aspects of the Department and service to seniors in Niagara were assessed by three means. First, assessment questions were asked in 19 face-to-face interviews with Department staff. Second, survey questionnaires were mailed to a sample of 20 people: representatives of affiliated service agencies, clients of the Department's community support services and residents of Regional Homes for the Aged. Different questionnaires were developed for each group (Appendix C). Seventeen of the twenty questionnaires were completed and returned. Third, follow-up telephone interviews were carried out with five survey respondents for clarification of their responses.

By no means a formal evaluation (the sample size is too small to capture more than a glimpse) this assessment component of the study was carried out to benefit the reader. Foci of the assessment are:

- current problems experienced within the Department (based on interviews and all questionnaires);
- perceived gaps in housing and service options for seniors in Niagara (based on interviews with Department staff, results of questionnaires and follow-up calls to both representatives of affiliated service agencies and clients of community support services and life enrichment programs);
- assessments of the quality of care and service provided through the Department, in both Homes for the Aged and community support services and life enrichment programs

(based on results of questionnaires); and

. opinions of what makes the Senior Citizens Department and its continuum of care considered to be successful.

6.1 Current Problems Experienced within the Department

Questions about any current problems within the Department were purposely asked as part of the assessment component of the study. The objective was to provide "red flags" for any group considering the establishment of a Senior Citizens Department or continuum of care model fashioned after Niagara.

One problem associated with delivering institutional care, programs and services to seniors through the current continuum of care model was pointed out by a few staff members and several representatives of affiliated service agencies. They claim (like most other professionals in the human services in Canada) that the increasing complexity of services provided, combined with the increasing requirement by governments for accountability, have resulted in increased time required for paperwork. This, in turn, results in slowness of response, especially in relation to outside organizations. In recognition of this problem, there is an on-going effort in all units and programs of the Department to refine and streamline paperwork and processes.

Besides the problems created by an increase in accountability, a number of other problems for the Department's functioning were identified by respondents.

. There is an inadequate pool of personnel available for hire who have expertise in two expanding areas: in conducting comprehensive assessment (necessary for the planning and

implementation of individual care/service plans); and in caring for seniors with cognitive impairment, especially Alzheimer Disease. The Department is helping to remedy this by cooperating with local universities and colleges in the development of their gerontology curricula and through their own staff development programs.

- Fiscal restraint and variations in political priorities result in limited, unstable or reduced resources. (Like increased accountability, these constraints are being felt by most human service organizations in Canada.) Two strategies for dealing with this situation are: to design programs that rely more on community resources to lower capital expenditures, and to have some employees do more than one job. For example, in Niagara, one person is Administrator for three Homes for the Aged.

- Exacerbating the problem of limited resources are increased expectations. Clients and their families expect more privacy and more sophisticated activities in congregate living situations, as well as more support to the community dwelling elderly. One way to fill the gap between limited or reduced resources and expanded expectations is to utilize volunteers, service clubs and private donors to a greater extent. Another effort to meet today's and future expectations is the renovation of older Homes to provide more privacy for residents and more service space. This is being undertaken in Niagara.

- Paper-based client record keeping results in duplication of records and effort, which is neither time- nor cost-efficient. One solution is to have a computerized Central Registry of all Department clients, accessible by staff on all campuses.

- Lack of coordination among planning bodies in the Region impedes long range, cohesive planning for the aging of the population. In addition, different departments of the Regional Government have distinct mandates that have not necessarily been developed to reflect the need for coordination. Cooperation and coordination of goal setting among groups whose policies and programs affect the aging population is being encouraged by the Senior Citizens Department.

In summary, the Senior Citizens Department of Niagara is experiencing many of the same problems as any other complex human service organization, such as: increasing accountability resulting in more process-oriented work; the requirement for constant updating of knowledge in the rapidly expanding field of geriatrics/gerontology; the need to be responsive to a growing clientele in an era of fiscal restraint; and the historical lack of co-ordination among planning bodies. In each case, the Department has developed a positive coping strategy.

6.2 Perceived Gaps in Accommodation and Service Options for Seniors in Niagara

A number of perceived gaps in accommodation and service options for seniors in Niagara were identified by Departmental staff and representatives of affiliated service agencies. The gaps are predominantly related to the growing need for extended care and "special care" for seniors with dementia. The gaps are summarized as follows.

- A lack of extended care beds is a critical gap in service for seniors. The increased need for extended care beds is

seen to be both absolute, due to the rapid growth of the population aged 75+, and proportional, because an increasing proportion of residential care is now provided in the community.

