Aging in dignity: Wrap Around Support in Toronto Community Housing

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Abstract

An increasing number of senior tenants who are aging in place face isolation and barriers which impact their ability to manage their lives. The purpose of this study is to examine the characteristics and issues faced by racialized seniors who currently reside in Toronto Community Housing (TCHC) buildings. These issues include, but are not limited to, isolation, poverty, food security, hoarding, and health. This research analyzes three of TCHC'S core programs that are implemented to resolve tenants' issues and support tenants in achieving and maintaining successful tenancy: (1) Referral agreements; (2) Buried Treasures and (3) Eviction prevention. This study draws on current literature including how current government policies impact and act as barriers to resolving issues faced by seniors. This study identifies the impact of the core programs in respect to the seniors who live in TCHC, which includes factors, such as, socializing amongst other senior tenants, improving relationships with caregivers, and the overall improvement of units. It is evident that housing affects the physical and mental health of families and individuals.

The paper engages these findings with an analysis of TCHC's policies and documents designed to address ageing in the city of Toronto – focus on senior ageing in TCHC housing units. The City of' Toronto's Seniors Strategy (2013) (and 2.0) discusses some discrepancies between intersectional identifiers and quality social care. The methodology used to extract the findings included quantitatively and qualitative data collection and analytical assessment of governing policies. The tools were consist of questionnaires and focus group studies. The tools were administered to TCHC seniors, TCHC staff, vendors and external staff who provide contractual work. The findings suggest that there are significant strengths and considerations that the research subjects' harness and utilized in the navigation of applicable specialized social services. It also highlights the importance of intersections considerations such as, age, gender, race, and income and immigration status in regard to the implementation of policies, programming and adequate care. The paper also points to directions for future research to better understand the ageing process from a critical, intersectional perspective and locate it in a current discussion of urban theory.

Foreword

This paper fulfills the requirements of the MES degree. It focuses on an important and under-researched area of study: an examination of the aging seniors of color in Toronto Community Housing and will take a deeper dive into issues and barriers faced by seniors of color. The research questions of uncovering the barriers that are faced and the resources that need to support ageing in place with some dignity.

Contents

Introduction

As Ontario's population is rapidly aging, there is increased pressure to create long-term care facilities for vulnerable seniors (Ministry of Finance, 2018). Despite this pressure, the Ontario government is not building new long-term facilities. With the continuing trend of senior population growth and seniors living longer, there is a consensus among social service providers that low-income seniors require wraparound supports such as social workers, basic health care, and a subsidized meal plan.

The wraparound supports for seniors will allow them to stay in their own units and homes, which is more cost-efficient for multiple stakeholders, like governments and tenants, to implement. Government's policies and programs should balance affordability and access to both accommodation and resources to ensure that they are supportive of seniors' needs. For instance, in Toronto, the Toronto Community Housing Corporation (TCHC) tenants are required to pay 30% of their income to rent. Creating a similar rent geared-to-income model can ensure that residents are not paying rent beyond their means (City of Toronto, 2019).

According to TCHC, to be considered a senior, you must be age 59 and over. TCHC has 27,000 senior tenants, and approximately 24.5% of TCHC's 110,000 tenants are over the age of 59 (Toronto Community Housing, 2017). They come from various backgrounds with diversity in age, education, language, mental and physical ability, belief system, ethnicity and race. Roughly two out of every five households self-identify as having a member with a disability, which is about 43% (Toronto Community Housing, 2018). Approximately 89% of tenants pay rent-geared-to-income and the remaining 11% pay market rent or affordable rent rates (Toronto Community Housing, 2017). The median income of TCHC households in 2017 was $17,677, and the median income for seniors with rent geared-to-income was $18,444 (Toronto Community Housing, 2017).The median income of seniors in TCHC is higher than the median income of

households due to the Canadian Pension Plan (CPP) and Old Age Payment (OA) they receive-increasing their income in comparison to other demographics in TCHC. By comparison, Toronto's median economic family income in 2015 was $82,859 (Toronto Community Housing, 2017).
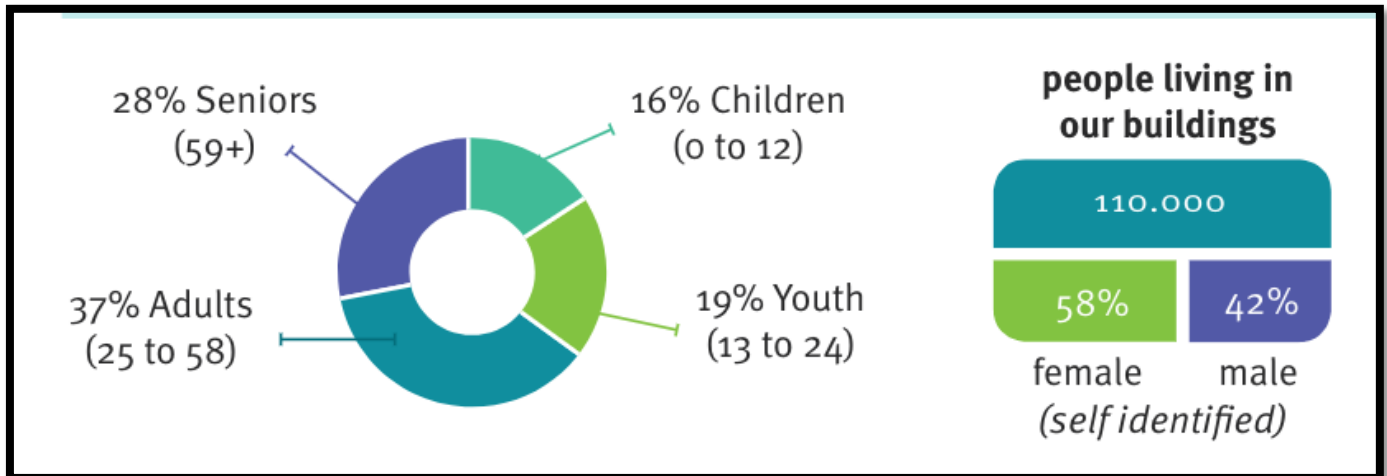

