Toronto Seniors Housing Corporation

Toronto Seniors Housing Corporation

Quality and Tenant Engagement Committee (QTEC) Meeting

Agenda

Date: Monday, May 26, 2025

Time: 3:00 pm to 5:00 pm

Location: WebEx and Livestream

ltem	Time	Description	Action	Type of Item	Presenter
1.	3:00 pm 2 min	Chair's Remarks	Information	N/A	Chair
2.	3:02 pm 2 min	Land and African Ancestral Acknowledgements	N/A	N/A	Chair
3.	3:04 pm 1 min	Approval of Public Meeting Agenda	Approval	Agenda	Chair
4.	3:05 pm 1 min	Chair's Poll re: Conflict of Interest	Declaration	N/A	Chair
5.	3:06 pm 1 min	Approval of Amended Feb 10, 2025 QTE Committee Meeting minutes and QTE Public Committee meeting minutes of March 24, 2025	Approval	Minutes	Chair
6.	3:07 pm 1 min	Action Items Review	Information	List	Chair
7.	3:08 pm 5 min	CEO Update	Information	Verbal Report	Tom Hunter
8.	3:13 pm 10 min	Strategic Directions Q1 2025 Progress Report	Information	Report	Grant Coffey

Toronto Seniors Housing Corporation

ltem	Time	Description	Action	Type of Item	Presenter
9.	3:23 pm 15 min	Operational Dashboard	Information	Report	Brad Priggen
10.	3:38 pm 10 min	Reason to Move Out Report	Information	Report	Brad Priggen
11.	3:48 pm 15 min	Engagement, Partnerships and Communications Update	Information	Report	Deanna Veltri
12.	4:03 pm 20 min	City follow-up on Service Model Report	Information	Report	Deanna Veltri
13.	4:23 pm 10 min	NORC Report	Information	Report	Deanna Veltri
14.	4:33 pm 15 min	Community Safety Unit Q1 Report	Information	Report	Grant Coffey / Allan Britton
15.	4:48 pm	Adjournment	Approval	N/A	Chair

Toronto Seniors Housing Corporation (TSHC)

Quality and Tenant Engagement Committee Meeting

(QTEC)

Date: Monday, February 10, 2025 Time: 3:00pm to 5:00pm Location: WebEx and Livestream

The Quality and Tenant Engagement Committee (QTEC) of the TSHC Board held its meeting on Monday, February 10, 2025 at 3:00pm via WebEx video conference. **This meeting was livestreamed and can be viewed** <u>here</u>.

Members in attendance:

Linda Jackson, Chair Jim Meeks Lawrence D'Souza Fareed Amin Councillor Crisanti

Guests: Melanie Martin, OCHE

Deputants:

Arnold Margulis Bill Lohman

TSHC staff present:

Tom Hunter, Chief Executive Officer Grant Coffey, Director, Strategy and Business Management Arlene Howells, Director, Engagement, Partnership and Communications (I) Carol Francis, Director, People & Culture Brad Priggen, Director, Operations Vince Truong, Interim Finance Lead Ayushman Banerjee, Business Consultant Karyn Bawden, EA and Board Secretary Fatima Mahmood and Emma Francis, EAs

Item 1: Chair's remarks

The Chair, Linda Jackson, welcomed Committee members, Board, Staff and online participants to the first meeting of the Quality and Tenant Engagement Committee meeting of 2025. Ms. Jackson stated that the meeting was being live

streamed on YouTube. She noted a full agenda and we had two Deputations. It was also noted that deputants were to stay to their five-minute allotment and to keep on topic of the agenda Items.

Th Chair acknowledged that February was Black History month and that the CEO, Tom Hunter would speak more to that on his CEO Update.

Item 2: Land and African ancestral acknowledgements

The Chair began with Land and African ancestral acknowledgements.

Item 3: New Business and Approval of public meeting agenda

The Chair asked if there were any changes to the February 10, 2025 QTEC Public meeting Agenda, being none, she asked for a motion to approve the Public Agenda of February 10, 2025 as presented.

Moved: Jim Meeks Seconded: Fareed Amin

With All in favour, it was resolved that the QTEC Public Agenda of February 10, 2025 was approved as presented**Carried**

Item 4: Chair's poll re: conflict of interest

The Chair asked the members of the Committee whether they were in conflict of interest with any agenda item. With no conflicts of interest being declared, the Chair continued to next Action Item.

Item 5: Approval of public minutes of QTEC meeting of November 18, 2024

The Chair asked if there were any edits or changes to the QTEC Public meeting Minutes of November 18, 2024. With no edits or comments brought forward, the Chair asked for a motion to approve the QTEC November 18 2024, as presented. Moved: Jim Meeks Seconded: Fareed Amin

With All in favour, it was resolved that the QTEC Public meeting Minutes of November 18, 2024 were approved as presented Carried

Item 6: Action items review

Ms. Jackson noted that 2 items were brought forward from the Audit, Finance and Risk Committee's Action Item list being:

- 1. Staff to consult with TCHC on Environmental Renewal and Plan.
- 2. Bring forward an overview of revitalization plans in the 2024 budget including net new potential housing for seniors.

She noted they were going to defer these the to Board of Directors. With no other action items discussed, and the Committee satisfied, the Chair proceeded to next Agenda Item.

Item 7: CEO Update

At the Chair's invitation, Tom Hunter went through his CEO update, highlighting:

Black History Month:

Black History Month just begun, Our focus this year is on the theme "Black Legacy and Leadership: Celebrating Canadian History and Uplifting Future Generations." Also noting that throughout the month, there will be:

- newsletters highlighting the valuable contributions of our staff members Lexandria Patterson-Richards and Ralston Nelson.
- two lunch and learn sessions, including one with Suzette Daley on "Lucie and Thorton Blackburn."

Mr. Hunter expressed that it's crucial to acknowledge and celebrate the rich history and ongoing contributions of Black Canadians, and that we are committed to fostering a culture of inclusivity and understanding within our organization.

Lunar New Year Visits:

Mayor Chow recently completed her annual Lunar New Year visits to our TSHC buildings. She visited nine buildings over two days, revisiting the four from last year and adding five new locations. Mr. Hunter noted there visits were a tremendous success, with hundreds of tenants participating. He gave a huge thank you to all the staff who stepped in to help make the visits run smoothly. He especially thanked Arlene Howells, Darryl Spencer, and Marie Fitzpatrick for their excellent planning and coordination.

ECDC Report Involvement:

Mr. Hunter noted that we continue to engage with the City and Councillor Fletcher regarding the ECDC report. A draft of the final report, which will be presented at the April 8th ECDC meeting, will be shared with the QTE Committee at a future date, as information only.

The Chair thanked Mr. Hunter for his update and opened up for questions. It noted that there were Black History month posters and a newsletter, which staff would send to the Board. There was also a thorough discussion, around Tariffs. Ms. Jackson thanked the update on the Mayor's visits and asked if a Thank you letter could be sent on behalf of the QTE Committee.

The Chair thanked everyone for the fulsome conversation and then proceeded to the next agenda item.

Item 8: TSHC QTEC 2025 Workplan

At the invitation of the Chair, Grant Coffey went through the TSHC QTEC 2025 Workplan. The Chair noted that as items come up, they will be added to the Agendas and thanked Mr. Coffey for his update and went to the next Agenda item.

Item 9: Operational Dashboard and Annual Unit Inspection Report

The Chair introduced Mr. Margulis as Deputant for the Operations Dashboard and welcomed him to the Committee meeting.

Mr. Margulis thanked the Chair, Staff and Committee members for accepting his deputation. Key topics spoken to were:

- moved into the TSHC bldg. approximately 1 year ago, after move-in some deficiencies in the apartment were found
 - some were fixed, but not all
- Superintendent from prior residence was performing massage to tenants at current building, including his next-door neighbor
- reported to suddenly start experiencing extreme odors in unit which resembled odors of heavy industrial cleaners and vaporized into his unit using fumigators

The Chair thanked Mr. Margulis for coming forward and noted that TSHC staff would follow up with him. Mr. Margulis thanked the Committee and noted he would send more thorough documentation. With that, at the invitation of the Chair, Brad Priggen went through the Operational Dashboard and Annual Unit Inspection Report.

The Chair thanked Mr. Priggen for his work and noted the heavy lifting of the work. She asked Mr. Priggen how long a Unit Inspection takes and Mr. Priggen noted they're usually 15-20 minutes. He also noted that inspections start around August and wrap up in October.

Councillor Crisanti inquired about Pest Management and the 183 Units that are pest free and at what time that was at. Mr. Priggen confirmed it was a rolling number and was from December. He also noted that TSHC was working with Toronto Public Health to help with the burden on the tenants when units are being treated.

The Chair thanked Mr. Priggen and asked about the new Tenant Checklist/Work Orders. Mr. Priggen noted that there is a new leasing package and part of that is a Checklist and an inspection form that they are to fill out and return to staff. The Chair thanked Mr. Priggen again and then proceeded to the next Agenda Item.

Item 10: Rapid Re-Housing Report

At the invitation of the Chair, Brad Priggen went through the Rapid Re-Housing Report, highlighting:

- Distribution of Units (as at Dec 31, 2024)
- TSHC Complex Tenancies SSC's carrying out home visits during the 3 months of tenancy
- The early introduction of follow-up supports with the tenant's follow-up case manager being present at the lease signing to review the terms of the lease with their client,
- And use of the comprehensive STARS (Service Triage, Assessment, and Referral Support) Supports Assessment tool prior to acceptance of into RRHI program. Prior to the use of the STARS Support Assessment tool, the Housing Stability Support Tool (HSST) was utilized
- Different paths that applicants take to become tenants at TSHC

The Chair thanked Mr. Priggen and asked if tenants coming in are meeting the age criteria for TSHC Tenants. Mr. Priggen confirmed they do meet the age criteria and also have to meet the STARs criteria. The Chair asked if there were any other questions or comments, and Jim Meeks noted he has been a big advocate for the Rapid Re-housing.

The Chair proceed to the next agenda item.

Item 11: OCHE Bi-Annual July – Dec 31, 2024

At the invitation of the Chair, Melanie Martin went through the OCHE Bi-Annual July – Dec 31, 2024 Report, highlighting:

- Referrals by Region
- Arrears at the Time of Referral
- Arrears Collection Process Compliance
- OCHE Case Management Highlights
- Arrears Managed by the OCHE
- Arrears Managed Through Local Repayment Agreements
- Breached OCHE Brokered Local Repayment Agreements
- Community Partnerships
- Year End Highlights

The Chair thanked Ms. Martin and noted the good partnerships with Toronto Rent Bank and WoodGreen Community Services and went to the next Agenda Item.

Item 12: Tenant Experience Survey Action Plan

At the invitation of the Chair, Grant Coffey went through the Tenant Experience Survey Action Plan, highlighting priority areas:

- 1. Strengthening sense of community.
- 2. Enhancing services and supports including referrals to access services and supports.
- 3. Creating more opportunities or platforms for tenants to share their concerns and complaints with TSHC.
- 4. Enhancing responsiveness and accountability.

Also noting, the process of finalizing the action plan, it was concluded that:

 26 existing actions in the Strategic Directions were aligned to support the priority areas identified in the survey.

- Two proposed actions were underway but could be better reflected in the Strategic Directions.
- Two proposed actions were brand new and recommended for adoption into the Strategic Directions.
- Three proposed actions will be considered in the future.

The Chair thanked Mr. Coffey and proceed to the next Agenda Item.

Item 13: Strategic Directions Q4 2024 Progress Report

At the invitation of the Chair, Grant Coffey went through the Strategic Directions Q4 2024 Progress Report, highlighting:

- Key Performance Indicators Dashboard
- o Tenant Engagement
- Programs and Partnerships
- Employer of Choice
- Organizational Excellence
- Strategic Directions Roadmap
- Review and Planning Sessions for Strategic Directions

The Chair thanked Mr. Coffey and asked for any questions. Jim Meeks asked for the Building Profiles with the ECDC Report and was confirmed that staff would send to Mr. Meeks. With that, the Chair proceeded to the next Agenda item.

Item 14: Strategic Directions, 2025 Roadmap

At the invitation of the Chair, Grant Coffey went through the Strategic Directions, 2025 Roadmap, once finished, the Chair asked if the Roadmap was realistic. It was confirmed that staff was optimistic. With that, the Chair asked a QTE Member for a motion to approve the Strategic Directions, 2025 Roadmap as presented.

Moved:Jim MeeksSeconded:Lawrence D'Souza

With All in favour, it was resolved that the Strategic Directions, 2025 Roadmap was approve as presented**Carried**

The Chair thanked Mr. Coffey and proceeded to the next agenda item.

Item 15: Quality Improvement Projects Q4 2024 Progress Report

The Chair noted that there was a deputation on the Quality Improvement Projects Q4 2024 Progress Report from Bill Lohman. Mr. Lohman thanked the Chair and Committee and spoke to Quality Improvement Projects Q4 2024 Progress Report, noting:

- Massive work done through communications such as Seniors speak
- What's the Senior focus training
- Efforts are put together well with the Integrated Service Model and Seniors Housing as well as in last year on Community Connect+ and Tenant Engagement
- Programming and supports going into different buildings, and commended Mr. Hunter for the good work done
- Tenant input is important

The Chair thanked Mr. Lohman and asked Mr. Hunter if he would speak to the Seniors Training. Mr. Hunter noted that an update would be taken back to STAC on the training and seniors focus. The Chair thanked both Mr. Hunter and Mr. Lohman and asked the Committee and Board if they had any questions or comments for Mr. Lohman. Mr. Crisanti thanked Mr. Lohman for the deputation and noted we should be proactive with our Seniors. He also noted that recorded votes could be useful in future meetings. With no other comments, through the Chair. Grant Coffey went through the Quality Improvement Projects Q4 2024 Progress Report, highlighting:

- Quality Improvement Projects Quarterly Tracker
- Quarterly Progress
- Pest Management
- Safety and Security
- Staff and Tenant Relations

With no further comments or questions, the Chair proceeded to the next Agenda Item.