- The greater age and frailty of the average person currently admitted to a Home for the Aged results in the need for more sophisticated and complex maintenance and rehabilitation services on-site, to enable residents to continue functioning at an optimal level. There is inadequate training and funding for service of this kind.

- There are not enough programs, services or accommodation options ("special care beds") for the increasing numbers of seniors with dementia.

- The increasing numbers and agitated condition of residents who have Alzheimer Disease or a related dementia require more and better trained people to work with them. This in turn requires increases in staffing and therefore larger operating budgets.

6.3 Assessments of the Senior Citizens Department's Success

Staff members of the Senior Citizens Department were asked "What makes the Department tick - why is it considered successful?" They identified several factors.

- There is a shared belief by the staff in the importance of the quality of life for each senior, and the recognition that seniors are to be regarded and treated as individual adults with the right to make choices and take risks.

- Political astuteness on the part of the leadership - garnering political support for projects from their very inception and inviting politicians to be a part of the Department's public events - helps to consolidate the political support necessary to realize goals.

- Keeping a high, positive profile with the support of the popular media increases the reputation of the Department and contributes to the pride of its staff.

- The commitment and high expectations of leadership and staff at all levels is viewed as a critical factor contributing to the success of the Department.

- The time, effort and commitment of volunteers makes an immeasurable, positive and cost-effective contribution to the quality of care and service provided.

- Continuity of leadership reinforces the positive and credible profile of the Department.

- The willingness of senior management of the Department to listen to workers from all departments and levels and to try creative, pilot projects that fill in the gaps in the continuum of care, keeps the Department at the forefront of geriatric care.

The responses of seven representatives of affiliated service organizations on written questionnaires reveal a number of additional assessment components.

- Respondents indicated that they had learned about the Department's accommodation options and programs services through various means, including word of mouth, professional

meetings, direct contacts, brochures and the popular media. This indicates that Department staff do a good job of making the Department's services known.

- Respondents did not identify any duplication of services between those offered through the Department and those offered through other agencies in the Region.

- Respondents gave ten out of eleven Community Support and Life Enrichment programs a median rating of "Good" (on a four-point scale ranging from Excellent - Good - Adequate - Inadequate).

- The words or phrases most frequently chosen from a list presented to respondents to describe the Senior Citizens Department include, in ranked order: "dedicated staff", "co-operative", "full range of services", "innovative", "strong leadership", "successful", and "co-ordinated".

- Most of the general comments on the Department from this group of respondents were positive such as: "This department and its programs are exemplary". A few were negative, commenting on the insularity of Departmental staff, their failure to "recognize other community agencies and their roles". However, it was also mentioned that the cooperation and communication between the Department and other agencies serving seniors in the Niagara Region is improving.

Only three clients of Community Support and Life Enrichment programs responded to the assessment questionnaire, of which two were usable. The comments were generally favourable.

Six residents of Homes for the Aged responded to the assessment questionnaire. Five of six residents rated their living

environment highly; described the atmosphere of their Home as "agreeable"; rated staff "very caring"; and indicated that their move into a Home for the Aged had not been complicated.

7.0 TRENDS AND FUTURE DIRECTIONS

During personal interviews, Department staff were also asked what had changed the most during the time they had worked for the Senior Citizens Department. They enumerated a number of factors.

Trends relating to clients are: a notable increase in the number of cognitively impaired residents/clients; greater degree of frailty of residents upon admission to Homes; increased expectations of clientele (including family members); and more attention paid to the psycho-social needs of residents, clients and their family members.

Trends relating to staff include: more and better gerontological education and training available than ten or twenty years ago; increased dementia and frailty of residents requiring more complex skills, and therefore even more training; greater accountability and scrutiny required of all expenditures by all staff; and more unionized workers, sometimes resulting in constraints on the ability of the Department to respond creatively or appropriately to client needs.

A noticeable general trend is increased awareness of seniors' needs and respect for older people among the general population, contributing to the public support enjoyed by the Department.

Finally, Department staff were also asked for their opinions about future directions for care of seniors in general or the mandate of the Department in particular.

Staff see institutional care becoming almost entirely extended (with some chronic) care. This is based on the assumption of continuing, enhanced community support and life enrichment programs and services for seniors. Providing extended care on

this scale will require more sophisticated and complex education and training for staff, a higher staff to resident ratio, and more emphasis on rehabilitation. These factors inevitably result in higher per resident costs.