Figure 1: This data shows the make-up of TCHC residents- it also identifies the percentage of seniors living in TCHC as well (Toronto Community Housing, 2018).
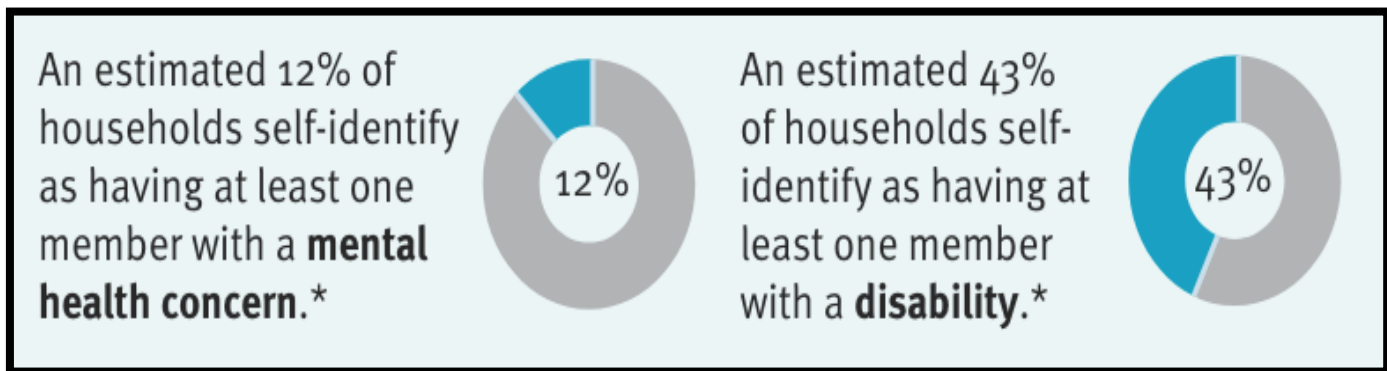

Figure 2: This data identifies the percentage of TCHC residents living with mental health and disabilities (Toronto Community Housing, 2018).

About 26% of our households are headed by a **single parent.**

About 29% of tenants **live alone.**

A **second language** is spoken in more than 22% of households.
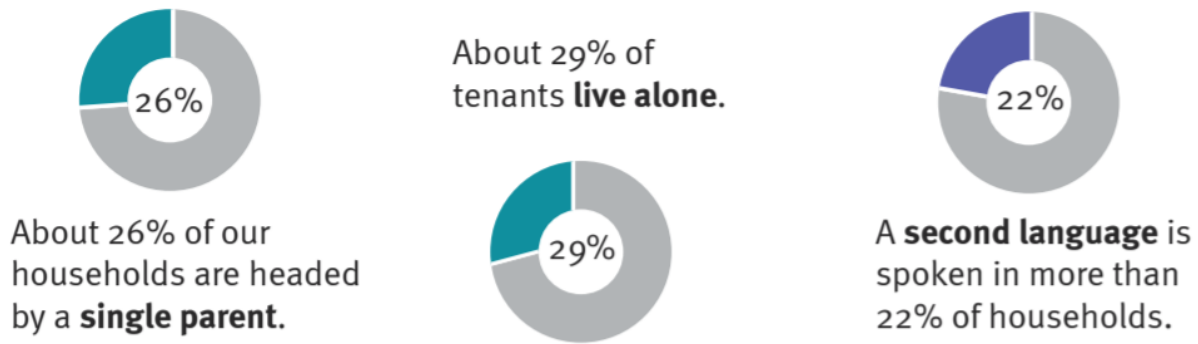
Figure 3: This data displays the percentage of seniors who speak a second language within TCHC (Toronto Community Housinf, 2018)

89% of tenants pay **rent-geared-to-income.** The rest pay market rent or affordable rent rates.

Median income of TCHC rent-geared-to-income households — $18,398

Toronto's median household income (from 2016 census). — $65,829
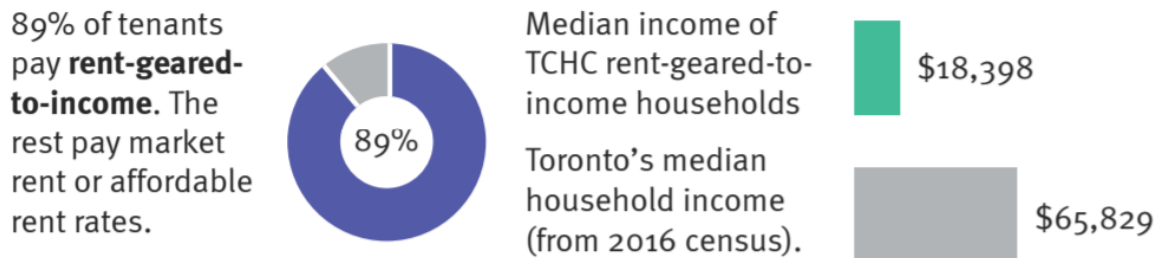
Figure 4: A comparison is made between incomes of seniors and average household incomes.

On a broader scale, about 17% of the Canadian population are 65 or older (Dong, 2018). Communities of seniors require vital services such as social services, basic health care, and a subsidized meal plan. *The Policy Brief: Ensuring Quality Care for all seniors'* states that supports have been cut drastically which places additional burdens into the system targeted for senior use. Since 1971, the senior population outnumbered Canadian population aged 14 and below in 2016. There are now over 55 thousand Canadian seniors more than Canadians age 14 and below (Statistics Canada, 2016).

According to Statistics Canada, the senior population is estimated to grow rapidly over the next few decades. Given the exponential growth between 2011 and 2016, the senior population at age 85 and older grew by 19.4%, much larger than the total Canadian population, which only grew by 5.0% during those 5 years (Statistics Canada, 2017).

Observing the 2016 Census, a record high of 770,780 people aged 85 and older were present in the Canadian demographic, from the chart below. 2.2% of the Canadian population is represented by the seniors aged 85 and above, because of the longer life expectancy experienced as well as individuals born between the years 1946 and 1965 will turn 85 in 2031. A demographic that is estimated to grow extensively in the future. In chart 1 it can be seen that the projected growth of seniors by 2051 will represent 5.7% of the population in Canada (Statistics Canada,   2017). The lifespan of seniors has increased due to advances in technologies and the medical field, as well as health consciousness; where people are gaining awareness of healthy living and proper diet (Laux, 2018).