Item 16: Engagement and Partnerships Update

The Chair noted that there was another deputation by Bill Lohman on the Engagement and Partnerships Update. Mr. Lohman thanked the Chair and Committee and spoke to Engagement and Partnerships Update, noting:

- Has been heavily involved in the Engagement and Partnerships
- o Tenants taking lead in Tenant Lead Programming, having voice is important
- Funding and Activities

The Chair thanked Mr. Lohman and asked if there were any questions or comments for Mr. Lohman. With no other comments, through the Chair. Arlene Howells went through the Engagement and Partnerships Update Report, highlighting:

- Annual Building Meetings
- Senior Tenants Advisory Committee (STAC)
- Community Activities Fund
- (CAF) and Community Connect+
- Community Programs &
- Partnerships (CPP) 2025 Priorities
- Agreements
- Status of 2024/2025 Program Requests

The Chair thanked Ms. Howells for the update and indicated the appreciation for STAC and the feedback that STAC provides. The Chair also noted the appreciation to Mr. Howells and all the work she has done with the Tenants and Partners. Jim Meeks also noted a big thanks to Ms. Howells and all the work she has done. With that, the Chair proceeded to the final Agenda Item.

Item 17: Adjournment

The Chair thanked the Committee members, Board, Staff, Deputants and the online attendees to the TSHC QTEC February 10, 2025, meeting and asked for a motion to adjourn the meeting.

Moved:Jim MeeksSeconded:Fareed Amin

Linda Jackson, Chair Quality and Tenant Engagement Committee

Toronto Seniors Housing Corporation (TSHC)

Quality and Tenant Engagement Committee Meeting

(QTEC)

Date: Monday, March 24, 2025 Time: 3:00pm to 5:00pm Location: WebEx and Livestream

The Quality and Tenant Engagement Committee (QTEC) of the TSHC Board held its meeting on Monday, March 24, 2025, at 3:00pm via WebEx video conference. **This meeting was livestreamed and can be viewed** <u>here</u>.

Members in attendance:

Linda Jackson, Chair Fareed Amin Jim Meeks Brenda Parris Councillor Crisanti

Guests:

Mona Bottoni, Senior Manager Operations, Community Safety Unit

TSHC staff present:

Tom Hunter, Chief Executive Officer Grant Coffey, Director, Strategy and Business Management Arlene Howells, Director, Engagement, Partnership and Communications (I) Carol Francis, Director, People & Culture Brad Priggen, Director, Operations Vince Truong, Interim Finance Lead Karyn Bawden, EA and Board Secretary Fatima Mahmood and Emma Francis, EAs

Item 1: Chair's remarks

The Chair, Linda Jackson, welcomed Committee members, Board, Staff and online participants to the Quality and Tenant Engagement Committee meeting of March 24, 2025. Ms. Jackson stated that the meeting was being live streamed on YouTube. Th Chair acknowledged that Ramadan was being observed throughout the month of March and will end with Eid al-Fitr (Mar 29-Apr 1) and also noted that March is Irish Heritage Month, Bangladeshi Heritage Month, Hellenic Month & Persian Heritage Month. She acknowledged March 24th as International Day for the Right to the Truth concerning Gross Human Rights Violations and for the Dignity of Victims, ; March 25th as Greek Independence Day as well as International Day of Remembrance of the Victims of Slavery and the Transatlantic Slave Trade. And, March 31st, as International Transgender Day of Visibility as well as National Indigenous Language Day.

The Chair noted the TSHC Quality and Tenant Engagement Agenda would present the TSHC Operational Dashboard, a Communications Update as well as a Community Safety Unit report. The Chair noted there were no Deputations on the Agenda and proceeded to the next Agenda Item.

Item 2: Land and African ancestral acknowledgements

The Chair began with Land and African ancestral acknowledgements.

Item 3: New Business and Approval of public meeting agenda

The Chair asked if there were any changes to the March 24, 2025 QTEC Public meeting Agenda, being none, she asked for a motion to approve the Public Agenda of March 24, 2025 as presented.

Moved: Jim Meeks Seconded: Fareed Amin

With All in favour, it was resolved that the QTEC Public Agenda of March 24, 2025 was approved as presented**Carried**

Item 4: Chair's poll re: conflict of interest

The Chair asked the members of the Committee whether they were in conflict of interest with any agenda item. With no conflicts of interest being declared, the Chair continued to next Action Item.

Item 5: Approval of public minutes of QTEC meeting of February 10, 2025

The Chair asked if there were any edits or changes to the QTEC Public meeting Minutes of February 10, 2025. With no edits or comments brought forward, the Chair asked for a motion to approve the QTEC February 10, 2025, as presented.

Moved: Jim Meeks Seconded: Fareed Amin

With All in favour, it was resolved that the QTEC Public meeting Minutes of February 10, 2025, were approved as presented Carried

Item 6: Action items review

Ms. Jackson addressed the action items, and it was asked about the Rapid Re-Housing (RRH) and STARS system assessment tool and whether that was for all or just RRH. Mr. Priggen confirmed only for RRH. With that and no other conversation, the Chair proceeded to next Agenda Item.

Item 7: CEO Update

At the Chair's invitation, Tom Hunter went through his CEO update, highlighting:

- NORC Innovation Centre
- Economic and Community Development Committee (ECDC) Report
 - April 8, 2025 next meeting and will bring update to TSHC April 29, 2025 Board meeting
- Community Safety Unit Report being presented at today's meeting

- Fire Safety
 - June is Fire Safety Awareness month
- Arlene Howells official last QTEC meeting.

Brenda Parris asked what TSHC Buildings currently have the NORC program. Arlene Howells noted that currently there are 4 TSHC Buildings currently in the program. It was asked then that a more thorough presentation be brought to the next QTEC meeting.

Ms. Parris asked for clarity on the ECDC meeting of April 8th. Mr. Hunter confirmed that the ECDC will meet on April 8th and would provide an update on that meeting to the TSHC Board at the April 29, 2025 Board meeting.

Action: TSHC Staff to bring forward a NORC Report to QTEC

The Chair thanked Mr. Hunter and the Committee for the wholesome discussion and proceeded to the next agenda item.

Item 8: Operational Dashboard

At the invitation of the Chair, Brad Priggen went through the Operational Dashboard, highlighting:

- Monthly Summary
- Arrears
- Vacancies
- Maintenance Work Orders
- Administrative Requests (Tickets)
- Pest Management

Brenda Parris asked for a description of the difference between a TSA and an SSC. Mr. Priggen noted that the TSA does the back-office work from Regional Office and the SSC are in the building day-to-day gathering documents that go to the TSA.

Councillor Crisanti noted he would like to see more details of Maintenance Issues. It was asked about the aggregate numbers on how many tenants have moved out. It was asked that a report on move outs be brought to the Committee.

Action: TSHC Staff to bring forward a Move-Out Report to QTEC

The Chair thanked Mr. Priggen and then proceeded to the next Agenda Item.

Item 9: Communications Update

At the invitation of the Chair, Arlene Howells went through a Communications Update, highlighting:

- 2024 Tenants
- 2024 Staff
- 2024 Public
 - \circ Website
 - Social Media
 - Other Digital Products
 - Sharing our story
- 2024 Corporate Comms
- 2024 Translation/Interpretation
- 2024 Supporting Inclusion, Diversity, Equity and Accessibility (IDEA)
- 2025 Tenants and Staff
- 2025 Corporate/Public Comms

There was a discussion among the Committee and Ms. Parris inquired about Partnerships. It was noted that our partnerships were ongoing. Fareed Amin noted that the information provided was good, and asked how we have influenced, and are we making a difference. He was noted that including staff clicks was useful data. The Chair thanked Ms. Howells for the update and indicated her appreciation of all the work she has done, and the remainder of the QTE Committee thanked Ms. Howells as well. With that, the Chair proceeded to the next Agenda Item.

Item 10: Community Safety Unit Report

At the invitation of the Chair, Mona Bottoni, Senior Manager Operations, Community Safety Unit (CSU) went through the CSU Report, highlighting:

- Calls For Service (CFS)
- Proactive Work in TSHC Buildings (CSU)
 - o Community Safety Unit Patrols
 - Engagement Activity
 - o Tenant Visits and Tenant Management Meetings
 - Referrals
 - Crime Prevention through Environmental Design (CPTED) Audits
- Criminal Activity on TSHC Property
 - Crimes against Persons
 - o Crimes against Property
- Violence Reduction Program ('VRP')
- Q4/2024 Update On Other Security Measures (TSHC)
 - FOB Update related to TSHC sites
 - Third Party Security update related to TSHC sites

The Chair thanked Ms. Bottoni and there was a fulsome conversation among the Committee. 3rd Party Security concerns were brought up and noted more information was needed for the Committee.

Councillor Crisanti asked if there were dedicated officers to proactively go to buildings. Ms. Bottoni noted that the officers are not dedicated to Seniors buildings alone, when an officer receives a call, they respond to the building.

Councillor Crisanti also noted that calls have gone up dramatically and inquired what was driving the increase. Ms. Bottoni noted it was dependent and varies (i.e. seasonal etc.). Councillor Crisanti also asked about Neighbourhood Community Officers (NCO) and how do they collaborate with the CSU. It was noted that the information on the NCO's was not readily available but would be brought back to the Committee.

Mr. Hunter thanked Councillor Crisanti and the Committee for their questions and comments and noted that the City had a formal CSU Review where recommendations were made October 2024. He noted we are waiting to see the recommendations and results from the review. Ms. Bottoni thanked Mr. Hunter and noted that the CSU Recommendations and results will be reviewed at the April 2025 TCHC Board meeting.

The Chair thanked Ms. Bottoni and the Committee for their questions and comments and noted that she looks forward to a more high level briefing moving forward. With that, the Chair proceeded to the final agenda item.

Item 11: Adjournment

The Chair thanked the Committee members, Board, Staff, and the online attendees to the TSHC QTEC March 24, 2025, meeting and asked for a motion to adjourn the meeting.

Moved:Jim MeeksSeconded:Fareed Amin

With All in favour, it was resolved that the TSHC QTEC March 24, 2025, meeting	าg
terminate Car	ried

Linda Jackson, Chair Quality and Tenant Engagement Committee

Toronto Seniors Housing Corporation

Toronto Seniors Housing Corporation (TSHC) Quality and Tenant Engagement Committee (QTEC)

Action Items List as of March 2025

	Action items								
	Meeting Arising From	Description	Resp	Status					
1.	March 24, 2025	Bring to Committee NORC Report	Deanna Veltri	Complete					
2.	March 24, 2025	Bring to Committee Move-Out Report	Brad Priggen	Complete					

	Completed Action items								
	Meeting arising from	Description	Resp.	Status					
1.	November 18, 2024	Tenant Work Orders Submitted	Brad Priggen	Completed					
2.	November 18, 2024	Provide report of Rapid Re- housing bi-annually to QTE Committee	Tom Hunter/ Brad Priggen	Completed					
3.	Sept 30, 2024	Provide stats on CCTV Cameras to Board	Brad Priggen	Completed					

Toronto Seniors Housing Corporation

Toronto Seniors Housing Corporation

Quality and Tenant Engagement (QTEC) Meeting

Meeting Date: May 26, 2025

Item Number: 08

Report Name: Strategic Directions Progress Report – Q1 2025

To: Quality and Tenant Engagement Committee

From: Grant Coffey, Director, Strategy and Business Management

Date of Report: May 12, 2025

Purpose: For Information

Recommendation:

It is recommended that the Quality and Tenant Engagement Committee (QTEC) receive this report for information.

Reason for Recommendation:

At the Board of Directors meeting on February 26, 2025, the Board approved the updated 2023-2025 Strategic Directions (SD) Roadmap, to reflect revised timelines and activities, resource capacity, and build on progress and experience gained in 2023 and 2024. The updated Strategic Directions Roadmap outlines the key initiatives and milestones that will guide our progress until the end of 2025. This report provides highlights on the progress made on implementing the Strategic Directions in Q1 2025.

Key Performance Indicators Dashboard

As indicated in the Q1 2025 KPI Dashboard, the first quarter showed encouraging results across KPIs. For more comprehensive details, please refer to Attachment 1.

- Arrears Management: TSHC achieved a rent collection rate of 100.2 percent in Q1, this amount also includes arrears that have been collected in quarter.
- **Pest Management:** The Operations and Environmental Health Unit teams continue to work actively with tenants to address pest issues, resulting in 674 units being declared pest free in the first quarter.
- Vacancy Management: Housing Occupancy Rate exceeded target in Q1 and at 98.40% in March and the average unit turnover days in Q1 is 66 days, up from 61 days in Q4 2024.
- **Community Safety:** 1938 incidents (slightly up from 1817 in Q4 2024) and 542 proactive interventions (slightly down from 596 in Q4 2024) were reported in Q1 2025.
- Tenant Engagement
 - 237 Community Activities Fund (CAF) applications have already been entered, with 43 CAF applications approved in Q1.
 - \$3,303.88 in CAF funds have been distributed in Q1 to fund tenant activities.
 - Annual Planning Meetings (APMs) have concluded for 2025, with 72 meetings held across TSHC buildings. In 2026, APMs will be shifted to September and October to improve program efficiency and engagement, and close gaps in programming during the fall and winter months.
 - TSHC has received over 40 applications from tenants to join the Senior Tenants Advisory Committee.

• Programs and Partnerships

- A total of 273 recurring programs led by tenants and service providers are currently being offered.
- 50 partnership contracts have been signed.
- The 2025 program will focus on achieving the top two priorities identified for all buildings during the 2024 Annual Planning Meetings.
- Employer of Choice
 - One staff town hall was held virtually in Q1, with 120 attendees.
 - Leadership training for people leaders and a new onboarding/ orientation program for new hires have been developed.
 - Inclusion, Diversity, Equity and Accessibility (IDEA) strategy developed.
- Organizational Excellence
 - TSHC has worked with TCHC to finalize the year end Statement of Operations. TSHC's financial standing stays robust as of December 31, 2024.

Strategic Directions Roadmap

The SD Roadmap translates the Strategic Directions into a plan for delivery. The Q1 2025 Roadmap Tracker demonstrates progress across various strategic initiatives. In the first quarter of 2025, seven projects/activities were planned, with five completed on time, and two with revised timelines. Project teams are committed to completing activities according to the updated timelines. Attachment 2 provides highlights of the completed projects and outlines the details of those with revised timelines.