Senior Citizens Department staff members recognize that on-going education and training of staff, and interplay between the Department and educational organizations, is one way of meeting the future challenges of the aging Canadian population.

APPENDIX A

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BIBLIOGRAPHY

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APPENDIX B

DESCRIPTION OF THE SENIOR CITIZENS DEPARTMENT'S CENTRAL INTAKE SYSTEM, QUALITY ASSURANCE PROGRAM AND EDUCATION AND STAFF DEVELOPMENT PROGRAM

Three Special Components of the Senior Citizens Department of Niagara

Following is a description of three particular components of the Senior Citizens Department of Niagara: the Central Intake system, the Quality Assurance program and the Education and Staff Development program. All three are located at the Senior Citizens Department at Thorold, Ontario. They are described in detail for the sake of readers who are seeking detail on ways to enhance the quality of service delivery to seniors in their own organizations.

B.1 Central Intake

The process whereby a senior may move through the Senior Citizens Department "system" usually begins with a telephone call, either from the senior or from their adult children, to one of the many toll free numbers that reaches the Department in Thorold, Ontario.

The caller first speaks to a receptionist who determines if the caller should be referred immediately to another organization. Examples of common referrals are the Old Age Security office, if their question is related to pensions, the Niagara Housing Authority if they are looking for a senior citizens' apartment, and the Alzheimer Society if they need information about that disease.

It is reported that most callers are specific about the types of service they require (lawn cutting, admission to a Home for the Aged) although some call "just to have someone to talk to". If the call relates to the accommodation options or services and programs offered through the Department, or if the caller is unclear regarding what is needed, then the enquiry is transferred to the Intake Counsellor.

The Intake Counsellor plays a vital role in the Department. Under the supervision of the Coordinator of Admissions and Social Work, the counsellor both collects and provides information. An Intake form is filled out which gives a brief profile of the senior's competence and needs and in turn the counsellor provides information to the caller about the various services, accommodation and care options available. Sometimes the Intake calls take one half hour and a great deal of empathy and skill; "there's a lot to listen for".

If it is determined that the Department in fact provides what the potential client needs, then the caller is either given the telephone number and contact name at the Departmental Community Support office nearest to where they live (if, for example, they

are interested in Home Help or Postal Security Alert), or they are sent application forms and information pamphlets (if they are applying for placement in one of the six Homes for the Aged, one of the Satellite Homes, Vacation or respite Care, or admission to a Seniors Day Program). If the forms are not returned within 60 days, there is no follow-up, unless the Intake Counsellor has determined that the client will need assistance completing the forms.

When the completed application is received, the applicant becomes part of the "system" of the Department's continuum of care. At this point, the application is transferred to the Admissions Counsellor who works in the community of the applicant, who carries out both social and functional assessments of the senior in question and ensures that other information is gathered for the applicants, such as a doctor's assessment. Once the senior is "in the system", he or she is assessed either formally or informally on an on-going basis and is linked to further services as needed.

It is estimated that approximately 10% -15% of calls taken by the Intake Counsellor are actually from potential clients. The rest are from the adult children, siblings or friends of seniors who may need assistance, and from affiliated agencies, such as Alzheimer Society staff or public health nurses.

Those seniors who call well in advance of their own frailty - to gather information on options as part of future planning - are often encouraged by the Intake Counsellor to volunteer with older seniors, as Friendly Visitors or Day Program volunteers.

The busiest time of year for the Intake Counsellor tends to be after Christmas "when the kids [who have visited their parents at Christmas] suddenly discover that their parents are not doing so well".

Intake to the Department's accommodation options, programs and services is also carried out at the community level. There are three full-time and one part-time Admissions Counsellors in the Department, who divide the work by geographic area within the Region. For example, one Admissions Counsellor is responsible for the admissions to Homes for the Aged, Day Programs, Vacation/ Respite Care and Satellite Homes in one area.

It is reported that a good proportion of the persons admitted on a permanent basis to Homes for the Aged have been in the Department's "system" for some time.

Regular meetings of the Admissions Counsellors with their Supervisor in Thorold enhance the understanding of each Counsellor of all the services and options available to their clients. This communication and the use of standard assessment

protocols by all the Admissions Counsellors ensure that assessment of seniors "in the system" is consistent and co-ordinated.