Chart 1
Population aged 85 and older, Canada, 1966 to 2051
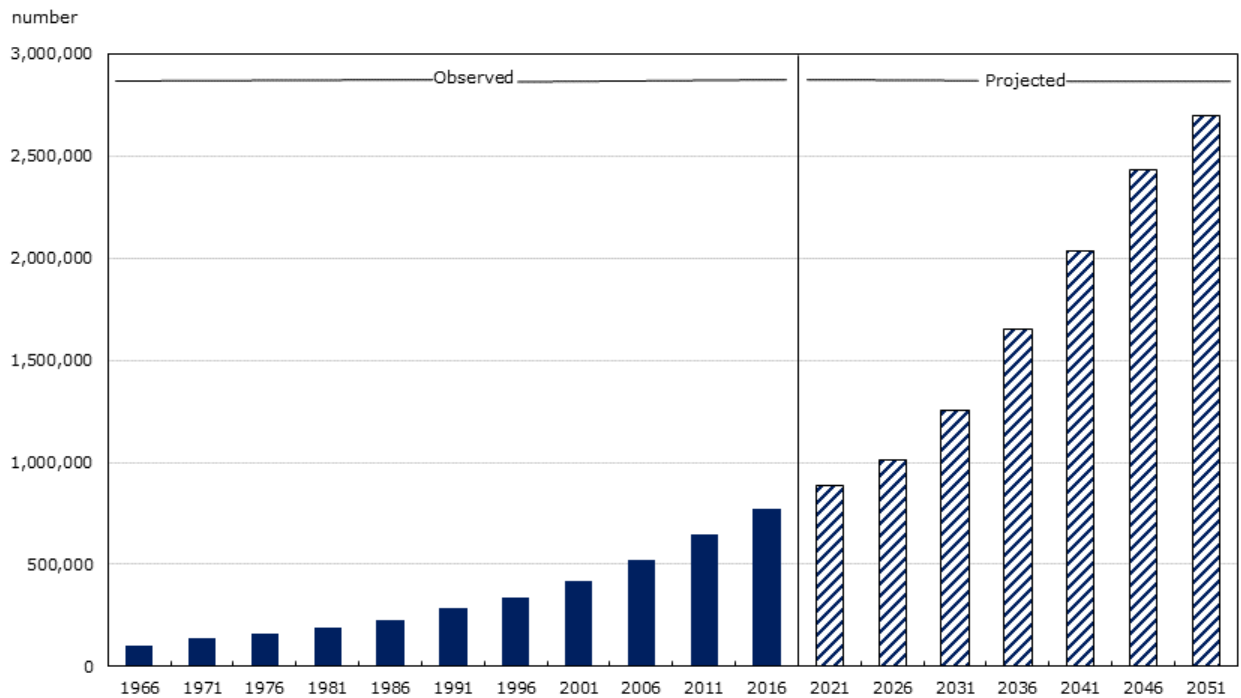
Sources: Statistics Canada, Census of Population, 1966 to 2016. Data for 2021 to 2061 are population projections from the M1 medium-growth scenario of national projections. The projection data have as a base population the population estimates based on the 2011 Census, adjusted for net undercoverage. For more information, see the report Population Projections for Canada (2013 to 2063), Provinces and Territories (2013 to 2038) (Statistics Canada Catalogue no. 91-520-X).

Chart 1

My research examines the characteristics of senior tenants living in TCHC buildings. Additionally, I will take a deeper dive into what issues are faced by senior tenants living in TCHC. These issues include, but are not limited to, isolation, poverty, food insecurity, hoarding, and health determinants. The research will specifically look at how current government policies impact and create obstacles in resolving issues faced by seniors.

I will examine how three of TCHC's core programs- Referral Agreements, Buried Treasures, and Eviction prevention are implemented to resolve tenants' issues and support them in achieving successful tenancies. An increasing number of aging senior tenants tend to face isolation, mental health deterioration, poor support systems and other contributing factors that create a hindrance in their capability in managing their lives. Between 2013 and 2017, TCHC's population of seniors grew by 25%, and seniors living alone grew by 6% (Toronto Community Housing, 2018). If this trend continues to follow this upward trajectory course, the number of people in Toronto aged 65 and over is expected to almost double by 2041 (Statistics Canada, 2016). This trend will result in increased demand from tenants, including the need for accessibility modifications to their units to enable them to continue completing daily activities without barriers. Many of TCHC's most vulnerable tenants, such as seniors do not have adequate access to subpar quality supports needed to ease their tenancies periods. For instance; an insignificant number of long-term care beds in combination with meaningful long-term supportive housing strategies can result in an increase of tenant vulnerability. A TCHC objective is to ensure senior tenants are able to live full lives during their tenancy with them. However, with current support systems in place, challenges are bound to arise that furthers from the objective.

The first program I will examine is the Referral Agreements. The Referral Agreements use strategic service partnerships to connect tenants with community agencies to help solve issues affecting their tenancy. The second program is the Buried Treasure initiative. This initiative, in collaboration with Sunnybrook Hospital, it is a peer support coaching and decluttering program geared towards resolving hoarding issues that affect tenancy. It has a train-the-trainer model that fosters a supportive peer environment to deal with tenancy issues. The final program is Eviction Prevention which also had the Homes for Good program embedded in it, limited funding which aimed to prevent senior eviction - funded by the City of Toronto. This prevention program supports seniors who are dealing with hoarding challenges such as cluttering, hazardous collection of items, issues with hygiene and pest control. Annual unit inspections are done within TCHC units; if the clutter is excessive and reaches a hoarding scale between 4 and 9, you are referred to the program- in respect to the lease agreement which indicates your unit must not be a fire hazard or have excessive clutter. The Eviction Prevention program also connects seniors to health, social, and community support systems with the aim of maintaining their tenancies.

In addition, a reflection component is provided to account my personal experience as a Manager currently supporting teams implementing these programs and working with seniors in TCHC. My guiding research questions include:

1. What are the issues and barriers faced by senior tenants in Toronto Community Housing?
2. How have the three programs identified impacted seniors living in Toronto Community Housing?
3. What are the strengths and weaknesses of the three programs?

4. How will Toronto Community Housing be able to sustain the three core programs for seniors to foster continued livability?

The Paper is organized as follows: Literature Review, Methodology & Data Analysis, Housing Programming, Findings and Conclusions

Literature Review

Aging in Place and Age-Friendly Communities

While conducting research for this project, I found that there was limited literature and articles on racialized seniors in social housing causing a gap in research studies and indicating more need of such studies to be presented in the academic and public audiences. Thus, I managed to use articles on aging communities, age-friendly communities, affordable senior housing, and ethnic racialized seniors in order to gain knowledge on aspects of this research topic.