Review and Planning Sessions for Strategic Directions

A review session was held with the TSHC Extended Leadership Team at the beginning of April to look at the recent progress of the Strategic Directions. At this meeting considerations for the future strategic planning process was introduced. Planning sessions will be held with Leadership and Extended Leadership Team later in the year as well as with Board.

Grant Coffey

Director, Strategy and Business Management

List of Attachments:

- Attachment 1 SD Key Performance Indicator Dashboard Q1 2025
- 2. Attachment 2 SD Roadmap Update Q1 2025

Toronto SeniorsToronto Seniors Housing Corporation (TSHC) Strategic DirectionsHousing CorporationKey Performance Indicator Dashboard - Q1 2025

Strategic Objective 1: To provide safe, clean and well-maintained buildings and to support stable tenancies

80.0%

Highlights:

- <u>Work Orders</u>: the percentage of work orders completed within Service Standards, for staff the compliance rate was 86% and for vendors the rate was 43.6% in March.

- <u>Pest Management</u>: In Q1, a total of 674 units were declared pest free. Staff have assisted 20 tenants in preparation for treatment and coordinated the preparation of 27 units with Toronto Public Health.

- <u>The housing occupancy rate</u> at the end of March stood at 98.4%, exceeding the target of 98%. The average unit turnover days in Q1 was at 66 days, increasing from 61 days in Q4.

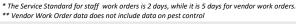
- <u>Arrears</u>: TSHC achieved 100.2% rent collection rate in Q1 (includes arrears that have been collected in quarter). The arrears level has remained stable during Q1, with 96% of households maintaining good financial standing. A majority of households in arrears fell within the \$1 - \$2,000 range.

% of Maintenance Work Orders Completed within Service Standard*



---Staff Work Order --- Vendor Work Order**

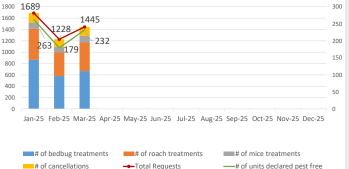
Housing Occupancy Rate



98.40%

98.13%

Number of Pest Treatment Requests and Number of Units Declared Pest Free



% of Units that Met the Unit Turnover Standard (60 days)

100%	6 —		050/	050/									
95%	6 93%		95%	95%									
90%	6 —												
85%	6												
80%	6 —												
75%	6 —												
70%	6 —												
65%	6 —												
60%	6												
55%	6												
50%	6												
	Jan	-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25

Average Unit Turnover Days 66 Days (A from 61 days in Q4, 2024)

Sector Average YTD 79.4 Days (2024)

Households in Arrears

Rent and Parking Balance Range	No. of Tenant Accounts with Arrears
\$1-\$2,000	941
\$2,001-\$4,000	74
\$4,001-\$6,000	39
\$6,001-\$8,000	26
\$8,001-\$10,000	13
\$10,001 and above	20
Grand Total	1,113

Community Safety 661 661 100% 616 99% 98 24% 98% 191 150 97% 96% Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25 Oct-25 Nov-25 Dec-25 Community Safety Incidents Proactive Interventions 95% Community Safety Incidents include cause disturbance incidents, crimes against justice, crimes against property, crimes against persons, false fire alarms, fire incidents, medical incidents, mental health incidents, disputes, parking incidents, trespass incidents, sudden death, other incidents, etc.

Note: Incident categorization is reviewed on a regular basis and may be updated over time

Proactive Interventions include check welfare incidents, CSU patrols, and video requests.

Monthly Rent and Parking Arrears

\$1,373		351,96	6							
	Max 25	Apr 2E	May_25	lun_25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-2

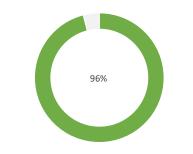
Rent Collection Rate 100.2% (🔺 from 100% in Q4, 2024) Sector Average YTD 95.3% (2024)

% of Households in Good Financial Standing

—TSHC Housing Occupancy Rate

Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25 Oct-25 Nov-25 Dec-25

—Target



15 Evictions Enforced (4 evictions in Q4, 2024)

Strategic Objective 2: To enhance tenant engagement and inclusion in their communities and provide opportunities for tenants to have a voice

Highlights:

- Staff collaborated with various City of Toronto units/representatives to promote city initiatives to tenants (and staff) across our portfolio including: Seniors Services and Long-Term Care (SSLTC) Office to promote the Toronto's Seniors Strategy Consultation Sessions across the city and related Survey, the Mayor's Budget Town Hall, and Toronto's Emergency Survey. - Over 40 tenants applied to join the Senior Tenants Advisory Committee.

- Garden Guidelines established for community gardening efforts.
- Tenant Volunteer study conducted by students on how to increase volunteer participation.

Community Activities Fund Distribution

\$ Community Activities Fund Distributed in this quarter:

Q1: \$3,303.88

\$ Tenant Action Fund Distributed in the same guarter last year: \$0*

Number of Community Activities Fund Applications Approved:

43 in Q1

*During Q1 2024, there were no applications approved (and therefore no funds were distributed) as focus was on holding building meetings to identify priorities for each building's Community Activities Fund budget.

Recurring Programming

Communications with Tenants:

1 issue of Seniors Speak and **1** Community Letter with Video

13 new posters translated into top 8 languages and 18 distributed

Tenant Engagement Activities

3 CEO Tours

2 Senior Tenants Advisory

Committee Meeting

72 Annual Planning Meetings

2 Community Connect+ **Implementation Table Meetings**

1137 tenants participated (including tenants attending CEO Tours)

Online Engagement

Website Users: **11,751** Social Media Audience:

2144

Social Media Audience Growth:

67

- Tenant Volunteer Code of Conduct developed.

- Tenant Volunteer Training sessions implemented.

Strategic Objective 3: To facilitate access to services and programs that tenants need and want

Highlights:

- In 2024, 189 Community Activities Fund (CAF) applications were approved. As of April 9, 2025, 237 CAF applications have already been entered into the system, with 43 approved in Q1.

- Annual Planning Meetings (APMs) ran from late January through early April, with 72 meetings held.

- We'll be accepting CAF applications in September and October for 2026, so that there is continuity in programing for the months of January-March 2026. Under the current model, programming is delayed until most buildings have held their APMs and budgets released. This also creates a bottleneck in CAF applications, leading to delays in approvals for funded activities.

- 310 tenants filed their taxes through clinics held in eight buildings.

- 14 tenant-led community events were held in Q1. Note: methodology for the recurring programming KPI is under review.

Strategic Objective 4: To promote innovation

No new innovations implemented across the organization in Q1.

Enabler: Employer of Choice



Q1, 2025 Q2, 2025 Q3, 2025 # Tenant Led - Recurring Programming # Agency Led - Recurring Programming

Enabler: Employer of Choice

223

50

Highlights:

- Black History Month Celebrations included one specific staff

newsletter, three Lunch and Learn sessions, one tenant story in Seniors Speak, as well as staff features in social media posts

Q4, 2025

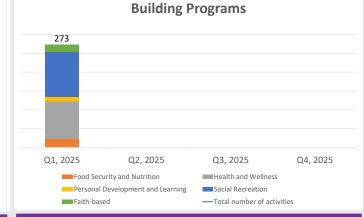
- Inclusion, Diversity, Equity and Accessibility (IDEA) strategy developed. - Created and delivered three Staff Bulletins with 57 new stories and three engaging staff profiles.

- One staff town hall was held virtually, with 120 attendees.

- Leading with Impact Leadership Development training rolled out, follow up session targeted for September.

- Onboarding/orientation program has been created. Sessions are provided bi-weekly for new hires.

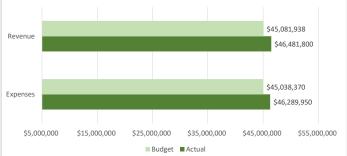
- Annual People and Culture strategic priorities established.



Enabler: Organizational Excellence

Statement of Operations

As of December 31, 2024



Attachment 2 - SD Roadmap Update Q1 2025

Objective/Enabler	Accountabilities	Initiatives	Actions	Time-limited Activities	Current Timeline	Updated Timeline	Status	Highlights/Comments
Partnership To facilitate access to services and programs that tenants need and want	Director, Engagement, Partnerships and Communications	Facilitate access to priority health and community support services	Maintain and create new partnerships to help senior tenants access the support and services they need and want	Develop and implement a tenant participation satisfaction survey	Q1 2025 Q2 2025	Q2 2025	Revised Timeline	No capacity to do this due to staffing changes in Q2. Borrowing resources from NORC Innovation Centre questions on engagement. Working to do sample reporting in Q2 by region.
Organizational excellence To strive for organizational excellence for effective and efficient delivery of our mandate	Director, Strategy and Business Management	Manage our financial resources responsibly	Work with TCHC and City on annual budget process	Budget finalizing – 2025	Q1 2025	Q1 2025	Completed	TSHC 2025 budget approved by City Council in February 2025.
Organizational excellence To strive for organizational excellence for effective and efficient delivery of our mandate	Director, Strategy and Business Management	Identify and reduce risk	Develop a TSHC risk and mitigation plan	Develop a high-level risk management scope and assessment	Q1 2025	Q1 2025	Completed	Enterprise Risk Management approved at Board in February 2025, along with a Risk Dashboard and Risk Register. Previously in 2024 the Enterprise Risk Management Policy was approved at Board.
Organizational excellence To strive for organizational excellence for effective and efficient delivery of our mandate	Director, Strategy and Business Management	Develop clear, plain language policies	Review priority policies to reflect TSHC values and principles	Review and update the tenant Human Rights Complaint Procedure	Q1 2025 Q2 2025	Q2 2025	Revised Timeline	Tenant Human Rights Complaints Procedure drafted and in final review with internal and external stakeholders. Training scope developed, procurement underway with plans for implementation upcoming in Q2.
Organizational excellence To strive for organizational excellence for effective and efficient delivery of our mandate	Director, Strategy and Business Management	Develop clear, plain language policies	Review priority policies to reflect TSHC values and principles	Review and update the Fraud Prevention Policy	Q1 2025	Q1 2025	Completed	TSHC's new Fraud Prevention Policy was approved at the Board of Directors meeting on February 26, 2025.
Employer of choice To be an employer of choice by fostering a culture of innovation that engages, empowers, and supports staff	Director, People and Culture	Foster continuous learning and improvement	Develop, implement, and continuously improve onboarding, orientation and training programs that focus on enhancing skills to deliver seniors-focused services	Create an onboarding program specific to TSHC for all new hires	Q1 2025	Q1 2025	Completed	Employee Orientation complete. Sessions are scheduled on a bi- weekly basis.
Employer of choice To be an employer of choice by fostering a culture of innovation that engages, empowers, and supports staff	Director, People and Culture	Foster continuous learning and improvement	Develop, implement, and continuously improve onboarding, orientation and training programs that focus on enhancing skills to deliver seniors-focused services	Roll-out Leadership Training	Q1 2025	Q1 2025	Completed	Leading with Impact Training completed on March 27, 2025. Follow-up session scheduled for September 2025.

Toronto Seniors Housing Corporation

Toronto Seniors Housing Corporation

Quality Tenant Engagement Committee Meeting

Meeting Date: May 26, 2025

Topic: TSHC Operational Dashboard

Item Number: 09

To: Quality and Tenant Engagement Committee (QTEC)

From: Brad Priggen, Director of Operations

Date of Report: May 13, 2025

Purpose: For information

Recommendation:

It is recommended that the Quality and Tenant Engagement Committee receive the TSHC April 2025 Operational Dashboard for information.

Brad Priggen Director of Operations

List of Attachments:

09a - TSHC QTEC Report-April 2025 Operational Dashboard

Toronto Seniors Housing Corporation

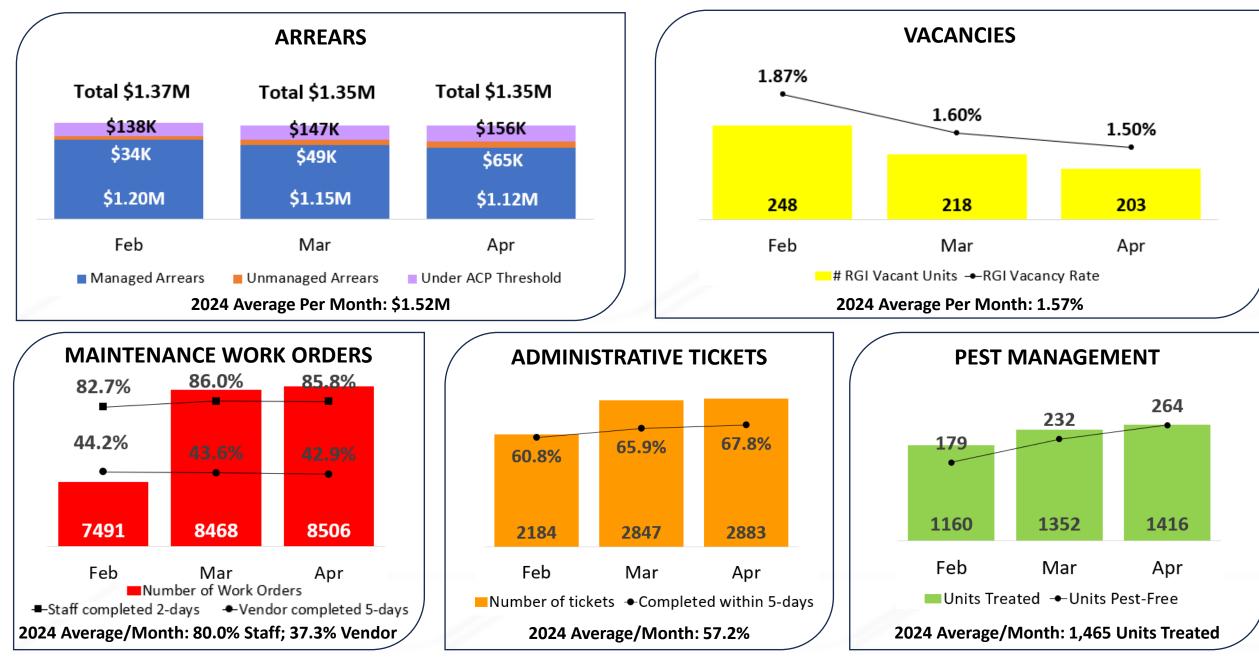
Operational Performance Monthly Dashboard April 2025