The Admissions Counsellors of the Senior Citizens Department do not provide a general placement service. They specifically admit seniors to the six Homes for the Aged, Satellite Homes, Day programs and Vacation/respite care offered through the Senior Citizens Department of Niagara. The Niagara Placement Coordination Service, on the other hand, functions as a general placement service for seniors who wish placement in any long term care facility in the region, including rest/retirement homes, Charitable and Municipal Homes for the Aged and privately owned nursing homes.

B.2 Quality Assurance

The mandate of the Quality Assurance Program is to implement a process to assure quality of care for clients and the quality of working life for staff (these include residents and staff in Homes for the Aged as well as clients and staff of Community Support and Life Enrichment programs). The priority is residents/clients first; however, it is recognized that staff satisfaction with the quality of working life impacts on the outcome of quality of care/service provided.

A Quality Assurance Program adds an extra dimension to existing regulations, government inspections, operational reviews, multidisciplinary conferences, program audits, and satisfaction surveys. In the Quality Assurance Program, the people who actually provide the care and deliver the services define and monitor their assessment instruments. Quality Assurance at the Home and Program level is imperative because, according to service staff, "it is too easy to assume the job is being done as expected. The QA forum demands that staff question traditional procedures and look for ways to improve."

There is a Regional Quality Assurance (QA) Committee made up of representatives of all the Homes for the Aged and the Community Support programs. It reports to the Senior Management Committee of the Senior Citizens Department. Copies of minutes of meetings are forwarded to the Human Services Committee of Regional Council. In addition, there is a QA Committee in each Home for the Aged with representation from each department (nursing, housekeeping, etc.) and in Central Administration, with representation from each program.

The QA program has operated for four years and it is both proactive and reactive. The staff define both the standards (the expectations) associated with activities carried out in each department for each Home for the Aged or Community Program, and

the norms (what actually happens) and then address any gaps that appear between the two. The standards are developed from both formal regulations and input from staff. An Action Plan responds to gaps between standards and norms and is determined by staff, not by the Quality Assurance Coordinator. Each Division or Program in the Senior Citizens Department submits a quarterly Quality Assurance report. A summary of the Action Plans undertaken to correct deficiencies is distributed for review by all staff and members of Regional Council. This in itself provides the program with a measure of accountability.

Further, the Quality Assurance Coordinator responds to concerns expressed by either staff or residents/clients during committee meetings or through satisfaction surveys, regarding quality of service. This is done by facilitating discussions with those involved and by referring issues to the appropriate group for resolution.

The two main stumbling blocks in establishing and implementing a QA program appear to be the lack of time - the staff sometimes lament their lack of time to participate in "more meetings" to do "more paperwork"; and the misconception among some staff that QA is in fact performance review. The way that the misconception has been clarified at Niagara is by producing a detailed videotape on the subject of quality assurance. The tape is viewed by all new staff at orientation and within QA educational sessions.

B.3 Education and Staff Development

The mandate of Education and Staff Development is to orientate, educate and update staff in the six Homes for the Aged and in the Community Support and Life Enrichment programs. The program, for example, provides educational material for Volunteer Coordinators at the Homes for the Aged to use in training volunteers. They also respond to public requests for information.

The Regional Education and Staff Development Committee bases its annual work plan on the needs and objectives that are established at Senior Staff meetings. The Committee, however, can make recommendations to the Senior Staff about prioritizing educational objectives. These suggestions would be drawn from evaluations of on-going programs and suggestions/requests for information from staff supervisors.

The three main activities of the Education and Staff development team are: a comprehensive three day orientation of new staff; continuing education of all staff at all levels, for example, updating them on the rapidly growing knowledge on dementias; and educational counselling - suggesting to staff where they might find appropriate courses to upgrade their knowledge base and

credentials. The teaching and demonstration sessions in the workplace cover all shifts so that as many staff as possible can attend.

Some examples of specific educational initiatives are: annual updating and delivery of the Workplace Hazardous Materials Information System (WHMIS) which is a mandatory (provincial) educational program informing staff about physical and chemical hazards in the workplace; a specially developed program to teach staff how to care for aggressive cognitively impaired residents; and a program on staff stress which is presently being developed.

The high level of attendance on the part of staff reflects the commitment of the senior staff and director - "We believe that teaching is part of a supervisor's role." Another incentive to taking the courses offered in-house is that Niagara College accepts some of the courses for hours toward an elective in Gerontology and Working with the Aged Diploma Program.