Aging in Place and Age-Friendly Communities

In the article *Aging in Place by Morley* (2012), it defines ageing in place as the ability to live in one's own home and community independently and safely as one ages (p.489). Morley (2012) provides a framework for understanding the recommended solutions to allow seniors to age in age-friendly communities while receiving medical support in the comfort and safety of their homes. Morley indicates that the shift from assisted living facilities to one's own home is possible for seniors who are able to do so.

The Meaning of Aging in Place to Order People studies the concept of aging in place (Wiles et al.,2012) seek to understand whether older people are aware of this notion, which is widely used in different aging policies internationally. In turn, Wiles et al. (2012) discovered that many of the seniors framed the concept of aging in place within their own interpretation of the concept, which is linked to a sense of attachment, social cohesion, sense of identity, and independence.

As a part of *Aging and the Life Course,* Family and Community Health Department, the *Global Age-Friendly Cities* guide has become a checklist for age-friendly cities developed by the World Health Organization (2007). The guide analyzes key aspects of age-friendly cities such as housing, outdoor spaces/buildings, transportation, social participation, and civic participation, each having their own overview and checklist. As the guide highlights (in part 8), social participation is necessary for seniors and is easier when the opportunities are close to home. As an example, the City of Toronto implements the Homeshare program which pairs seniors with students and/or young people in homes.

In *making communities age friendly: state and municipal initiatives in Canada and other countries,* Plouffe and Kalache (2011), it examines different age-friendly community initiatives in Canada and other countries including Spain, Brazil, and Australia. The article explores some of the changes taking place in these countries, analyzing community-level policies, practices and design, all of which hold promise for improving active aging. However, because these initiatives are in the early stages of implementation, the authors caution that formal evaluations have not been conducted.

The City of Toronto's Senior Strategy 2.0 (2018) follows the earlier iteration from 2013, in which the strategy was initially released in the wake of the pressing issues facing seniors in Toronto. The document lists 91 recommendations and 90 of the recommendations have been acted. Reiterating the commitment to Toronto's growing aging population, City of Toronto Council directed that the strategy be updated. Version 2.0 of the strategy presents 27 high-impact recommendations in areas including housing, health, transportation, employment and access to information (TSS 2.0, 2018). Of the 27 recommendations, 18 are short-term and 9 are medium-term.

Affordable Senior Housing

In *Social Capital and Successful Aging: The role of senior housing,* Cannuscio et al. (2003) analyze the decline of social capital. Social capital through this text is understood as the network one has through relationships developed through community, work and the larger society. For seniors having a strong social capital, it can deter isolation, improve health conditions and promote independence. With assisted living facilities becoming far more inaccessible financially, in which Cannuscio et al. (2003) suggest the investment is better spent on communities "aging in place" where it will deliver the health dividends in the social capital. Thus, promoting spaces outside of traditional living facilities where seniors can develop and improve their social capital is key for their long-term wellbeing.

Brotman (2010) thoroughly analyzes the discrepancies in distinctly demographic groups of seniors residing across Canada. The groups were differentiated by place of origin as well as Caucasian and ethnic racialized groups, which included Chinese, Aboriginal, and Ukrainian, Jewish, Black, Greek and Italian ethnic ancestry. Brotman (2010) found that those of non-Caucasian ancestry experienced a higher rate of poverty than their Caucasian counterparts. Furthermore, Brotman's (2010) study etched out the severe disparity of older women who are minorities, displaying the inequality experienced by ethnic minorities living in Canada.

Leone and Carroll (2010) discuss the history and the federal public policy of social housing in Canada in their article *Decentralisation and Devolution in Canadian Social Housing Policy.* While providing an in-depth analysis on the transition of Canadian housing policy from federal to provincial level, they also share the lessons of Canada's trade off of regional and ethnic interests versus national priorities. Without the involvement of the federal government in the Affordable Housing Initiative (AHI), and their ability to provide large-scale investments,

housing will simply not be built. Leone and Carroll (2010) also discuss the relevance of seniors'

housing and as a unified group that can be supported with eviction prevention programs.

Ethnic Racialized Seniors

In *Negotiating Candidacy: Ethnic Minority Seniors' Access to Care*, Koehn (2009), it

identifies the barriers that ethnic minorities face in health care which include language,

immigration status, and limited awareness of the roles of the health authority and of specific

service providers. Concurrently, Koehn (2009) also analyzes and assesses the recently developed

model of 'candidacy' which emphasizes the dynamic, multi-dimensional and contingent

character of health-care access to ethnic minority seniors (p. 585). In her study, Koehn (2009)

indicates that recent Canadian immigrants aged 65 years and older, particularly refugees and

family-class immigrants, have poorer health than any immigrant or Canadian-born population,

(p.585). Koehn also determines that racialized seniors lack access to services.

Multiculturalism is lacking in elder care services, as found in a study conducted by

Brotman (2003) within Ontario. Brotman (2003) administered qualitative semi-structured

interviews with 10 older ethnic women and 16 professionals in the service care as well as

assessment forms used by case workers to analyze and record their clients' daily well-being.

Ethnic minorities, revealed in the interviews, felt a sense of dissonance receiving services by the

agency staff. Brotman (2003) identified barriers that cultivated the senior women's experience,

included; language barriers, cultural insensitivity, and most prominently the invisibility towards

racism and racist discrimination.

In his article, *Internet-Based Health Information Seeking Among Low-Income, Minority

Seniors Living in Urban Residential Centers*, Campbell (2009) studies low-income minority

seniors living in high-rise urban communities, unpacking their ability to locate health

information through the internet. Campbell (2009) anticipates that with modern-day technology becoming more accessible, racialized seniors will be able to seek more information regarding their own health condition, treatment and medications. Once this information is gathered, it will become easier for seniors to understand their own health issues and work proactively by changing eating and exercise habits holistically. The internet has the ability to be an active agent in making health more accessible to marginalized seniors who may not be able to travel.

White et al. (2003) examines the segregation of housing of minorities with Asian descent who reside in Canada and the United States by using census data from 1999 for both countries. *The segregation of Asian-origin groups in the United States and Canada* point out the invisible hand of society and people slightly encouraging segregation among elder Asian immigrants in both Canada and the United States rather than integration and assimilation into their new homes. White et al. (2003) mention that even with the implementation of policy discouraging prejudice toward minorities, it does little to deter housing authorities when to integrate neighborhoods and housing.