Quality and Tenant Engagement Committee Meeting

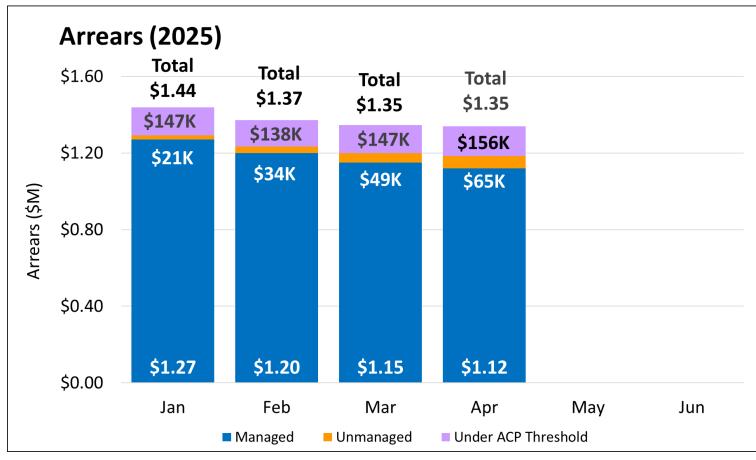


Monthly Summary: TSHC

April 2025



Arrears

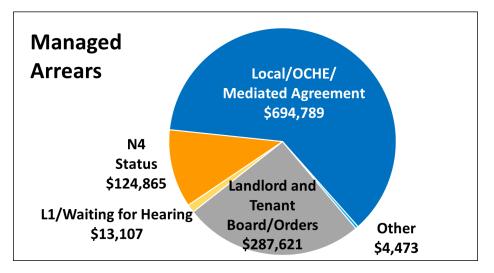


Arrears	Jan	Feb	Mar	Apr	May	Jun
Managed and Unmanaged	\$1.30M	\$1.24M	\$1.20M	\$1.19M		
Under Arrears Collection						
Policy threshold	\$147K	\$138K	\$147K	\$156K		
Total	\$1.44M	\$1.37M	\$1.35M	\$1.35M		

\$4.2K decrease in total arrears from March 2025

Managed arrears: \$28.3K decrease from Mar 2025 Unmanaged arrears: \$15.5K increase from Mar 2025 Under ACP threshold: \$8.7K increase from Mar 2025

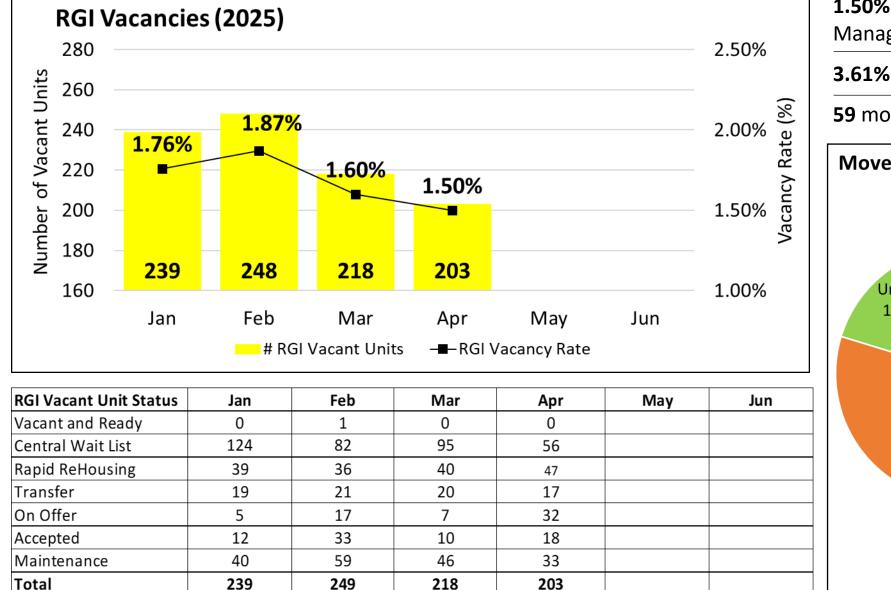
April 2025



Managed and Unmanaged Arrears	Total	Tenants
N4 Status	\$124,865	78
L1/Waiting for Hearing	\$13,107	4
Local/OCHE/Mediated Agreement	\$694,789	258
Landlord & Tenant Board/Orders	\$287,621	44
Other	\$4,473	4
Total Managed	\$1,124,855	388
Unmanaged	\$64,931	36
Total Managed and Unmanaged	\$1,189,786	424

Vacancies

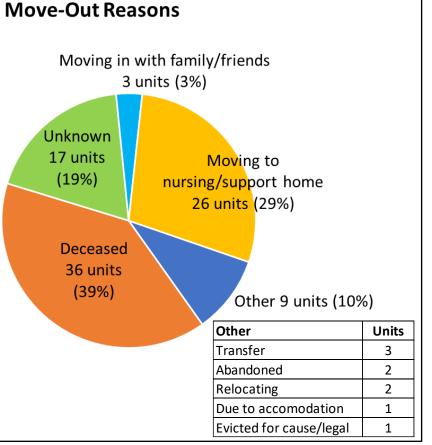
April 2025



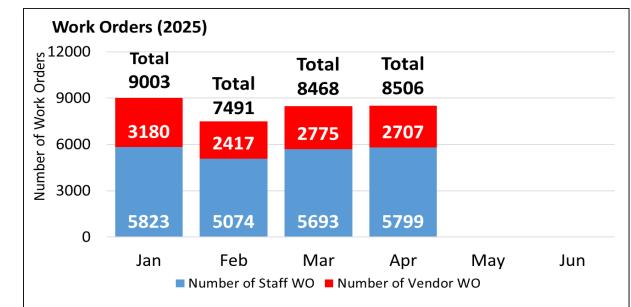
1.50% RGI vacancy rate is below the Service Manager target of 2.00%

3.61% AFF (affordable housing) vacancy rate

59 move-in and 91 move-outs



Maintenance Work Orders (WO)



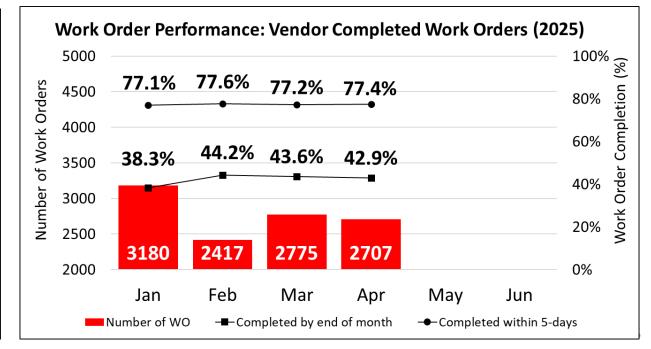
8,506 WO (work orders)

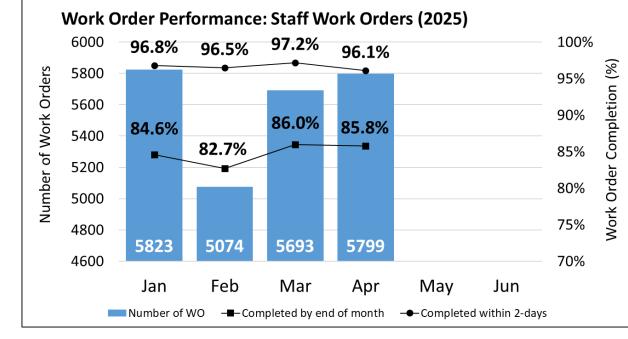
5,799 staff WO: (68%)	85.8% completed within 2 business days96.1% completed by end of the month
2,707 vendor WO:	42.9% completed within 5 business days
(32%)	77.4% completed by end of the month

Top 5 Staff Work Order Categories			
Plumbing	16%		
Alarm Monitoring	15%	62%	
Janitorial	14%	of WO	
Electrical	9%		
Doors	8%		

Top 5 Vendor Work Order Categories			
Pest Control	59%		
Plumbing	9%	82%	
Appliances	5%	of WO	
Doors	5%		
Elevators	3%		

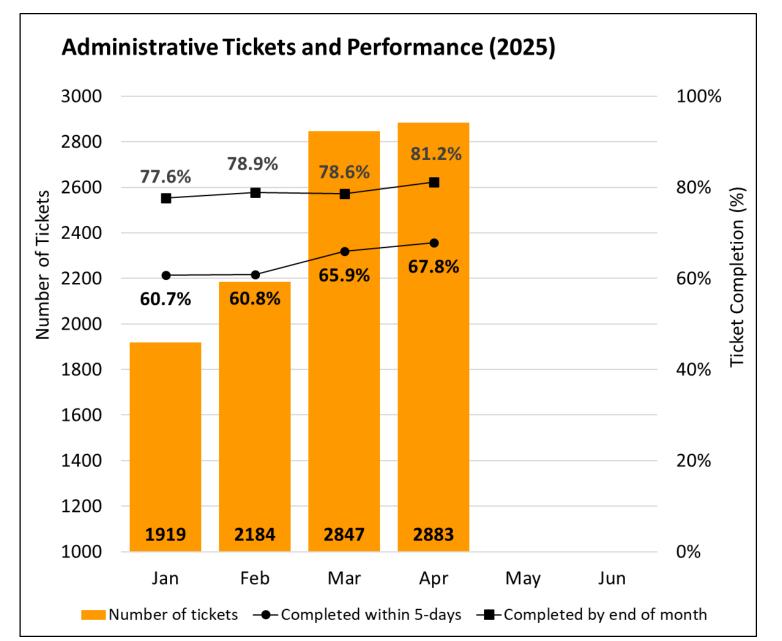
April 2025





Administrative Requests (Tickets)

April 2025



2,883 administrative tickets

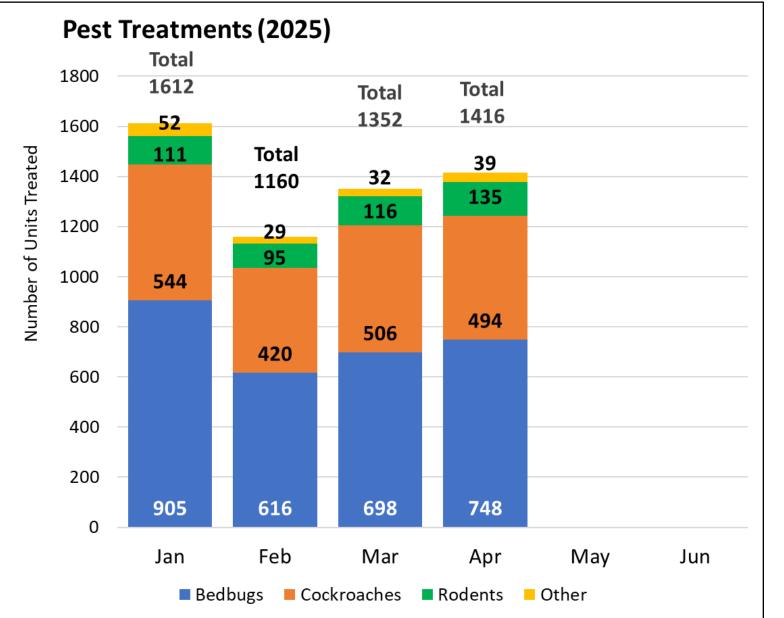
67.8% completed within 5 business days81.2% completed by end of the month

Top 5 Administrative Ticket Categories			
Annual Rent Review	35%	770/	
Document Requests/Support	22%	77%	
Referral Requests	10%	of	
Complaints	5%	Tickets	
Information Requests	5%	TICKETS	

Administrative Ticket Assignments		
Senior Services Coordinator	60%	
Tenant Services Administrator	31%	
Call Centre Agent	5%	
Tenant Engagement and Services Supervisor	1%	
Other	4%	

Pest Management

April 2025



1,416 units treated for bedbugs, cockroaches, rodents, other (flies, ants)

264 units declared pest-free

4 units received TSHC staff assistance with preparation and bed replacement

12 units received Toronto Public Health assistance (in collaboration with TSHC) with unit preparation for treatment

Glossary/Definitions

ARREARS

Arrears Collection Process (ACP): the process by which staff collect outstanding payments from tenants

Unmanaged arrears: arrears that are not in the collection process

Managed arrears: arrears that are in the collection process (N4 issued, repayment agreement, Order, etc.)

Under ACP threshold: arrears that are outside of the ACP

N4 issued: a legal notice to end tenancy for non-payment of rent

Repayment agreement: arrears for which an agreement has been negotiated for repayment; Local Agreements (negotiated by staff), OCHE Agreements (negotiated by OCHE) and Mediated Agreements (imposed by the Landlord and Tenant Board)

Order: an Order received from the Landlord and Tenant Board

VACANCIES

Vacancy rate: the percentage of rentable units that are vacant

Rapid ReHousing: an initiative to identify vacancies to be made available immediately to people experiencing homelessness in Toronto

Transfer: vacant unit to be used for overhoused or crisis transfers (household that is facing direct, immediate, elevated and acute risks to their health and/or safety)

On offer: vacant unit for which an offer has been made to an applicant

Offer accepted: vacant unit for which an applicant has accepted and is in the process of signing a lease

Maintenance required: vacant unit that requires minor maintenance

MAINTENANCE WORK ORDERS

Staff work orders: work orders assigned to staff and no vendor assigned

Staff work orders completed: work orders where staff have updated the status to "Work Completed"

Vendor work orders: work orders assigned to vendors (includes pest control vendors)

Vendor work orders completed: work orders where the vendor has updated the status to "Vendor Completed"

ADMINISTRATIVE REQUESTS (TICKETS)

Completed: tickets where staff have updated the status to "Completed"

PEST MANAGEMENT

Pest-free units: units are declared pest-free when no live activity (bedbugs/cockroaches) is observed by the technician or vendor following treatment

Toronto Seniors Housing Corporation

Quality tenant Engagement Committee Meeting

Meeting Date: May 26, 2025

Topic: Reason for Move Out

Item Number: 10

To: Quality and Tenant Engagement Committee

From: Brad Priggen, Director of Operations

Date of Report: February 10, 2025

Purpose: The purpose of this report is to provide the Quality and Tenant Engagement Committee (QTEC) with information as relates to the reasons that tenants provide for moving out of Toronto Seniors Housing Corporation.

