

Best Practices: Aging in Place

2006 Resolution Remaining in our homes

As a result of a 2006 Resolution on Remaining in our homes, CHF Canada is identifying and promoting best practices which housing co-ops and other housing providers use to support residents in order to age in place.

This article about *Dixon Hall Supportive Housing Project for Seniors* is an excellent example of a best practice on aging in place. If you have an innovative project in your community that supports aging in place or aging in community, let us know about it. CHF Canada would like to share these best practices with co-op members across Canada.

Contact [Rebecca Richardson](mailto:rreid@chfcanda.coop) at rreid@chfcanda.coop or at 1-800-465-2752 x 236.



Dixon Hall Supportive Housing Project for Seniors

By Barbara Czarnecki

OWN Co-op in downtown Toronto is special for many reasons. The building, which has 142 units, is beautifully designed, with a pair of bronze wings serving as door handles at the main entrance. The co-op was established by the Older Women's Network, a group of farsighted activists who work "to achieve a caring society in which older and midlife women have the opportunity to live in security and with dignity."

Members of OWN Co-op have access to an innovative program that furthers those goals of security and dignity. Together with three neighbouring buildings, OWN Co-op is served by the Dixon Hall Supportive Housing Project for Seniors. Its staff provides personal care, homemaking services, and emergency response 24 hours a day, seven days a week.

The staff is stationed, next door, in Old York Tower, a private non-profit with 128 apartments. There's a small office on the ground floor, between the main lobby and the large, sunny community

room. Manager Norman Shao and Care Coordinator Stana Pascu greet residents who drop by, for advice or for a chat, and supervise the team of 8 full-time personal support workers (PSWs) and about 15 part-time or temporary workers. The team now serves about 100 registered clients in the four participating buildings.

Schedules for PSW visits are created according to the needs of the residents.

One person may need help with eye drops, for just a few minutes; another may need two hours of housekeeping and meal preparation every week.

Unlike the home-care services provided by Ontario's Community Care Access Centres (CCACs), which are scheduled in rigid half-hour blocks and require workers to spend much of their time traveling from client to client, the Dixon Hall program is highly flexible. Because the PSWs are already on site, it is simple and cost-effective for them to make short visits as needed. As Shao says, "No time is wasted."

Shao and Pascu work closely with CCACs to bring in nurses, therapists, or other services that clients may need. They keep in touch with residents' families, reducing the stress that can arise when distant children worry that they do not have a clear picture of their parents' health.

People with specific needs must be assessed and registered to receive care, and the program now has a waiting list. The program also runs clinics for flu shots, blood pressure testing, and health information.

In emergencies, the Dixon Hall PSWs are usually the first to arrive. They respond to all emergency calls in the four buildings, whether the caller is a registered Dixon Hall client or not. PSWs are not nurses or doctors, but they have the training to assess whether an ambulance or other outside service is needed. They provide first aid, practical assistance, and the reassurance that comes from seeing a familiar face in a crisis.

The board of Old York Tower, came up with the idea for the program when their building was still in the development stage in the mid-1990s. A study by a local seniors' group in 1989 concluded

that there was not yet enough housing in the neighbourhood of the kind that would allow residents to stay in the community as their needs for support grew.

According to Bruce Weber, a long-time member of the Old York Tower board, the study said a primary requirement for aging in place is housing "where people know that help is available if and when they need it." The founders of Old York Tower focused therefore on incorporating features into the building that would give seniors the sense of security that allows them to remain independent for as long as possible.

To increase economies of scale for the proposal, OWN Co-op joined the team along with its neighbour New Hibret Co-op, which has 141 units for families and people with disabilities. It took three years of lobbying to persuade the Ontario Ministry of Health and Long-Term Care (MOHLTC) to agree to a pilot project, which got started in 1998.

The MOHLTC required Old York Tower to partner with a separate agency to supply the health services; it saw potential for conflict if the non-profit acted as both landlord and health services provider. So Old York Tower

began working with Dixon Hall, a long-established multi-service social service agency and community-based organization.

PAL Place, across the street, joined in 2000. It's a non-profit residence for performing artists, with most of its 205 apartments occupied by seniors. The MOHLTC now funds the entire venture.

The four buildings are steps apart in a district of co-op and non-profit housing in the St. Lawrence Neighbourhood, in the heart of downtown Toronto. St. Lawrence is a planned community, with mixed housing built since the 1980s around historic landmarks like the St. Lawrence Market. Shops and services of all kinds are within easy reach, making the area ideal for seniors to age in their community.

Just knowing that the Dixon Hall service is there makes a difference to many residents. The office is open to all for simple advice, first aid, and help with accessing other services. The drop-in option is a way for people to "just check" whether something that's bothering them might need medical attention, without having to go to a doctor or an emergency room. Staff often detects signs of trouble

even before the resident is aware of a problem.

It's one of the informal features that contribute to the virtuous circle that is the Dixon Hall program. Because the staff and the residents see one another frequently and form social relationships, the residents' health is gently monitored. If they need attention, the availability of frequent visits or even of chance encounters contributes to timely intervention and speedier healing in the comfort of home. Pascu points out that all the full-time PSWs have been on board since the project began - a testament to an excellent program design that yields high job satisfaction - which improves continuity of care.

For Billie Ennis at OWN Co-op, the Dixon Hall service has been "fantastic." She has had a variety of medical episodes that have affected her mobility and balance. Arthritis in her hands makes cooking difficult. But she's still cheerful, active, and determined.

Recently Ennis has been falling more often, and she has decided to move to a residence with more care. She has no doubt that the Dixon Hall program allowed her to stay independent for years

longer than she would have been able to without it. She will miss the workers who have helped her with bathing, meal preparation, and housekeeping for seven years - and they will miss her, too.

It's no surprise that the Dixon Hall program is wildly successful. Shao says seniors in the buildings tell him they "think they've won the lottery. They never expected such a good thing to happen to them so late in their lives."