Data Collection and Methodology

The use of both quantitative and qualitative data methods was employed throughout the project. Statistics Canada and Toronto Community Housing Corporation were the main sources of quantitative data, which included senior population, trends and determinants of health and from the latter annual reports - new seniors mandate and census data. The purpose of quantitative data from Statistics Canada is to understand Canadian seniors demographic; possible increasing ageing population and the potential projection of their needs growing. Yearly data from Toronto Community Housing Corporation is used, mandated by law, to comprehend the needs of seniors. Each program also followed a *Mandate Alignment Table*, attached in the appendix, which

outlines priorities and objectives that were key to the TCHC mandate. Additionally, pre and post evaluation data will be used to analyze the effectiveness of the three core projects.

Interviews

Qualitative information collection was essential for implementing and understanding the three core projects; Buried Treasure, Eviction Prevention, and Referral Agreement. Interviews were the best method to obtain primary source information. Staff from each program, who are TCHC staff, vendors and external staff who provided the service and support were the main individuals that were interviewed. Three groups of interviewees were formed into three groups each from the respective program. A total of nine individuals were interviewed from core programs; six participants from Eviction Prevention, four of whom are staff and two of which are vendors, one staff member from Referral Agreement, and two staff members from Buried Treasure.

Such interviews provided comprehensive information about the process required to implement the three core projects and understand the degree of support seniors receive before and after the projects. Additionally, responses from the interview produce possible knowledge to understand how the experience of the seniors progressed as a result of the three core projects. The interviews were held in TCHC buildings and the duration was between one to two hours, with all consent documented. Staff from an external agency providing support to seniors were interviewed in order to share their experience. The TCHC high-needs team, which I manage and lead, is to understand their experience supporting the seniors on the three core projects. The questions for each interview remain exactly the same between the different interview groups. There was an average of 13 questions asked in each interview. The following are the sample questions that were asked:

1. Please introduce yourself. (Name, job title, anything you want to share)
2. Can you tell me a bit about your educational background? Tell me how you got to your position.
3. How long have you been working as a vendor with TCHC?
4. Why did you want to work as a vendor for TCHC?
5. What is your role and/or involvement with TCHC's core programs (Referral agreements)?
6. Can you describe how TCHC's core programs (Buried Treasure, Eviction Prevention and Referral agreements) affect the lives of tenants?
7. Can you describe the detailed impacts of TCHC's core programs ((Buried Treasure, Eviction Prevention and Referral agreements)
8. What do you think are the challenges faced by senior tenants?
9. Based on your experience, do you think identity traits (like race, religion, gender, and sex) impact the needs of tenants? Can you give some examples?
10. What do you think of the level of support and type of supports given to tenants through TCHC's core programs ((Buried Treasure, Eviction Prevention and Referral agreements)?
11. How would you improve the supports and level of support provided to tenants?
12. How would you improve TCHC's core programs ((Buried Treasure, Eviction Prevention and Referral agreements)?
13. Do you think any of TCHC's core programs ((Buried Treasure, Eviction Prevention and Referral agreements) should be remodeled? If so, how and why?

Case Studies: Three Core Programs

TCHC follows the hoarding scale below in which tenants are evaluated on during the annual unit inspection. Units that fall between 7 to 9 are considered a fire hazard which commences a process. Hoarding scales measure the extent of clutter a person has in their home. Excessive clutter will be deemed a fire hazard and a safety issue to their prospective neighbors, tenants who are between a score of 4 to 6 are eligible to receive support from the Community Services Coordinator, who connects them to services to prevent them from a scale from 7 to 9. In order to reduce the experienced clutter. Hoarding is classified as a mental disorder where tenants and individuals collects items during a time of trauma in their life. As TCHC is the housing

entity to prevent tenants from entering a shelter or the streets, they have to collaborate and work effectively to support tenants to maintain their housing tenure.

Case Studies

Throughout each of the case studies from Eviction Prevention to Buried Treasure, witnessing the service received by seniors, was insufficient. Even with the available solutions there was a recurring theme which was present - seniors are underserved. Especially those individuals who fall under the visible racialized demographics, a pattern found by Brotman (2003) and Kohne (2009). This pattern perpetuates due to the fact that the aforementioned seniors are unaware about the available resources or treated unfairly due their immigrant status. Such inferior proliferation of knowledge indicates the mediocre quality services supplied by service providers and vendors to seniors, who otherwise deserve the utmost best quality of service and dignity.

- "When will people stop overlooking me?" (Anonymous senior, Interview Answer, June 2019).
- "It's very upsetting everyone looks at me as a senile woman, but I have my PhD in quantum mechanics from my country" (Anonymous senior, Interview Answer, June 2019).
- "TCHC staff need to be more considerate to my current needs" (Anonymous senior, Interview Answer, June 2019).

All of the above are from three different accounts of how seniors felt when approached about the services and staff they are provided with. There is an underlying issue of not only unsatisfactory services but discriminative attitudes to seniors who are racialized. Such insights

shine a light on the importance of sensitivity training that staff and vendors require when interacting with immigrant or racialized seniors.

Interviews

Interviewing staff and employed vendors gave me insightful and fruitful first-hand knowledge from frontline experience. Most staff of TCH had similar comments, answers and thoughts about the senior tenant population and the services being provided to them. A consistent trend is extremely clear: seniors are receiving inadequate and below acceptable experience viable in TCH housing.

TCH staff have witnessed unacceptable behavior of other staff towards the senior population. Such attitudes, as per interview answers, causes seniors to turn away from services and neglect their own needs in fear of not being heard or being mistreated.

"If this type of behavior continues, we are not doing our jobs and most importantly we are not doing what we're responsible for" (TCH staff, Interview Answer, June 2019). Which illuminates a reason of the services being provided being lagged and ineffective because of the lack of feedback and critique from the senior tenants. . It becomes apparent that TCH continues to remain as landlord strictly, contradicting to the ever-changing needs of the seniors' tenants. Due to limited funding, TCH has not adapted to meet the needs of the tenants and their mandates is not reflective of that.

"TCH is here for seniors, they are one of our most vulnerable demographics, and I feel that we need to do more but we have our hands full" (TCH employee, Interview Answer, June 2019). This reaction reveals that TCH needs more resources available to fully thrive and encourage senior initiatives and solutions, as well as improving senior interfacing with TCH staff and employees. Gathering this information proves a consensus of opinion in regards of TCH but

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also consolidates my personal perspective about TCH and our deprived senior tenants who are the ones that suffer in silence.