Recommendation: It is recommended that QTEC receive this report for information.

Reason for Recommendation: The Quality and Tenant Engagement Committee had requested staff to review the reasons that Tenants vacate the Corporation's units.

Staff reviewed the move out data for January 1, 2023, to December 31, 2024, and while tenants are not required to provide staff with a reason to vacate, 86% of the units vacated did provide a reason.

Over 2024, there were 1,000 moveouts, 41.70% of units were vacated after the sole leaseholder passed away, while 20.06% of units were vacated due to the tenants moving to a nursing home/supportive housing. These two reasons for vacating account for 61.76% of the total move outs. A complete list of the reasons provided to TSHC for vacating can be found below.

Dessen Drewided	2023		2024	
Reason Provided	Counts	Percentage	Counts	Percentage
Deceased	409	38.05%	417	41.70%
Moving to Nursing	233	21.67%	206	20.06%
Home/support home				
No Reason Given	193	17.95%	141	14.10%
Transfer	77	7.16%	55	5.50%
Relocating	25	2.33%	29	2.90%
Moving in with	35	3.26%	27	2.70%
Family/Friends				
Health Related Reason	25	2.33%	24	2.40%
Move Out due to	17	1.8%	24	2.40%
Accommodation				
Tenant Abandoned unit	21	1.95%	21	2.10%
Evicted for Cause/legal	9	0.84%	17	1.70%
Moving to another	14	1.30%	10	1.00%
City/Country				
Evicted for Arrears	5	0.47%	9	0.90%
Moving to another	3	0.28%	8	0.80%
Subsidized Housing/				
landlord				
Move to Larger unit	3	0.28%	3	0.30%
Need more space	1	0.09%	3	0.30%
Never Moved In	4	0.37%	3	0.30%
Incarcerated Serving	0	0%	1	0.10%
Sentence				
Misrepresentation/Fraud	0	0%	1	0.10%
Rent too high	1	0.09%	1	0.10%
Totals	1,075	100%	1,000	100%

When a unit Becomes Vacant

Once a tenant provides notice to vacate or TSHC becomes aware that a tenant has vacated a unit, the move out process is initiated. TSHC staff completed the unit turnover process in 57 days (YTD Q3 2024) which is 24.3 days less than the average of 81.3 days industry average (Local Housing Corporation).

While vacant units are scoped for repair by TSHC staff, the move out process is a capital process and is facilitated by TCHC staff and vendors. Outlined below is an overview of the process that TSHC and TCHC use to turnover units for re-occupancy.

Step	Responsible Party	Timeline / SLA	System/ Tools Used
Notification of Vacancy	Tenant Services Administrator	Within 2 days of tenant's written notice	HoMES, SuiteSpot
Scheduling Pre- Move Out Inspection	Move-Out Admin/ Site Super	Next business day entry; inspection scheduled within 5 days	MO Portal, SuiteSpot
Pre-Move Out Inspection	Site Super	Within 5 business days of work order	SuiteSpot
Vendor Acceptance	Vendor	Upon notification	System- generated emails
Pre-Vacancy Inspection	Site Super	On or shortly after tenant vacates	MO Portal, Email alerts

1. Timeline Overview

Step	Responsible	Timeline / SLA	System/
otep	Party		Tools Used
Vacancy	Site Super &	Post-move-out, prior to	SuiteSpot
Inspection	Vendor	work start	
Final Inspection	Site Super	Scheduled after work	MO Portal
		completion	
Payment	Finance	As per set workflows	HoMES
Processing			

2. Quality Control Measures

Area	Control Mechanism	Triggered By
Timeliness	Overdue flags and automated	Missed deadlines (e.g.,
	emails for delays	Pre-Inspection SLA)
Inspection	Review by MO Admin and	Scope of work
Accuracy	District Supervisor/Community	submission
	Housing Supervisor	
Tenant Charge	Dual-level verification (Site	Identified
Review	Super + Admin)	damage/work scope
Vendor	Final inspection for	Final walkthrough
Accountability	deficiencies; non- compliance	findings
	penalties applied	
System	Automated alerts for each	Milestone triggers in
Notifications	stage (reminders, approvals,	SuiteSpot/MO Portal
	overdue)	
Deficiency	"Awaiting Deficiencies" status	Site Super review
Management	until resolved	during Final Inspection

Brad Priggen Director of Operations

Toronto Seniors Housing Corporation

Quality and Tenant Engagement Committee (QTEC) Meeting

Meeting Date: May 26, 2025

Topic: Engagement, Partnerships & Communications Update

Item Number: 11

To: Quality and Tenant Engagement Committee

From: Deanna Veltri, Director, Engagement, Partnerships, and Communications

Date of Report: May 20, 2025

Purpose: For information

Recommendation:

It is recommended that the Quality and Tenant Engagement Committee (QTEC) receive this report for information.

Reason for Recommendation:

The materials contained in the attached presentation provide QTEC with an overview of work completed and underway so far in 2025 by the Engagement, Partnerships and Communications team.

List of Attachments:

1. Engagement, Partnerships & Communications Update Presentation

Quality and Tenant Engagement Committee

Engagement, Partnerships and Communications Update

May 26, 2025



Overview

This presentation includes information about activities underway and completed in relation to Engagement, Partnerships & Communications

Planning Meetings (January - March)

- Seventy-Two (72) meetings between January March 2025.
- Participants worked together to **confirm priority programs** for their community in 2025.
- Participants were **given detailed information** about Community Connect+ and the CAF application and funding process.
- **CAF Applications** were prepared and submitted with the help of Tenant Circles after these meetings to help meet local priorities.

Toronto Seniors

Housing Corporation

Regional Meetings (April - May)

- Meeting Dates & Regions: April 24 Southwest, April 25 Northwest, May 1 Southeast, May 2 – Northeast
- **107** tenant volunteers in attendance.
- **Presentations and Consultations** with Toronto Paramedic Services and City of Toronto Senior Services and Long-term Care Division.
- Volunteers shared updates on what they have been part of in their own community. Staff updated on local programs and CAF progress.
- Hosted during National Volunteer Appreciation Week 2025.

STAC Recruitment and Expansion

- **Over 40 applicants**. Outreach done with the help of community partners, tenant volunteers, and communications from TSHC.
- Now includes **16 new members** and **8 alumni members**. Developed a reserve list to fill vacancies between recruitments as needed.
- Equal representation among the regions.
- STAC members **speak a total of 10 different languages**.
- First hybrid meeting hosted on May 13 with high levels of attendance.

Thank you to all those who supported recruitment! Welcome to the new STAC members! Thank you to our alumni members for continued engagement!

Senior's Speak Spring Issue

- Eighth issue of the newsletter
- Includes updates on Community Connect+, safety and security, and fraud prevention.
- Three tenant stories.
- Available online and in the community. Also available for translation into multiple languages.

Toronto Seniors Housing Corporation

Seniors Speak



CAF Progress Update

- **270 applications** so far in 2025. Already more than the entirety of 2024.
- **Processing of applications** including securing space availability, and purchasing equipment is underway.

Toronto Seniors

Housing Corporation

Q1 Partnership Reporting Highlights

 As of Q1-2025, an enhanced approach to quarterly reporting has been implemented with TSHC partner agencies. This approach gathers qualitative and quantitive information about programs including participation numbers, program types, and impact stories describing results achieved on the ground.

Impact Stories from Q1-2025

"Many tenants...have mentioned that our organization's ongoing social and recreation program activities...keep them healthy and happy"

"The amount of seniors that have thanked us for our services has been truly overwhelming" "One of the tenants disclosed her improvements in physical & mental health because of her program participation"

Upcoming Activities

- Launch of Tenant Welcome Guide
- Finalization and Approval of Translation and Interpretation Policy
- Process enhancements to support CAF and Use of Space application activities
- Continued support for IDEA Strategy
- Important June Milestones
 - $\circ~$ Ontario Seniors Month
 - National Indigenous History Month and National Indigenous Peoples Day
 - Filipino Heritage Month
 - \circ Pride Season
 - Three-year anniversary of TSHC
 5/20/2025

Toronto Seniors Housing Corporation

Questions?



5/20/2025

Toronto Seniors Housing Corporation

Quality and Tenant Engagement Committee (QTEC) Meeting

Meeting Date: May 26, 2025

Topic: Report-back on City of Toronto Motion to ECDC 19.2

Item Number: 12

To: Quality and Tenant Engagement Committee

From: Deanna Veltri, Director, Engagement, Partnerships, and Communications

Date of Report: May 20, 2025

Purpose: For information

Recommendation:

It is recommended that the Quality and Tenant Engagement Committee (QTEC) receive this report for information.

Reason for Recommendation:

This report provides QTEC with the results of Item EC19.2, which was presented for information at the City of Toronto Economic and Community Development Committee (ECDC) on April 8, 2025. The City report is attached for reference purposes.

Background

On October 23, 2024, the Economic and Community Development Committee received a report from the Toronto Seniors Housing Corporation regarding the implementation of its service model at each building in the corporation's portfolio.

At that time, the Committee also requested that the Deputy City Manager, Community and Social Services report to the April 8, 2025 meeting on the work plans of specified divisions to support the Toronto Seniors Housing Corporation and any programmatic budget matters that may be required to advance programs to seniors in 2025.

The City's Senior Services and Long-Term Care (SSLTC) division worked with TSHC to develop the contents of this report. TSHC provided the City with the data gathered during the 2024 Annual Planning meetings about tenants in-building program priorities, with a focus on identifying those that are not currently met and could be supported by city programming.

SSLTC used this information to engage relevant City divisions and agencies¹ to identify opportunities to leverage programs and services planned for 2025 to meet tenants' priorities for programming within or near their buildings. The report identifies commitments by the City to work with TSHC to explore the expansion or enhancement of City-delivered programs and services in TSHC communities.

The report was submitted for information.

Committee Results

The report was adopted by the Committee.

Progress & Status Update

¹ Divisions and agencies engaged include Parks & Recreation, Toronto Public Health, Social Development, Finance & Administration, Toronto Paramedic Services, Toronto Fire Services, Technology Services, the Housing Secretariat, Toronto Public Library, Toronto Police Services, and the Association of Community Centres (AOCC).

Since the Committee meeting, TSHC and the City are working together to deliver programs and services presented in the report.

- Leadership and management staff from TSHC's Engagement, Partnership and Communications team and SSLTC hosted a meeting in April to discuss a coordinated approach to engage with divisions and agencies to execute the programs.
- TSHC has since been participating in kick-off meetings and discussions with SSLTC staff and individual City divisions and agencies throughout April and May to further coordinate on topics including confirming facility requirements, establishing timing for events/services to take place, and approaches to further engage tenants to support finalizing program design.
- Once this kick-off process is complete and planning is actively underway, SSLTC & TSHC will maintain ongoing progress tracking and discussion to ensure all activities are supported to succeed. In some cases, the programs and services in the report are pilots. In those situations, evaluation will take place once they are complete to determine what's next.
- At the community level, the Engagement, Partnerships and Communications team will support execution of the services and events in alignment with TSHC's best practices and procedures.

Overall Next Steps

The activities and initiatives of City divisions and agencies brought forward through the report build on the City's existing commitments and partnerships with TSHC. This work will supplement TSHC's current tenant-facing programs and services in 2025. Additionally, TSHC will continue to leverage its current and future partnerships with the community and health sectors to respond to the remaining unmet programs and service priorities identified by tenants.

List of Attachments:

1. EC19.2 – Supporting Toronto Seniors Housing Corporation Tenants through City of Toronto Programs and Services.

DA TORONTO

REPORT FOR ACTION

Supporting Toronto Seniors Housing Corporation Tenants through City of Toronto Programs and Services

Date: March 24, 2025To: Economic and Community Development CommitteeFrom: General Manager, Seniors Services and Long-Term CareWards: All

SUMMARY

The purpose of this report is to provide an update to the Economic and Community Development Committee on how the City of Toronto, through its divisions and agencies, will continue to support the Toronto Seniors Housing Corporation (TSHC) to meet tenants' priorities for programs and services offered in the buildings they manage.

Staff in Seniors Services and Long-Term Care (SSLTC) used data collected by TSHC staff in 2024 on tenants' priorities for agency-led programming to shape this report. The activities and initiatives of City divisions and agencies outlined in this report build on the City of Toronto's existing commitments and partnerships with TSHC and will supplement its current tenant-facing programs and services in 2025 and beyond.

TSHC will continue to leverage its current and future partnerships with the community and health sectors to respond to tenants' unmet program and service priorities.

RECOMMENDATIONS

The General Manager, Seniors Services and Long-Term Care recommends that:

1. The Economic and Community Development Committee receive this report for information.

FINANCIAL IMPACT

There are no financial impacts associated with the recommendation in the report.

Funding to deliver the services in the report to support TSHC through City's Programs and Agencies in 2025 is included in the 2025 Operating Budget of respective Programs and Agencies.

Funding to continue and expand the services in the report for future years will be submitted for consideration as part of future budget processes, subject to the City's financial and resource capacity against other critical City-wide priorities and impacts.

The Chief Financial Officer and Treasurer has reviewed this report and agrees with the information as presented in the Financial Impact Section.

DECISION HISTORY

On October 23, 2024, the Economic and Community Development Committee received a report from the Toronto Seniors Housing Corporation regarding the implementation of its service model at each building in the corporation's portfolio. The Committee also requested that the Deputy City Manager, Community and Social Services, report to the April 8, 2025 meeting on the work plans of specified divisions to support the Toronto Seniors Housing Corporation and any programmatic budget matters that may be required to advance programs to seniors in 2025.

https://secure.toronto.ca/council/agenda-item.do?item=2024.EC16.6

On July 24, 2024, City Council requested that the Toronto Seniors Housing Corporation report to the October 23, 2024 meeting of the Economic and Community Development Committee on the delivery of the Integrated Service Model in each of its buildings, including its program partners.

https://secure.toronto.ca/council/agenda-item.do?item=2024.EX16.28

EQUITY IMPACT STATEMENT

Seniors are an equity-deserving community who experience a unique set of social and economic barriers. TSHC is comprised of buildings and tenant communities that were formerly part of the Toronto Community Housing Corporation (TCHC) portfolio of buildingsⁱ. Like TCHC tenants, TSHC tenants reflect the demographic diversity of the City of Toronto, encompassing intersections of ethno-racial diversity, language, ability, gender, sexual orientation, gender identity, gender expression, and income. Additionally, they may face challenges related to aging, including poor health, mobility issues, social isolation, and varying degrees of cognitive acuity, which intersect with and exacerbate other vulnerabilities such as racialized and gender-based poverty, structural and systematic racism, and unequal access to resources, services, and opportunitiesⁱⁱ.