A vital educational resource is a highly organized and well stocked library at Regional Headquarters on all aspects of aging. It is used by students from nearby universities (e.g. Brock) and community colleges, and by staff.

There are two current challenges to the Education and Staff Development program's optimal functioning. First, there are only three educators to meet the needs of nine hundred staff spread over the Niagara Region. Second, the lack of designated teaching rooms often poses scheduling problems.

APPENDIX C

ASSESSMENT QUESTIONNAIRES

Questionnaire for Service Delivery Agencies Affiliated with the Senior Citizens Department of the Region of Niagara

The following questionnaire has been sent to you as part of a case study of the Senior Citizens Department of Niagara and its continuum of care model. As a representative of an agency also involved in service delivery to senior citizens, we seek your perspective on the Department and the programs/services it provides. Would you please complete the questionnaire. It takes about 15 minutes. Responses are confidential. Please mail it in the stamped, addressed envelope enclosed, by May 11. If you misplace the envelope the address to send it to is: Niagara Case Study, 314 Fairmont Avenue, Ottawa, ON K1Y 1Y8. Thank you!

****

(Please check (✓) the answers that apply.)

1 What is the name of your agency/organization: _____

2 Would you say that you are well-informed about the accommodation and program options offered to the seniors of Niagara under the umbrella of the Senior Citizens Department? Yes ___ No ___ Fairly well informed ___

3 How did you learn about the Senior Citizens Department's accommodation options and program/service options?

word of mouth	___
brochures	___
popular media	___
professional meetings	___
contact from Senior Citizens Department staff	___
other _____	___
don't remember	___

4 Do you refer any of your clients to the Community Support and Life Enrichment programs/services offered through the Senior Citizens Department?
Yes ___ No ___

a) If Yes, about how many per month? ____

b) If Yes, which programs/services do you refer clients to most frequently?
[1] _____ [4] _____
[2] _____ [5] _____
[3] _____ [6] _____

5 Do you think there is any duplication of service between the services you offer and those offered through the Senior Citizens Department?
Yes ___ No ___ Don't know ___

a) If Yes, please describe the aspects of service that are duplicated:
_____
_____
_____

b) If Yes, is this a serious problem?
Yes ____ No ____ Don't know ____

6 In your opinion, are there any significant gaps in housing options or services for seniors in the Region of Niagara?

Yes ____ No ____ Don't know ____

7 If Yes, would you please describe the one you consider most outstanding and explain why it is a problem:

_____

_____

_____

_____

8 On a scale of 1 to 5, how would you rate the Senior Citizens Department's Community Support and Life Enrichment programs in terms of their contribution to seniors' independence and quality of life? **(Please circle 1=Excellent; 2=Good; 3=Adequate; 4=Inadequate; or 5=Don't Know.)**

Senior Day Programs at the Senior Citizens Homes	1 2 3 4 5
Vacation and Respite Care (14 beds at the Senior Citizens Homes)	1 2 3 4 5
Alzheimer Respite Companion Program	1 2 3 4 5
Family Support Groups	1 2 3 4 5
Home Help Services	1 2 3 4 5
Postal Security Alert	1 2 3 4 5
Lunch Out	1 2 3 4 5
Pen Pals	1 2 3 4 5
Grandparents in Action	1 2 3 4 5
Friendly Visiting	1 2 3 4 5
Talk-a-Bit Telephone Assurance	1 2 3 4 5
Senior Volunteers in Service	1 2 3 4 5

9 Please circle the words or phrases that you might use in a description of the Senior Citizens Department, its continuum of care and/or its staff:

innovative	fragmented
political support	full range of services
dedicated staff	bureaucratic
staff problems	proactive
strong leadership	forward thinking
weak leadership	inaccessible
monopoly	non-responsive
successful	cooperative
ineffective	backward
coordinated	

(Please add to the list if necessary)

_____

_____

10 Are there any general comments you would like to make about the Senior Citizens Department or the accommodation/program options it provides? If so, please use this space.

_____

_____

_____

_____

_____

_____

Would you be willing to be interviewed by telephone on these same topics, in a bit more detail? If so, please complete the following:

Name _____

Address _____

_____

Telephone _____

Best days/times to call _____

If you have any questions about the questionnaire, please contact Nancy Gnaedinger by telephone at (613) 728-3071 or by fax at (613) 729-5002. Thank you very much for your help with this case study!