Referral Agreements

Referral agreements are agreements that helps TCHC to bring supports into much needed buildings. First an assessment of the building infrastructure is completed then the staff identified the needs, they procure agencies that can support and resolve the needs. The agencies are provided a space to run certain programs and other types of supports within the building and some vacant units are permitted for the use of tenant-supportive initiative. Money is not the currency of exchange, rather space for the agency and the support received by the TCHC residence. Yet, only buildings that have been classified as high needs buildings receive this intricate level of support. High needs can represent having high pest issues, identified mental health and addiction issues and high volume of calls to TCHC security unit. It is evident that housing affects the physical and mental health of families and individuals. Meanwhile, it important to understand that;

> "This relationship has important practical consequences for policy, as improving housing circumstances should improve health. However, despite convincing evidence, government agencies rarely coordinate initiatives for improving health in tandem with initiatives to improve housing" (Carter & Polevychok, 2004).

The benefit that tenants gain from the Referral Agreement is resolving the issues they are challenged with as well as eliminating the time being on the waitlist to finally receive support. This process jump starts the line for support in buildings. However, there are visible issues that can be found in the program-- tenants can refuse the proposed support which can lead to an eviction. Additionally, agencies may not be supporting anyone and merely occupy the provided

TCHC space. To mitigate such drawbacks, staff will participate in regular check in to ensure the agreements are being followed and executed as planned. Such measures will be the check and balances against unproductive space usage.

Buried Treasure

A peer-to-peer support program are funds allocated by the TCHC to enhance the services provided that supposedly address unit conditions that challenges safety, including hoarding within TCHC households. As part of this allocation, TCHC is planning to expand a locally-tested treatment approach specifically aimed for hoarding related issues. The pilot targeted TCHC households with moderately severe hoarding that would potentially likely to progress into more severe levels of clutter in their homes. Results are preliminary and with a narrow sample size of 8 households completed the pilot program, now the members of the treated group are sufficiently able to self-manage their care, build support networks, and prevent the progression of their current condition and deterioration of their unit.

In an effort to evaluate treatment options that could fulfill a broader city-wide program, TCHC successfully partnered with the Thompson Center and LOFT Community Services to test the efficacy of a clinical model known as 'Buried in Treasures' treatment model. The goal of the program was to reduce hoarding severity and to have a direct positive impact on tenants, landlords, neighbors and community members. The process of the program encompassed an agreed upon eight-week training schedule where tenant would consent to work with the prescribed group, encouraging peer-to-peer support, and facilitator. The chosen tenants identified by the rating given as per the hoarding scale of 4 to 6 to resolve the hoarding condition, they also receive help from medical professionals- specifically with a Psychologist. Next, the buildings are

selected based on buildings with a concentration of tenants that have vulnerabilities that require extra support and have 60% of pest infestation (bed bugs, cockroaches and mice).

Results showed a great achievement by all participants in this 20-week pilot, i.e. each participant household saw an average rating drop by 1 to 2 points by the end of the program. Such positive consequence proved that the approach is successful and will continue to provide a useful and effective treatment model for further TCHC households.

LEVELS OF IMAGE #6 OR MORE SHOULD BE REPORTED TO 311 AS A HOARDING CONCERN

Figure 5

Figure 6

Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.

Figure 7

The figures (3, 4, 5) above show the scales of hoarding in living room, kitchen and bedroom of a unit. Observing the figures above, the difference between rating 4 and 9 is immense, in the fourth rating clutter seems more controllable to reduce the amount of clutter whereas in rating 9, the room is completely overtaken by the collection of items, clothing and others. Space to even walk within the room is nearly impossible.

Eviction Prevention

This project was aimed to reduce, by 50%, the total number of households who settled in the clutter level of 7 to 9, as well as to monitor households who fall in the 4 to 6 range from progressing to a higher level in the short term.

To measure the effectiveness of this program, a follow-up approach is implemented for households who received support and would be visited on a quarterly basis to thoroughly inspect units. Past inspections will be used as a baseline for comparatively purposes to gauge the level of continuous improvement or deterioration rates.

This will be accomplished by collaborating with residents, on-site staff and third-party support, such as prep, decluttering agencies, and support agencies. Allowing TCHC to be proactive when monitoring at-risk tendencies of current residing tenants. Eviction Prevention has showcased the timely and effective interventions have the ability to reduce the environmental impact on the community by mitigating areas that impede on the reasonable enjoyment for all tenants residing in TCHC.

This program has provided an opportunity to grant TCHC staff to increase their levels of engagement with tenants as it has reduced barriers associated with unit conditions by eliminating wait times and increased access to services. With the engagement increasing across TCHC staff

and local agencies, improved procurement of programs has provided more suitable solutions to the needs of the tenants based off given assessments. Additionally, Eviction Prevention has helped with reducing issues in areas of isolation and increase the level of tenant's sense of urgency. With more funding, tenants are able to receive items that were previously not accessible either financially or physically --allowing them to enjoy their units in a more holistic and healing living space. Lastly, tenants have a safety net of support that are easily accessible when needed.

Implementing such a project gave tenants the opportunity to increase quality of life and have a successful tenancy. This project created an advantage for senior tenants to receive assistance from vendor-based services, practical-based assistance, i.e. furniture and mattress replacement due to current or previous infestation. This project supported over 400 tenants from October 2018 to March 2019.

Findings and Analysis

Issues & Barriers of TCHC Senior Tenants

Through my research and interview discussions, I found that there were many issues that seniors

living in Toronto Community Housing experience. The issues and barriers faced by senior

tenants in Toronto Community Housing are as followed;

- Isolation

- Mental health deterioration, specifically hoarding

- Physical health issues

- Poor support systems

- Language barriers

- Low income

- Food security

- Lack of social programs geared to racialized seniors

As seniors age in place, concerns of isolation are evident. From this isolation, mental

health deterioration starts to become an issue because of the lack of communication and

depression that follows suit. Depression is also known to cause physical health issues including

headaches, back and muscle pains, digestive problems and decreasing vision (Healthline, 2019).

The physical symptoms from the deterioration of mental health are what I found in TCHC senior

tenants. A main issue for all seniors that live in TCHC is the lack of income they face; as seniors,

they are retired from the workforce and living on a fixed pension- for those who do not receive a

pension, income is difficult to come across, other than the Old Age Security. The low income

faced by seniors is also the reason why they face issues of food security; they are torn between

paying rent and buying groceries. Language barriers are common among many of the racialized

seniors in Toronto Community Housing, where translation is usually needed to communicate

with them. Finally, a lack of social programs geared to racialized seniors, who also speak English

as a second language, were missing in TCHC, until the organization decided to implement the

Three Core Programs to solve these issues altogether.