Through collaboration, the City of Toronto and TSHC will improve access to municipal programs and services for current and future tenants, enhancing their ability to age in place with dignity and in comfort.

COMMENTS

TSHC provides subsidized rental housing to approximately 15,000 seniors living on low and moderate incomes in 83 buildings. TSHC delivers housing-related services and facilitates access to other programs and supports through an integrated service model that enables tenants to age in place, have more successful tenancies, and enjoy a better quality of life. A key component of the service model is providing tenants, where feasible, with access to a range of health, social, and wellness services desired by tenants.

Building and community considerations, including access to programming, the availability of suitable spaces, and tenants' concerns about privacy and security, fundamentally shape the delivery of services in each building. At the same time, regular and fulsome tenant engagement enables TSHC leadership to understand tenants' priorities and address the gaps that tenants may experience in programming offered by the corporation and in their communities.

Understanding Tenants' Priorities

Between January and March 2024, TSHC staff held 68 in-person tenant engagement sessions across their portfolio to better understand tenants' priorities for agency-led programming. In total, 1,540 tenants participated.

TSHC provided SSLTC with data about the priorities that tenants identified during the engagements that could not be met by TSHC or through existing TSHC partnerships.

In total, 107 priorities were identified as unmet. SSLTC used this data to engage divisional and agency partners to identify programs and services that the City of Toronto could offer to the housing corporation to close these gaps.

The categories of unmet program and service priorities are listed below in ranked order from the category with the most unmet priorities included (i.e., recreation and wellness) to the category with the least unmet priorities included (i.e., safety education):

- Recreation and wellness
- Onsite medical services
- Digital literacy / computer training
- Food access
- Health education
- English-language proficiency
- Safety education

Interdivisional Engagement

In response to direction from the Economic and Community Development Committee, and in close collaboration with TSHC, SSLTC engaged City divisions including Parks &

Recreation, Toronto Public Health, Social Development, Finance & Administration, Toronto Paramedic Services, Toronto Fire Services, Technology Services, and the Housing Secretariat to respond to identified gaps in programs and services for tenants. SSLTC also engaged the Toronto Public Library, the Association of Community Centres (AOCCs), and the Toronto Police Service because of the relevance of their programs and services to tenants' priorities.

SSLTC asked all partners to identify current (2025) offerings or opportunities to respond to tenants' priorities in their buildings or at nearby locations. This report outlines how the City of Toronto and its agencies will support TSHC and its tenants by reallocating resources and piloting new programs that respond to unmet tenant priorities. In all cases, no additional funding is required within the 2025 fiscal year.

Outcomes of Interdivisional Engagements

Recreation and Wellness Programs

Recreation and wellness programs were the most frequently requested by tenants. Tenants in 30 buildings requested programs such as yoga, tai chi, dance, and healthy cooking and eating classes. To meet these priorities, SSLTC engaged Parks & Recreation and the AOCCs through Social Development, Finance & Administration to discuss their program offerings and existing partnerships with TSHC.

To address the reality that some tenants may face barriers to participating in community-based programs, Parks & Recreation will pilot the delivery of fitness programs at up to three TSHC buildings in 2025. SSLTC, Parks & Recreation, and TSHC are working together to assess and determine which buildings are best suited to be pilot sites. Selection of the sites will consider the availability of appropriate spaces in the buildings and tenants' interest in receiving the programs. The continuation or expansion of the pilot in 2026 will be determined by its success and the availability of TSHC and Parks & Recreation resources to support on-going or additional programming. TSHC and Parks & Recreation will work together to determine the criteria to be used to evaluate the success of the pilot.

To increase tenants' awareness of local recreational and fitness programming, Parks & Recreation staff will conduct outreach to enhance their connections with tenants and TSHC staff and to raise awareness of the programs and services offered at community centre locations near TSHC buildings. These activities will enable Parks & Recreation staff to gather information about the types of recreational programming that are important to tenants and use this information when developing programming for older adults and seniors. These activities are scheduled to occur by Q4 2025 and may include conducting outreach at all TSHC buildings; providing information on programming to TSHC Community Service Coordinators to share with tenants at each building; and presenting information at Tenant Regional Meetings.

SSLTC engaged with the AOCCs to assess how their recreational and community development programs could address the priorities of tenants in buildings within their designated catchment areas. Seven AOCCs serve TSHC buildings in their catchment areas and expressed interest in responding to tenants' programming priorities, citing

longstanding relationships with TSHC buildings and tenants. Two of those AOCCs have the capacity to conduct outreach in 2025 to raise tenant awareness about programs aligned with their priorities. TSHC Community Service Coordinators and AOCC staff will coordinate on delivering this outreach based on the availability of resources and appropriate spaces in the buildings. Outreach efforts will provide AOCCs with a clearer understanding of tenant demand for specific recreational and community development programs, enabling them to assess tenants' needs and tailor future programming. Additionally, TSHC and the AOCCs will collaborate to identify opportunities to promote the AOCCs' program and service offerings to tenants who may be unaware of them. Social Development, Finance and Administration Division, the Council-designated liaison division for the AOCCs, will work with the remaining five Centres to enhance outreach and responsive programming.

Onsite Medical Services

Onsite medical services included services such as check-ups and routine screenings. SSLTC engaged Toronto Paramedic Services to determine if these priorities could be addressed through the Community Paramedicine program.

The Community Paramedicine program was supported through a recommendation in the Toronto Seniors' Strategy 1.0 and was expanded through the Toronto Seniors' Strategy 2.0^{iii, iv}. The purpose of the program is to support seniors and other at-risk populations by delivering home visits, and, in some locations, wellness clinics in their apartment buildings or condominiums. During these interactions, community paramedics provide assessments, vital sign checks, health education, chronic disease management, as well as referrals to community programs and services. When a wellness clinic ends in a particular location, typically after 12-18 months, clients who require on-going support are transitioned to Toronto Paramedic Services' Community Paramedic Home Visit Program.

Toronto Paramedic Services currently offers wellness clinics in three of the 15 buildings where onsite medical services were identified as an unmet priority, and home visiting is available in all 15 buildings. In 2025, Toronto Paramedic Services and TSHC will explore initiating wellness clinics at two more buildings where onsite medical services were prioritized. The eligibility and appropriateness of the remaining 10 buildings to receive the service will be assessed by Toronto Paramedic Services and TSHC for possible delivery in 2026 and 2027.

Digital Literacy

Tenants in 15 buildings described a desire for classes on basic computer skills as a priority. Created in 2022, in response to a recommendation in the Toronto Seniors' Strategy 2.0, Toronto Public Library launched the Seniors Digital Literacy Community Librarian service. Toronto Public Library provided the service at 17 TSHC locations between 2022 and 2024. In 2025, community librarians will deliver the program at eight additional buildings. Toronto Public Library will continue the service into the future and will work with TSHC to determine the feasibility of delivering the program to the remaining seven buildings that prioritized this service.

Since 2024, TSHC, Toronto Public Library, and Technology Services have partnered to provide public Wi-Fi in common areas at the eight additional TSHC buildings offering the Community Librarian program in 2025 to support resident access to online municipal resources and services, and to foster digital literacy and adoption.

Health Education

Tenants who prioritized health education requested topics such as mental health, chronic illnesses, and healthy eating. SSLTC worked with Toronto Public Health to respond to this priority.

Toronto Public Health will deliver health promotion activities, including education, in multiple languages at six to eight TSHC buildings in 2025. Site selection for the activities will be undertaken collaboratively with Toronto Public Health, SSLTC, and TSHC and will consider the availability of appropriate mediums and spaces in the buildings and tenants' interest. The continuation or expansion in 2026 will be determined based on evaluation criteria developed by TSHC, SSLTC, and Toronto Public Health

In addition, TSHC is working with health sector partners, such as Ontario Health Teams and community-based health service providers, to meet tenant priorities related to health education.

Food Access

Tenants had specific requests to address food access through food banks or fresh food markets. SSLTC worked with Toronto Public Health to respond to this priority.

Toronto Public Health will work with SSLTC and TSHC to develop materials that identify the locations of food banks and community-based food and nutrition programs in the areas around the 10 buildings where tenants identified this priority. Materials will be developed and circulated to tenants in the 10 buildings in Q2 2025.

TSHC is also actively working with existing community partners, such as food banks and organizations that promote food access, to meet tenant priorities.

English-language Proficiency

Tenants prioritized English language lessons in seven buildings. SSLTC engaged Toronto Public Library, which hosts English Conversation Circles (ECCs) at 27 branches. ECCs offer individuals opportunities to practice their conversation skills in English.

Four buildings where tenants prioritized language skills are within three kilometres of a library branch that hosts an ECC. Toronto Public Library branch staff will conduct outreach in the four buildings to raise tenants' awareness of the program offered at their branches. Through this outreach, TPL staff will also inform tenants about other programs offered by the library system.

The possibility of ECC program expansion to additional TPL branches, including those close to the three remaining TSHC buildings that identified language skills as a priority, will be investigated.

Safety Education

For those who prioritized safety education, topic requests include fire safety, fraud prevention, and elder abuse. SSLTC worked with Toronto Fire Services and Toronto Police Service to respond to these priorities.

Fire safety in TSHC buildings is an on-going priority. Toronto Fire Services provided fire safety education to all TSHC buildings in 2024 and will do so again in 2025, including paying special attention to the two buildings that identified fire safety as a priority.

The Toronto Police Service will provide safety education on requested topics (e.g. elder abuse and fraud prevention) at the four buildings that prioritized receiving this information. The Toronto Police Services will also participate in TSHC's 2025 Tenant Volunteer Regional Meetings to raise awareness of safety-related issues across the TSHC portfolio.

Next Steps

The activities and initiatives of City divisions and agencies brought forward through this report build on the City's existing commitments and partnerships with TSHC. This work will supplement TSHC's current tenant-facing programs and services in 2025. Additionally, TSHC will continue to leverage its current and future partnerships with the community and health sectors to respond to the remaining unmet programs and service priorities identified by tenants. TSHC will report on its service partnerships, including those detailed in this report, through its 2026 annual report.

CONTACT

Leslie McCallum Director, Seniors Services and Community Programs 416-392-9760 Leslie.McCallum@toronto.ca

SIGNATURE

Nicole Welch General Manager, Seniors Services and Long-Term Care 416-338-7435 Nicole.Welch@toronto.ca

REFERENCES

- i 2021.EX23.4. Implementing Tenants First: Creating a Seniors Housing Corporation.
- ii 2021.EX23.4. Implementing Tenants First: Creating a Seniors Housing Corporation.
- iii The Toronto Seniors Strategy, Towards an Age-Friendly City, 2013.
- iv Toronto Seniors Strategy 2.0, 2018.

Toronto Seniors Housing Corporation

Quality and Tenant Engagement Committee (QTEC) Meeting

Meeting Date: May 26, 2025

Topic: TSHC and Naturally Occurring Retirement Community (NORC) Innovation Centre Partnership

Item Number: 13

To: Quality and Tenant Engagement Committee

From: Deanna Veltri, Director, Engagement, Partnerships, and Communications

Date of Report: May 22, 2025

Purpose: For information

Recommendation:

It is recommended that the Quality and Tenant Engagement Committee (QTEC) receive this report for information.

Reason for Recommendation:

The materials contained in the attached presentation provide QTEC with an overview of the NORC Innovation Centre, and specifically the current partnership between the Centre and TSHC.

Context and Background:

About NORCs

Naturally occurring retirement communities ("NORC") are neighbourhoods that naturally come to house a high density of older adults over time. NORC's may represent high-rise buildings (rental apartments, condos, or co-ops) or small neighbourhoods but does not include communities that were purpose-built to provide care for older adults such as retirement homes, assisted living facilities or long-term care homes.

These communities have been subject to research and implementation for many years, in many countries. While NORCs are in a range of different neighbourhoods, NORC residents generally are of lower income and have higher health needs than older adults living in other settings.¹

According to recent research, there are 1,941 NORCs housing a total of 217,000 residents in Ontario.² As individuals age, the demand for support and services will continue to increase. For example, in Canada, research demand for home care services across Canada will grow by 50 percent by 2031.³ Examples include health care, personal support, homemaking, end-of-life care at home.NORCs present an opportunity to explore ways to improve home care delivery by taking advantage of the natural densities that can provide efficient and effective places for locating and implementing home care services for older adults.⁴

¹ Savage R, et al., 2024

² National Institute on Ageing & NORC Innovation Centre, 2022. Study defines a NORC as a community with 30 percent or more of the population over the age of 65.

³ Gilmour, 2018; Government of Ontario, 2021; Mahmood et al., 2022; Elevate Impact Hub, 2023

⁴ NORC Innovation Centre (2024). A Home Care Model for Naturally Occurring Retirement Communities in Ontario. Toronto, ON: NORC Innovation Centre, University Health Network.

About the NORC Innovation Centre

The NORC Innovation Centre (NIC) at University Health Network (UHN) is a dynamic hub for learning and innovation dedicated to Naturally Occurring Retirement Communities (NORCs). By harnessing the unique density of NORCs, NIC fosters thriving aging in place communities that are inclusive, accessible, and designed to address health and social care gaps in innovative and impactful ways.

Guided by the voices and lived experiences of older adults, the NIC collaborates with buildings, residents, and service providers to meet communities where they are. Leveraging the expertise and resources of UHN, the Centre develops integrated health and social care models that address social determinants of health and enable seamless navigation across hospitals, homes, and community settings. Additionally, the NIC collaborates with various teams and service models to ensure its efforts align with and enhance existing community supports.

UHN NORC Program:

The UHN NORC Program is guided by core principles and a flexible framework that adapts to local needs and builds on community strengths. The program approach focuses on collaborating with existing or emerging health and social systems to enhance what is already working and to address gaps where additional support is needed.