Questionnaire for Clients of
Community Support and Life Enrichment Programs and Services of
the Senior Citizens Department of the Region of Niagara

The following questionnaire has been sent to you as part of a case study of the Senior Citizens Department of Niagara and its continuum of care model. As a client of the Senior Citizens Department, we seek your opinions on the community support and life enrichment programs and services offered through the Department. Would you please complete the questionnaire? It will take about 15 minutes. Responses are confidential. Please mail it in the stamped, addressed envelope enclosed, by May 11. If you misplace the envelope, the address to send it to is: Niagara Case Study, 314 Fairmont Avenue, Ottawa, ON K1Y 1Y8. Thank you!

Please check ( ) the answers that apply.

1 Do you live in:
a house ___
a senior citizens apartment ___
a "regular" apartment building ___
other (please describe)
_____

2 Do you live :
alone ___
with a spouse or other relatives ___
in a Home Sharing situation ___
other (please describe)
_____

3 What year were you born? _____

4 Are you, or have you ever been, a client of any of the following programs and services offered through the Senior Citizens Department of Niagara? (Please check as many as apply.)

Family Support Companion Groups ___
Alzheimer Respite Companion Program ___
Home Help Services ___
Postal Security Alert ___
Lunch Out ___
Pen Pals ___
Friendly Visiting ___
Talk-a-Bit Assurance ___
Home Sharing Program ___
Other _____
Not sure ___

5 Please write the name of the program or service that, in your opinion, helps the most to retain seniors' independence.
_____

6 If the program(s) or service(s) that you benefit from did <u>not</u> exist, do you think that you might be living in a Senior Citizens Home right now? Yes ___ No ___ Maybe ___

7 How did you learn about the program(s) or service(s) that you became a client of? (Please check as many as apply.)

from a social planner ___	from Information Day ___
from a brochure ___	from a public health nurse ___
from the newspaper ___	from a physician ___
from a social worker ___	from the Intake Worker at the
from a friend ___	Senior Citizens Department ___

8 Did you yourself make initial enquiries about special programs offered through the Department, or did a friend or relative, or a social agency do it for you?

self ___ friend/relative ___ agency ___ not sure ___

9 How long was it after making initial enquiries before you were actually part of the program or received the service?

less than a week ___
about 2 weeks ___
about 3 weeks ___
over a month ___
not sure ___

10 Did you feel that the amount of time between making initial enquiries and actually participating in the program/service was:

short ___
normal ___
too long ___

10a) If you answered "too long", please explain what happened because of the delay.

_____

_____

11 How would you rate the staff and volunteers of the Senior Citizens Department with whom you are familiar?

very caring ___	do their jobs ___
caring ___	not caring enough ___

12 Are there any services that would help you (or a family member or friend) to maintain your independence, that are <u>not</u> available to you? If so, please describe them here.

_____

_____

13 Please make any general comments about the services offered through the Senior Citizens Department of Niagara in the space provided here.

_____

_____

Would you be willing to answer a few more questions on these same topics, by telephone? If so, please complete the following:

Name _____
Telephone _____
*Best days/times to call*_____

If you have any questions about the questionnaire, please contact Nancy Gnaedinger by telephone at (613) 728-3071. Thank you very much for your help with this case study!

Questionnaire for Residents of Senior Citizens Homes of the Senior Citizens Department of Regional Niagara

The following questionnaire has been sent to you as part of a case study of the Senior Citizens Department of Niagara and its continuum of care model. As a resident of one of the Department's Senior Citizens Homes, we seek your opinions on the accommodation and care provided through the Department.

Would you please complete the questionnaire? It will take about 20 minutes. **Responses are confidential.** Please mail it in the stamped, addressed envelope enclosed, by May 11. If you misplace the envelope, the address to send it to is: Niagara Case Study, 314 Fairmont Avenue, Ottawa, ON K1Y 1Y8. Thank you!

****

(Please check (✓) the responses that apply.

1 Where do you live?

Linhaven ___
Northland Manor ___
Sunset Haven ___
Gilmore Lodge ___
Upper Canada Lodge ___
Dorchester Manor ___

2 How long have you lived there?

less than one year ___
between 1 and 4 years ___
5 years or more ___

3 What year were you born? _____

4 Is your bed in a:

single room ___ 3-bed room ___
double room ___ 4-bed room ___

5 Do you like your room:

very much ___ not very much ___
all right ___ not at all ___

a) Would you please explain why?