Case Studies

Throughout each of the case studies from Eviction Prevention to Buried Treasure,

witnessing the service received by seniors, was insufficient. Even with the available solutions

there was a recurring theme which was present, senior being underserved, especially those

individuals who fall under the racialized demographics, a pattern found by Brotman (2003) and

Kohne (2009). This pattern perpetuates due to the fact that the aforementioned seniors are

unaware about the available resources or treated unfairly due their immigrant status. Such

inferior proliferation of knowledge indicates the mediocre quality services supplied by service

providers and vendors to seniors, who otherwise deserve the utmost best quality of service and

dignity.

- "When will people stop overlooking me?" (Anonymous senior, focus group, April
  2019).
- "It's very upsetting everyone looks at me as a senile woman but I have my PhD in
  quantum mechanics from my country" (anonymous senior, focus group, May
  2019).
- "TCHC staff need to be more considerate to my current needs" (anonymous
  senior, focus group, May 2019).

All of the above are from three different accounts of how seniors felt when approached about the services and staff they are provided with. There is an underlying issue of not only unsatisfactory services but discriminative attitudes to seniors who are an ethnic minority. Which shines the light on sensitivity training staff and vendors may require when interacting with immigrant or racialized seniors.

Interviews

Interviewing staff and employed vendors, gave insightful and fruitful firsthand knowledge from frontline experience. Most staff of TCH had similar comments, answers and thought about the senior tenant population and the services being provided to them. A consistent trend is extremely transparent, seniors are receiving the best experience viable in TCH housing.

Many have witnessed unacceptable behaviour of other staff towards the senior population. Such attitudes, as per interview answers, causes seniors to turn away from services and neglect their own needs in fear of not being heard or mistreated. "Seniors must come forward and tell us what they need and how we can help" (TCH staff), specifying that mistreatment and discrimination being an issue of seniors not being voiced.

"If this type of behaviour continues, we are not doing our jobs and most importantly we are not doing what we're responsible for" (TCH staff). Which illuminates a reason of the services being provided being lagged and ineffective because of the lack of feedback and critique from the senior tenants.

"TCH is here for seniors, they are one of our most vulnerable demographics, and I feel that we need to do more but we have our hands full" (TCH employee). This reaction reveals that TCH needs more resources available to fully thrive and encourage senior initiatives and solutions, as well as improving senior interfacing with TCH staff and employees. Gathering this

information proves a consensus of opinion in regards of TCH but also consolidates my personal perspective about TCH and our deprived senior tenants who are the ones that suffer in silence.

The Impacts of the Three Programs

Age-friendly communities for seniors must allow seniors to age in age-friendly communities while receiving medical support in the comfort and safety of their homes (Morely, 2012). Which is why TCHC has implemented the three core programs to improve senior living within their various buildings. I found that these programs have had many impacts on the senior residents which helped to improve their overall livelihood while ageing in place.

In the case of the Referral Agreement Program, an impact that I found during my research was that the Programs and services are on site in the buildings so that seniors did not have to travel long distance to receive the services and supports, while also not being placed on a waiting list. The services and supports provided on the main floor are prompt and seniors did not have to wait for an extended period of time.

For the Buried Treasure Program, an impact that I found during my research was that seniors who have hoarding issues were more effective in decluttering their homes because the program was a peer-to-peer support system- in which seniors followed the toolkit and provided support for one another in the process. Many of the seniors who participated in this program were impacted by the immediate efforts they did in order to eliminate clutter.

In the case of the Eviction Prevention program, the impact that I found during my research was that this program was thoroughly effective - the staff were on the frontlines and actually went inside of the units to help clean the entirety of the home. Meanwhile, while providing this support, TCHC also provided vendors to bring in new furniture to replace any old and infested furniture, food for the tenants (combatting the issue of food security) and garbage

disposal. In providing this support, the program provided social services within the units to better serve and access the tenant.

Strengths and Weaknesses of the Three Core Programs

As these Three Core Programs displayed various impacts, it is evident to acknowledge the strengths and weaknesses of each program. The strength of the Referral Agreement Program was that the tenants are able to receive services and supports on site in the buildings they lived in, reducing any travelling to services they needed in the past; this was especially evident in the winter, where the seniors had to travel in bad weather conditions. Nonetheless, the weakness of the Program was that if tenants found the service to be inadequate or overall were displease with program, it would be hard for TCHC to essentially cancel the contract on the spot with the service providers, as it would be financially straining.

In the case of the Buried Treasure Program, the strength of the Program was that it was a peer to peer support group addressing unit condones such as hoarding; tenants were able to be trained on how to deal with hoarding conditions and in turn teach other tenants in the building. However, the weakness of the Program is that the support program teaching tenants not to hoard is written and taught in English, so the issue of language barriers and literacy is evident in this program - these isolates seniors who are illiterate or do not have a strong grasp of the English language.

As the strongest program, Eviction Prevention program was thoroughly effective as it provided support onsite pertaining to unit clean up, food security and social services. Nevertheless, the weakness of the Program is that it is financially unsustainable, in which funding for the Program is limited and is provided by the City of Toronto. Eviction Prevention is a previous program led by TCHC that had a long waiting list due to financial constraints, but,

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with the financial support from the City, the program was able to reduce the waiting list and managed to serve the majority of tenants at once.

<div align="center">*Sustaining the Three Core Programs*</div>

With the success of implementing the Three Core Programs, it is evident that TCHC would want to keep these programs and sustain them in order to continue to foster senior livability. With the Referral Agreement Program, the implementation can be sustained by staff checking in quarterly to make sure the community agency does what the agreements stipulates. Also, stepping quicker when the program is not working for the residents regards of the agreement. Another way to sustain the program is to have a committee of residences to evaluate the programs. With the Buried Treasure Program, the program is in need of an upgrade in order to include different languages that cater to the reading and writing capabilities of those who are illiterate and struggle with the English language. The program is based on the book *Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding*, which is written in English only. Nonetheless, this program is not sustainable with majority of resident as the program is based on English written book with no translation. The program is also homework based, creating a hurdle for residents who are suffering from mental illness that prevents them from completing any required task. In the case of the Eviction Prevention program, this program is suitable as a whole division has been created to supported residence going through eviction from either arrears, or unit conditions. Since residents go through this division before which its main role is to connect tenant to supports - which the connection is to prevent eviction.