The core elements of the UHN NORC Ambassador program includes

- NORC Ambassadors & Neighbour Networks
- NORC Connector
- Integrated Health & Social care
- NORC Provider Network

NORC – TSHC Partnership:

The NIC and TSHC have been working together since 2020. During a COVID response initiative, the NIC was introduced to a building needing support with community engagement. Working alongside tenants and staff, the NIC tested the relational care approach to community building and have since reported positive changes in tenant responsiveness, participation and collaboration as a result of the Ambassadors training with tenant volunteers. Throughout the partnership, the NIC has continued to work with the TSHC team to raise awareness of the program, garnering interest and letters of intention from tenants to receive training and support through the Ambassadors program. Since the start of the partnership with one participating building, the NIC has engaged four additional communities that voiced interest.

The partnership includes multiple areas of collaboration, which is described below, followed by a table that provides a snapshot of the programming happening within TSHC communities across the portfolio.

UHN NORC Ambassador Program

The NORC Ambassadors Program trains older adult residents on how to foster social connections, lead initiatives, and link neighbours to resources. Within TSHC, the NORC team have been working closely to complement tenant volunteers and tenant circle members in various communities. In 2024, the NORC Ambassador Training Program helped strengthen skills in capacity and community building for 264 tenants, in four buildings, which house 635 tenants in total. The Ambassador Program is currently active in 3 TSHC communities across multiple regions.

Integrated Health and Social Care

Three TSHC communities were identified as requiring additional supports and are now connected with access to rapid assessment and, if needed individualized support to escalate care when needed. For example, if a tenant is unattached to primary care and requires supports, the NORC Care Team can temporarily provide assistance. Beginning in the Summer of 2025, this additional support provides integrated health and social care and supports for ~706 tenants. The NIC will be working with TSHC staff to provide updates on how this model is working ongoing. For the other buildings they are connecting with existing supports with the appropriate Ontario Health Team where available.

Aging in Community Training for TSHC Staff

Following a recommendation by the TSHC Board to provide additional training to TSHC staff. The NIC's Aging in Community Training Program is unique in addressing aging in community and is currently being offered to a subset of TSHC staff. This program was developed to help build capacity among staff in their efforts to support residents' ability to age in place. Through this program, the NIC offers facilitated workshops and guided discussions on key relational topics such as Community Building, Engagement, Grief and Bereavement and System Navigation.

To date, 7 sessions have been hosted (including in-person and virtual) with 16 participating staff members so far.

City of Toronto: Seniors Strategy 3.0

The NIC supported the City of Toronto in garnering older adult feedback as they develop the Seniors Strategy 3.0. In addition, the NIC is collaborating with faculty members at the School of Urban and Regional Planning at TMU to develop a report outlining recommendations for

the City of Toronto to consider in their development of Seniors Strategy 3.0, and engaged with the NORC Talks Community for their insights.

Through the partnership with the NIC, TSHC ambassadors and tenants were kept well informed of opportunities to participate and have their voices heard during the consultations and NORC Talks sessions.

TSHC's Research Collaboration with Women's College Hospital

TSHC has also partnered with Women's College Hospital to evaluate the NORC program at 828 Kingston Road and 2835 Lakeshore. Through surveys, focus groups and related research methods, the team will be studying the implementation of the program as well as its impact on tenant well-being. A baseline survey was recently administered at 2835 Lakeshore and is slated to begin at 828 Kingston Road in the summer. The evaluations are part of a research initiative that studies NORC buildings across Toronto and Barrie, entitled Reimagining Naturally Occurring Retirement Communities (NORCs) for 21st Century Cities. The study is expected to conclude in 2029.

Summary of recent community activities supported by NI	recent community activities support	ed by NIC
--	-------------------------------------	-----------

Address	Activities
98 – 100 Cavell	Weekly
	 Exercise Classes with weights
	Paramedicine Clinics
	 Summer BBQ & Holiday events
	 Social and Digital literacy programs with
	Reconnect
	• Bingo
	• Piano
	 Movie Nights
	Fall Prevention Program
	Disital Literature of Task Course art with Course at a
	Digital Literacy and Tech Support with Connected
	Canadians
2835 Lakeshore	Weekly:
Blvd W	• Fitness: Dancing with Parkinsons'
	Monthly
	Movie nights
	 Social group: Parkdale Golden Age
	Foundation
	Paramedicine Clinics
	Digital Literacy and Tech Support with Connected
	Canadians
828 Kingston Road	Weekly:
	 Fitness: Dancing with Parkinsons'
	Monthly:
	Paramedicine Clinics

Partnership Next Steps:

Building on this positive partnership, TSHC and NIC teams are working to expand offerings to communities and TSHC staff, this includes:

- Expansion of Care Team supports to 828 Kingston and 2835 Lakeshore. In summer 2025, a dedicated NORC Connector will be introduced to these respective communities and begin offering regular office hours to support health and social care initiatives.
- Introduction of the NORC Program to 168 John Street. This summer, the NIC and TSHC will be working alongside tenant leaders to further understand community priorities, build trusting relationships with tenants and initiate aging in place activities.
- Explore expansion of Aging in Community Training. Following completion of training for the initial cohort of TSHC staff, NIC and TSHC teams will explore opportunities to offer the training programs to the broader TSHC staff.

List of Attachments:

1. NORC Innovation Centre Brochure

A Home Care Model

for Naturally Occurring Retirement Communities in Ontario



Suggested Citation

NORC Innovation Centre (2024). A Home Care Model for Naturally Occurring Retirement Communities in Ontario. Toronto, ON: NORC Innovation Centre, University Health Network.

ISBN: 978-0-9952815-3-0

© NORC Innovation Centre, University Health Network

Mailing Address

NORC Innovation Centre 489 College Street, Suite 400 Toronto ON M6G 1A5 Canada

About the NORC Innovation Centre at University Health Network

The NORC Innovation Centre at University Health Network is a first-of-its-kind centre dedicated to advancing a 21st-century model of integrated health and social care in naturally occurring retirement communities (NORCs). By leveraging multiple capabilities across UHN and the broader health and social sectors, the NORC Innovation Centre (NIC) seeks to provide Canadians with new options for aging in place with dignity and choice. It was born out of the efforts of UHN OpenLab, an interdisciplinary design and innovation studio dedicated to finding creative solutions at the intersection of health and society.

University Health Network (UHN) is Canada's #1 hospital and the world's #1 publicly funded hospital. With ten sites and more than 20,000 staff, UHN consists of Toronto General Hospital, Toronto Western Hospital, Toronto Rehab, Princess Margaret Cancer Centre, The Michener Institute of Education and West Park Healthcare Centre. The scope of research and complexity of cases at UHN have made it a national and international source for discovery, education and patient care. UHN is a research hospital affiliated with the University of Toronto.

Authors

Nilanee Koneswaran, MPP

Policy Analyst NORC Innovation Centre, University Health Network Toronto, Ontario

Carolyn Gosse

Vice President, Clinical UHN@Home and Seniors Care, University Health Network Toronto, Ontario

Tai Huynh, MBA, MDes Policy Lead NORC Innovation Centre, University Health Network Toronto, Ontario

Allie Dai

Research Analyst NORC Innovation Centre, University Health Network Toronto, Ontario

Jen Recknagel

Director of Innovation and Design NORC Innovation Centre, University Health Network Toronto, Ontario

Melissa Chang

Director of Operations and Sustainability NORC Innovation Centre, University Health Network Senior Director, Integrated Care, University Health Network Toronto, Ontario

Expert Reviewers

Bob Bell, MDCM, MSc, FRCSC, FACS, FRCSE (Hon.)

Professor Emeritus, Department of Surgery, University of Toronto

Samir Sinha, MD, DPhil, FRCPC, AGSF

Director of Health Policy Research, National Institute on Ageing, Toronto Metropolitan University; Director of Geriatrics, Sinai Health System and University Health Network; Professor of Medicine, Family and Community Medicine, Health Policy, Management and Evaluation, University of Toronto

Yiannis Soumalias, MBA

Vice President, Partners and Business Performance, Closing the Gap Healthcare

Julie Beddoes

Community Member and Member of Seniors Advisory Committee, NORC Innovation Centre

Acknowledgements

We would like to thank Home and Community Care Support Services, Ontario Health, Ministry of Health, Ministry of Seniors & Accessibility, East Toronto Health Partners, Closing the Gap Healthcare, SE Health, VHA Home Health Care, National Institute on Ageing, and NORC Innovation Centre staff and the Seniors' Advisory Committee for sharing their time and insights with us.

Table of Contents

- 7 Executive Summary
- 9 Introduction
- 11 Methodology
- 12 Current State of Home Care in NORCs
- 13 NORC Residents' Home Care Challenges
- 16 Towards a Better Home Care Model in NORCs
- 20 Cost Effectiveness of NORC-based Home Care Model
- 21 Recommendations for Improving Home Care in NORCs
- 23 Conclusion
- 24 References

Executive Summary

Ontario's current home care system is under-funded, disjointed and not working for the many older adults who rely on it the most. Services are still mostly delivered as though all clients live in suburban homes, often requiring extensive travel from client-to-client, performing piecemeal work that is neither satisfying for them nor their clients.

Naturally occurring retirement communities (NORCs) are places not intentionally designed for older adults but, for a variety of reasons, have become home to a high concentration of them. NORCs present a significant opportunity to re-design a home care delivery model that can leverage the density to deliver better care and experiences. In Ontario, there are close to 2,000 rental apartments, condos and co-ops where at least 30 percent of their residents are older adults. Over 200,000 older Ontarians live in these NORCs, more than the population of Ontario's long-term care and retirement homes, combined. In 2022 – 23, personal support workers (PSWs) delivered close to 3.5 million hours of home care services in Ontario's NORCs, valued at over \$120 million.

In interview after interview, NORC residents expressed an overwhelming sense of confusion about how the home care system works and what they're eligible for, frustration with scheduling and how care is provided, and immense difficulties navigating the system's bureaucratic inner workings. Some of these challenges are a reflection of a home care sector that is underfunded in the face of rising client needs, which has limited the sector's ability to keep pace with compensation, staff training and other supports. Funding aside, our analysis also identifies significant opportunities for quality improvement. A closer examination of home care data reveals a fragmented, uncoordinated approach where over a third of NORC buildings in Ontario have four or more home care agencies coming in to serve different clients in the same building daily.

This report explores how we might make use of the natural densities of NORCs to provide home care that's client-centered, efficient, and better for workers. It proposes a NORC-based home care model with the following characteristics:

- One lead home care agency per NORC
- Dedicated PSWs with the ability to support multiple clients within the same NORC, who are able to work a full-time or part-time shift with minimal travel, and provide client visits of varying duration and frequency based on need
- Local decision-making on day-to-day care scheduling and coordination by the lead home care agency that's responsive to client needs
- Funded on a NORC population basis rather than an individual service episode basis

In this proposed model, staff would be able to see more clients per day without compromising service delivery, yielding significant productivity gains. If implemented across all NORCs in Ontario, our analysis finds that this model could provide an additional 754,976 hours of PSW services, worth \$26,756,331, annually. Given the chronic shortage of PSWs working in home care, and the rising demand for services within Ontario's rapidly aging population, a NORC-based home care model can make a positive difference not just for those living in NORCs, but also for home care workers and the health care system more broadly. Best of all, transitioning to the model would not require significant new funding; it would simply represent a different and more efficient way to organize and deliver services where natural population densities already exist.

Getting there, however, will require political will and cooperation among all home care stakeholders. To chart the course towards such a model, this report offers the following recommendations for the multiple actors involved:

- The Government of Ontario should adopt and promote a new home care model geared specifically for those living in NORCs
- The Government of Ontario should establish thresholds to help identify which NORCs are best fit for the new service delivery model
- 3. The Government of Ontario should pilot a NORC-based home care model across an Ontario Health Team
- 4. The Government of Ontario should develop a population-based funding formula for home care agencies that allows for system accountability while providing flexibility to support the needs of residents of NORC buildings
- 5. Home care agencies responsible for serving NORCs should be enabled to develop a new staffing model that is place- and shift-based

Introduction

Ontarians aged 65 years and older currently make up 18.5 percent of the province's population (Statistics Canada, 2023). As the population ages, the demand for home care across Canada is expected to grow by 50 percent by 2031 (Gilmour, 2018; Government of Ontario, 2021; Mahmood et al., 2022; Elevate Impact Hub, 2023).

For some older adults, home care helps them age in place by providing the support they need to continue living independently at home, instead of in an institutional setting such as a hospital or long-term care home (Government of Canada, 2016).

Home care is typically categorized as short-term or long-term. Short-stay home care users may be receiving care to help them recover from a time-limited health issue or surgery. Long-stay home care users, on the other hand, tend to need care long-term as they may need more intensive services and/or equipment due to chronic issues or illnesses (Government of Canada, 2016). As people get older, they are more likely to require long-stay home care (Organisation for Economic Co-operation and Development, n.d.).

Types of home care services

Health care: One type of service involves health care professionals providing nursing care, physiotherapy, occupational therapy, speech-language therapy, social work, and support with healthy eating, medical equipment and supplies (Home and Community Care Support Services, n.d.; Government of Ontario, n.d.; Statistics Canada, 2022). Health care professionals may provide one, many, or all of these services based on each client's needs and eligibility assessment

Personal support: Another type of service involves personal support workers helping clients with their daily needs or activities of daily living. This includes support with washing, bathing, dressing and undressing, mouth care, hair care, preventative skin care, getting in and out of bed, and getting to appointments (Home and Community Care Support Services, n.d.; Government of Ontario, n.d.; Statistics Canada, 2022).

Homemaking: Homemaking services help clients with routine household activities like house cleaning, laundry, shopping, banking, paying bills, planning menus, preparing menus, and caring for children (Government of Ontario, n.d.).

End-of-life care at home: Individuals who require end-of-life care at home may request nursing and personal care, medical supplies, tests, hospital equipment, transportation, and some hospice services (Government of Ontario, n.d.).

In Ontario, these services are organized by care coordinators from Home and Community Care Support Services (HCCSS) and delivered by home care agencies. Data analyzed by the Ontario Community Support Association suggests that there are 760,000 individuals served by agencies through home care services funded by Home and Community Care Support Services (Ontario Community Support Association, n.d.).