_____

_____

6 Do you socialize with other residents:

very frequently ___ sometimes ___
quite frequently ___ only when necessary ___

7 What types of activities organized by the staff in the Home do you enjoy the most?

outings ___
parties ___
activities with children ___
arts and crafts ___
church services ___
discussions/films ___
none of the above ___
other (please describe)
_____
_____

8 What specific activities would you like to have added to the choices at your Home?

_____
_____

9 a) How would you rate the nursing care you receive at your Home?

excellent ___
good ___
satisfactory ___
unsatisfactory ___

b) How would you rate the meals?

excellent ___
good ___
satisfactory ___
unsatisfactory ___

c) How would you rate the cleanliness of the building?

excellent ___
good ___
satisfactory ___
unsatisfactory ___

d) How would you rate the laundry services?

excellent ___
good ___
satisfactory ___
unsatisfactory ___

e) How would you rate the general maintenance of the building and grounds?

excellent ___
good ___
satisfactory ___
unsatisfactory ___

f) What overall rating would you give to the Senior Citizens Home you live in?

excellent ___
good ___
satisfactory ___
unsatisfactory ___

10 Please circle the words or phrases that you might use to describe the general atmosphere of your Home to a friend.

cheerful
depressing
a place to stay
full of activity
part of the community
family-like
hospital-like
isolated
modern
agreeable
(Please add your own)
_____
_____
_____
_____

11 Would you say that most of the staff treat you in a way that is:

very caring ___
caring ___
adequate ___
uncaring ___

a) Would you please explain your answer with an example?

_____
_____
_____
_____
_____

12 Before you moved into a Home of the Senior Citizens Department of Niagara, were you a client of any of their Community Support Services or Life Enrichment programs, such as:

Respite Care/Vacation Care ___
Senior Day Program ___
Satellite Home ___
Home Sharing ___
Friendly Visitor ___
Postal Security Alert ___
Talk-a-Bit Assurance ___
Grandparents in Action ___
Home Help Services ___
Other (please specify) _____
Not Sure ___

13 Was it a complicated procedure to become admitted to the Home where you are now living?

Yes ___ No ___ Don't know ___

a) If Yes, was it complicated because (please check as many as apply):

so many people were involved in the process (family members, Senior Citizens Department staff, doctors, etc.) ___

there was so much paper work to be done ___

the move had to be made in a big rush ___

moving is always complicated anyway ___

other factors (please describe)

_____

_____

b) Who took care of the move?

_____

14 Please make any general comments about the Senior Citizens Home you live in or about the Senior Citizens Department in the space provided here.

_____

_____

_____

15 What change(s) would you like to see made to improve your stay at this Home?

_____

_____

Would you be willing to answer a few more questions on the same topics, but in a bit more detail, by telephone? If so, please fill in the following information:

Name _____

Telephone _____

Best day/time to call _____

If you have any questions about the questionnaire, please contact Nancy Gnaedinger by telephone at (613) 728-3071. Thank you very much for your help with this case study!

APPENDIX D:

EXPENDITURES AND REVENUES

Expenditures and Revenue
Senior Citizens Department

1990 Budgeted Expenditures

Homes for the Aged

Gilmore Lodge	$2,761,766.00
Upper Canada Lodge	$2,751,261.00
Linhaven	$9,074,857.00
Sunset Haven	$9,690,297.00
Northland Manor	$3,027,320.00
Dorchester Manor	$3,112,923.00
	$30,418,424.00

Community Support Programs

Satellite Homes	$856,880.00
Day Programs	$608,234.00
Alzheimer Respite Programs	$300,487.00
Life Enrichment Programs	$387,494.00
	$2,153,095.00

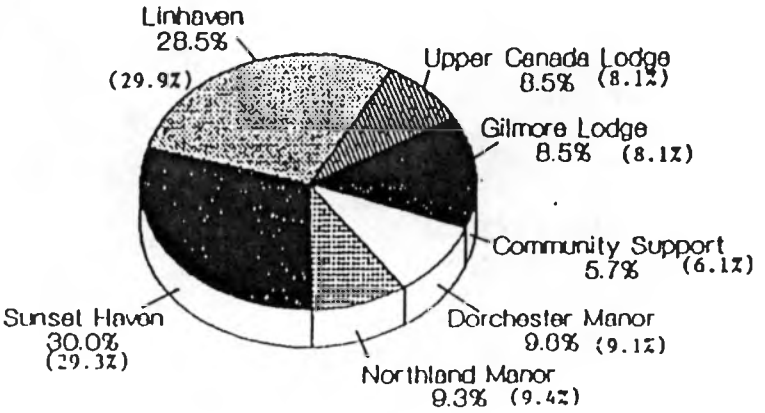
Total budget, 1990 $32,571,519.00

Revenues and expenditures for 1988 and 1989, and proportionate sources of revenue for 1989 and 1990 are exhibited on the following pages.