The chart above, chart 1, shows the annual reports from Toronto Community Housing Corporation from years 2017 and 2018, 28% of seniors earned a median income ranging from $17,677 to $17,705, respectively, which according to HOOP (2017) is not sufficient to live in the

current economy. Pinpointing that senior poverty could potentially be the next crisis for the Canadian economy.

Reflection

In order to overcome challenges faced by seniors, there are potential holistic resolutions that could benefit not only seniors but TCH as well-being advantageous as a whole. I will provide my own personal insight, working at TCH for over 8 years, my recommendations have significant value as do my experience as a clinician.

First and foremost, increase accountability of hired vendors and contractors to reduce low performance and low-quality services received by seniors. Upping the accountability will also reduce the liability experienced by TCH and increase the threshold of expected goals and services rendered. Additionally, control of TCH over the prospective vendors and contractors will expand, increasing TCH authority to induce improve performance management as TCH staff will better understand the needs of their senior clients, targeting and directing vendors to issues promptly. According to Toronto Community Housing Annual Report (2015):

> "As part of our work to manage vendors and contractors more closely. This will help outline clear expectations of service delivery to residents, ensure high-quality work, and ensure that contractors are treating residents with respect and courtesy. The new team will manage relationships, ensure contractors complete an onboarding program and create contractor/vendor performance measures. The team will also implement an enhanced contractor scorecard based on our existing scorecard system and also used by the City of Toronto" (p. 33).

TCH clearly states the need of managing employed vendors and contractors to enhance and improve performance as well as improve the overall senior experiences.

Revitalizing the system of mitigating unsafe living conditions of seniors by implementing a contemporary system that integrates all areas of concern can potentially generate a comprehensive and efficient method of: identifying, targeting and resolving senior problematic living conditions effectively, by using a sequential process of combining vital areas that seniors face. Incorporating three main areas, community partners, judicial and heath care will unequivocally penetrate into a deeper level of understanding of senior issues and appreciate

plausible solutions curated to seniors. Effectively combating senior issues in a comprehensive and augmented manner than previously followed.

As per TCH Annual Report (2015):

"By proactively engaging hospitals to consider the state of a resident's home during the hospital discharge process, residents will benefit from a home that is conducive to recovery. The City of Toronto can assist Toronto Community Housing in advocating to the provincial government for improved hospital discharge processes that considers the condition of the unit, and furthermore, aligns with existing pest management plans. Toronto Community Housing has buildings located in five different Local Health Integration Networks (LHIN). While some LHINs actively engage with social service agencies to support Toronto Community Housing residents, other LHINs do not. The City of Toronto can assist Toronto Community Housing in advocating to the provincial government for a single point of contact to apply for funding and establish partnerships with the five Toronto-area LHINs. This will help ensure that residents have access to LHIN-funded services regardless of where they live in the City of Toronto" (p.32).

Hence, indicating not only improving the state of living for seniors by permitting other individuals, such as healthcare providers, i.e. to assess living conditions align with proposed criteria before discharging senior patients.

Lastly, another crucial development to be administered is establishing an evaluation method to modernize service delivery and correct inefficient processes that hinders in providing seniors the needed assistance.

From the TCH Annual Report (2015);

"As an example, we are re-evaluating the way we receive, respond to, and learn from complaints. We will also be engaging residents to learn how they prefer to receive information and updates (including translation and interpretation needs) and then explore technological solutions to get information and updates to residents faster and more

conveniently. Another way we could improve service delivery is to revisit the role of our Operating Unit offices and head office to be better equipped centers for residents to access a range of Toronto Community Housing services" (p.37)

Conclusion

Having the privilege of immersing myself as a TCHC employee into the three case studies, provided an interactive experience and primary source of knowledge and information. Given this proactive environment, there are many factors which has caused Toronto Community Housing Corporation to experience drawbacks and cause unsatisfactory service to the senior demographic. Seniors suffer due to their dependency for help on other individuals who are better equipped to assess and support their current situation. Since TCHC, employs vendors and service providers to alleviate these senior issues, there has been gross negligence in managing the behaviour and quality of service provided to seniors in TCHC. Primarily, lack of accountability has launched a domino effect of unsolicited and depreciated services. Not only does this tarnish TCHC's reputation but it also makes any action of TCHC questionable, supported by Brotman (2003), Koehn (2009) and White et al (), claim that ignorance to diverse demographics cause racialized seniors to be overlooked and insufficiently catered with respect to the available resources and help, due to insensitive staff and service providers.

Internal departmental challenges cause TCH to lag as an indirect service provider to their senior clients. One of the main obstacles is the divisional splits between managers and teams, the lack of integrated and holistic teamwork to provide an enhanced experience for their clients. One of the managers, for Tenant Engagement and Community Development, arranges programs and events to promote senior ties within the community and does so with a separate team, whereas, I, another manager, deal with clients on a one-to-one basis, attempting to solve any issues, personal or other to increase their comfort as a tenant of TCHC. However, the separation

of managers and teams causes a lack of communication and misrepresented needs of seniors and actual solutions.

TCHC is severely underfunded. Proven by the recent news about the federal government pledging over 3 billion dollars to not only update and repair TCHC building but also construct desperately needed building to support individuals on the waitlist for housing (Pelley and Lee-Shanok, 2019). Obtaining the appropriate amount of funds to illustrate the recommendations into a tangible reality. Enabling an effective integrative system of management to better utilize resources and decrease divisional disparity, requires capital funding, which is a common trend found is studies conducted by Cannuscio et al. (2003), Brotman (2010), and Leone et al. (2010), expenditure on such social services are unacceptably inadequate and causes seniors in the Canadian society to endure.

Due to the extensive nature of transition demanded, especially with 83 seniors buildings being removed from TCHC's mandate and will be under the city's authority, immense restructuring is desperately needed to fulfill TCHC's goals, objectives and change from landlord to service provider to execute their services and efficiently support seniors' needs.

The findings of the study corroborate with similar studies and highlights the urgency of improving overall physical and mental health of senior tenants through social participation, social connectivity and expansion of social capital for senior residents. Such potential outputs are plausible through the consideration of social factors when devising proactive social services and specialized initiatives that are mutually beneficial for both recipients and the providers. Attaining this through a lax of access to much needed support and resources, which would result in an upward trend of improved quality of senior tenancy. The concepts examined within the literature review and this study function as an adequate and effective analysis to promote and consolidate

the senior care, especially among racialized seniors, is suffering and requires more studies to

flood the academic arena to establish the seriousness of the longstanding issue.

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Clutter Image Rating: Bedroom
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Clutter Image Rating: Living Room

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Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.

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