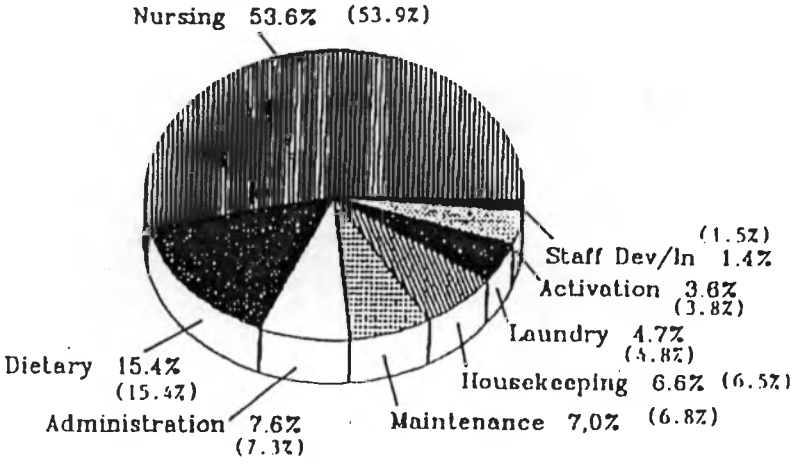
SENIOR CITIZENS DEPARTMENT

Expenditure Breakdown

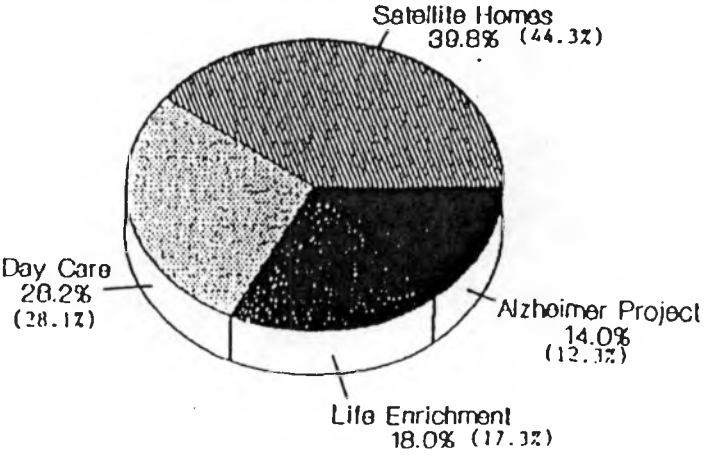
Note: 1989 %'s are in Brackets
1988 %'s are in Bold



Homes For The Aged



Community Support Services



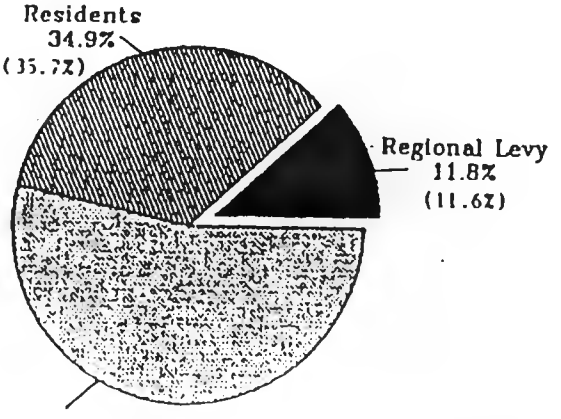
Sources of Revenue
Senior Citizens Department of Niagara

1989		
Approved Budget	**$30.5 M**	**(100%)**
Provincial Subsidy	$16.0 M	(52%)
Regional Levy	$3.5 M	(11%)
Resident Revenue	$11.0 M	(36%)
1990		
Approved Budget	**$32.6 M**	**(100%)**
Provincial Subsidy	$17.5 M	(54%)
Regional Levy	$3.8 M	(12%)
Resident Revenue	$11.3 M	(34%)

SENIOR CITIZENS DEPARTMENT

SOURCES OF REVENUE

Note: 1989 %'s are in Brackets
1988 %'s are in Bold



HOMES FOR THE AGED

Community Support Services