It's worth noting that there are other health care providers (e.g. community support services organizations) that also deliver some forms of home care, but for the purposes of this report, we focus on home care provided by home care agencies.

According to the Canadian Institute for Health Information, half of Canadians wait a few days for home care services while 1 in 10 wait about a month. In Ontario, the median wait in 2022 – 23 was 4 days (Canadian Institute for Health Information, 2023). This has consequences for those in need of care. Unmet home care needs have been associated with poorer health, increased use of health services, and premature admissions to retirement or long-term care homes (Gilmour, 2018). Integrating home care delivery in a way that's coordinated, easy to access, and continuous within a place-based model not only addresses the rising demand for home care services, but can also help enable older adults to age in place while maintaining their health (Expert Group on Home & Community Care, 2015; National Institute on Ageing & NORC Innovation Centre, 2022; NE-LHIN, n.d.; Toronto Central CCAC, n.d.).

We identify naturally occurring retirement communities (NORCs) as rental apartments, condos and/or co-ops where at least 30 percent of the residents are older adults above the age of 65. While NORCs also span wider geographic areas (i.e., horizontal NORCs), for this report, we focus on high-rise buildings because the vertical co-location of older adults can enable the more efficient and effective delivery of services, and support community-building efforts that improve quality of life (Recknagel et al., 2020). This kind of density has gone relatively unrecognized, but holds great potential for reshaping the delivery of all kinds of services for older adults.

Residents living in NORCs are 50 percent more likely to use long-stay home care than residents living in non-NORC settings (Savage R, et al., 2024). The reasons for this are not fully understood at this time. However, while NORCs are located in all kinds of neighbourhoods, overall, NORC residents generally have lower incomes and higher health needs compared to older adults living in other settings (Savage R, et al., 2024).

This makes NORCs a good place to explore opportunities to improve home care delivery. In particular, how might we take advantage of the natural densities of NORCs to provide home care that's client-centered, efficient, and better for workers? This document describes the opportunity to tap into the natural density of NORCs to make home care more integrated, client-centered and less-fragmented within NORC settings. It has implications for all stakeholders of Ontario's home care system, including the Ontario Ministry of Health, Ontario Health, Ontario Home and Community Care Support Services and soon to be Ontario Health atHome, Ontario Health Teams, home care agencies, as well as older adults living in NORCs and the people who care for them.

Naturally occurring retirement communities

Naturally occurring retirement communities (NORCs) are communities that naturally come to house a high density of older adults over time (Hunt & Gunter-Hunt, 1986). NORCs may include rental apartments, condos and co-ops, but do not include communities that were purpose-built to provide care for older adults such as retirement homes, assisted living facilities or long-term care homes.

The NORC Innovation Centre defines NORCs as buildings where at least 30 percent of residents are 65 years of age and older, with a minimum of 50 older people per building. Based on this definition, there are 1,941 NORCs housing a total of 217,000 older adults in Ontario (National Institute on Ageing & NORC Innovation Centre, 2022). There are more older adults living in NORCs in Ontario than the number of people living in LTC homes and retirement homes combined (National Institute on Ageing & NORC Innovation Centre, 2022).

Methodology

We interviewed NORC residents, drew on data from Home and Community Care Support services and consulted with home care stakeholders to inform a NORC-based home care model.

To learn about the home care experiences of NORC residents, we conducted one-on-one key informant interviews with 15 NORC-residing older adults who are home care users and/or their caregivers. We also spoke to PSWs and management staff from home care agencies. Individual experiences have been anonymized and pseudonyms are used.

We also requested data from Home and Community Care Support Services (a provincial agency responsible for coordinating home and community care for Ontarians) to understand how home care services are delivered within NORC settings. This data, obtained from the Client Health and Related Information System (CHRIS), provided aggregate counts of the number of unique patients, average number of active patients, number of services provided and number of health service providers by home care service type for all NORC buildings in Ontario from April 1, 2022, to March 31, 2023.

Modeling of home care costs and potential productivity gain associated with moving to a NORC-based approach to home care delivery was based on evaluation results from a pilot project by Closing the Gap (a home care agency). The pilot project's Neighbourhood Model shares several key characteristics with the NORC-based model proposed in this report, particularly dedicated PSWs who serve multiple clients within a tight geography area, who are able to work a full-time or part-time shift with minimal travel and provide client visits of varying duration based on need. While Closing the Gap reported a productivity improvement of 44 percent compared to the usual home care model, this report uses a more modest estimate of 22 percent in its productivity assumptions—half of the amount reported by the pilot.

In June 2023, we held a by-invitation-only meeting to review and discuss early findings with a cross-section of home care stakeholders, including representatives from the Government of Ontario, the home care industry, home care clients, and health system experts. The stakeholders were also facilitated through a generative exercise to design a new home care model that would make use of the natural densities of NORCs to provide home care that's client-centered, efficient, and better for workers.

Finally, and in consideration of all of the above, the co-authors of this report crafted a series of recommendations and drafted an early version of this document, which was shared with several expert reviewers for input. These reviewers are acknowledged on page 5.

Current State of Home Care in NORCs

Despite all the changes that have occurred over many years to the provision of home care in Ontario, the way home care is delivered has largely remained the same – a government agency is responsible for determining clients' eligibility for care and for procuring services from home care agencies. Home care agencies, in turn, are responsible for delivering the contracted services to a particular client. Within a NORC where there are multiple home care clients, there might be multiple agencies or multiple home care staff from the same agency going in and out of the same building, serving different clients, and sometimes the same client.

PSW services, such as providing help with washing, bathing, and dressing, make up the highest volume of home care activity. Among all NORCs in Ontario, there were a total of 3.4 million hours of service delivered by PSWs in 2022–23 (HCCSS, 2023).

Table 1: Total number of hours of long-stay home care services provided in Ontario NORCs, April 1, 2022 – March 31, 2023

Home care services	Total Hours
PSW hours	3,431,707
Nursing visits	442,101
Therapy/other visits	109,305

Our analysis shows that in Ontario, approximately 85 percent of NORCs are receiving PSW services from two or more home care agencies (HCCSS, 2023). Furthermore, approximately 35 percent of NORCs have four or more agencies coming in to serve clients living in the same building, and some have as many as 6, 7 or more agencies (HCCSS, 2023). Table 2: Number of home care agencies serving a NORC building, April 1, 2022 – March 31, 2023

Home Care Agencies	# NORC Buildings	Percent
0	30	1.6%
1	260	13.4%
2	508	26.3%
3	467	24.2%
4	386	20.0%
5	194	10.0%
6	61	3.2%
7 or more	28	1.5%

The data presented in Table 2 points to an opportunity to streamline home care services within NORC buildings where multiple home care agencies are going into each building. Furthermore, these numbers do not capture all Ontarians who, despite needing care, aren't able to receive the care they need due to long wait times for assessments and/ or care delivery, strict eligibility criteria, and so forth. With a streamlined NORC-based model, we could likely free up capacity to meet the increasing demand for care. We'll review what a streamlined NORC-based model could look like in a later section of this report.

NORC Residents' Home Care Challenges

To understand the current experience with home care, we visited and spoke with 15 older adults and/ or their caregivers. These NORC-residing older adults who are home care users identified several challenges with the current system, including:

- Confusion around eligibility and what services are publicly funded
- Dissatisfaction with scheduling and the lack of consistency in terms of who is coming into the home from week to week, and
- Frustration with having to navigate a fragmented system where multiple agencies serving the same client are not coordinating with one another

The challenges summarized below outline the experiences older adults too often face with the home care system.

Accessing Home Care: confusion with how home care works and what one is eligible for

Many home care users we spoke with accessed home care through a referral via the hospital that treated them, to aid their recovery from injury or illness. Some of these older adults started off with a referral to help them with short-term needs, but ended up being long-stay clients once their needs were identified as longer-term. In other cases, physicians noticed a trend in long-stay needs following an injury or illness.

In instances where older adults were accessing care through other means (through a family doctor or self-referral), we heard that having knowledge of the home care system made accessing home care easier – they knew who to address questions to and how to navigate the system to get the care they needed as soon as they could. In the same vein, having a loved one, family doctor or health care professional advocate for them was seen as critical.

Will's experience with multiple providers

We spoke to an older adult named *Will* to learn about his experiences as a home care user since 1996. At one time, *Will* was receiving homemaking services from one home care agency, personal support from another agency, and nursing from a third agency. *Will* had to coordinate appointments between three different providers to avoid any overlap since the agencies themselves didn't know when others were coming in to provide care.

In addition to three different home care agencies coming in, there were different home care staff coming in for some of these visits. Will found that the staff weren't always sure of what they were supposed to do, and it sometimes felt like he was "taking care of the worker" by having to tell them what their tasks were and if there were any changes to his overall health. For example, when he had a wound and wasn't allowed to shower, the PSW that helped him bathe wasn't aware of his wound or the changes to his bathing routine. Will felt like he was responsible for communicating these changes to ensure his overall health needs were maintained. He wished there was a better way of communicating these changes and coordinating schedules without feeling the burden of responsibility.

There was a lot of uncertainty around what services were publicly funded, and in what conditions home care users would be eligible for certain services. For example, in some of our interviews, older adults wished housekeeping and meal preparation was provided as part of publicly-funded care, even though it is, according to the Government of Ontario's website. These older adults were just deemed ineligible for these services by their HCCSS coordinator. Availability of and eligibility for a home care service are two different things, and this wasn't clear to some of the older adults we spoke with.

In other instances, older adults reported a need for more services beyond what was offered. Some PSWs helped them with tasks outside of their assessed care "out of the goodness of their heart," but there was a general consensus among those we spoke to that there was a need for more clarity around what services are publicly funded and how eligibility for services are assessed and determined.

Care Coordination: frustration with scheduling and how care is provided

Once a client is assessed and deemed eligible for care by their care coordinator from HCCSS, home care agencies are responsible for providing care to that particular client. Home care agencies sometimes conduct their own, second assessment before providing care. We heard from multiple older adults that this was a confusing and overwhelming process. Julie, an older adult who is a caregiver for her husband, said that her husband had to go through four different assessments: one from HCCSS, another from his home care agency, and then another from his nurse and occupational therapist. This was an added layer of stress for Julie, especially since her husband was recently discharged from the hospital, and she was caring for him.

"When a client is being referred for home care from the hospital, the hospital referral should be enough to dictate care needs."

-Julie, NORC resident and caregiver

In addition to multiple assessments, home care agencies responsible for providing care to eligible

clients schedule staff using their own protocols. Depending on the type of referral made to home care agencies (time-specific or non-time specific), agencies either inform clients of their schedule and what services they will be receiving, or work with the client to understand their preferences and see what is possible based on availability. It's worth noting that staffing challenges can make it difficult for home care agencies to accommodate scheduling preferences.

However, we heard from multiple older adults through our one-on-one interviews that scheduling of home care visits often did not take their preferences into consideration. We also heard that home care staff often did not arrive during their scheduled time. In some cases, older adults felt like staff rushed their work to leave for their next appointment, instead of staying for the entirety of their scheduled visit. The increasing demand for home care has continued to exacerbate these concerns as home care agencies grapple with ongoing staffing challenges to balance client preferences with staffing availability.

Most community PSWs travel between appointments - with some of them quite far from one another. Not only is this travel time poorly compensated or not at all, but when appointments are scheduled back-toback, it can put a lot of pressure on PSWs and care can feel rushed for clients. This was stressful for some of the older adults we spoke to.

"The time stress on workers means they have to rush and seniors feel rushed and aren't able to ask for anything beyond the bare minimum. The stress creates a very bad atmosphere and lots of tension between workers and seniors."

-Hannah, NORC resident and home care client

These challenges are exacerbated when older adults receive different types of services from different home care agencies. From a coordination perspective, they end up feeling responsible for coordinating all the appointments in a way to avoid overlap between the different services – when the onus should be on a coordinating body, not the clients themselves.

"Juggling all of these appointments is a full-time job. I feel like an air traffic controller having to coordinate all my appointments, bloodwork and scans"

-Frank, NORC resident and home care client

Service Delivery: difficulty navigating a fragmented system

Because care is assessed and coordinated by a government agency and delivered by a home care agency, we heard from multiple older adults that they weren't sure who to contact when they have questions – do they contact HCCSS or the agency providing the service? In some cases, they weren't sure if home care agencies or HCCSS were the ones providing their care.

Some older adults also felt that the service structure between HCCSS and home care agencies meant that the people conducting care assessments (HCCSS coordinators) and the people delivering the care (home care staff) weren't as connected as they should be. Older adults' needs for services constantly change, and they can change rapidly depending on their health status and personal circumstances. Providers who are in direct contact with older adults often have a better grasp of their changing health needs. However, since care is predetermined and split by service type in set durations, there is little flexibility from home care staff when older adults have needs outside of their specific predetermined tasks.

We also heard a preference to have the same home care staff come in for their appointments, whenever possible. In cases where there was no consistent person coming in, older adults often had to re-explain what they needed help with every time a new staff member showed up. Some new staff also refused to help with certain types of services as they said it wasn't a part of their job description – even though the older adult received this type of support from other staff within the same agency. We heard many times that there's a need for more consistent quality of care, which includes staff being familiar with the tasks they can and can't help with, and the services they're responsible for providing prior to every appointment. This can contribute to more personalized care and improved trust between staff and home care users.

"Having to explain what I need help with and how I'd like them to help me every time someone new comes in feels demeaning."

-Hannah, NORC resident and home care client

The experiences described in this section are the result of a combination of different factors. For one, funding structures where home care agencies and workers are compensated on a fee-for-service basis can result in care that feels transactional instead of client-centred. Workforce challenges, including difficulty recruiting and retaining staff, mean that there aren't enough home care staff available to meet the rapidly growing demand for home care.

Towards a Better Home Care Model in NORCs

With 1,941 NORC buildings home to 217,000 older adults, Ontario is well-positioned to make use of the natural densities of NORCs to provide home care that's client-centered, efficient, and better for workers.

A foundational first step in doing so is to assign one lead home care agency for each NORC. In cases of smaller NORC buildings where there might not be sufficient numbers of home care clients, several NORC buildings in close proximity could be grouped together under the responsibility of a single, lead home care agency.

In cases where a lead home care agency does not provide all types of home care services, the lead agency may subcontract with other agencies for the missing services (e.g. nursing or physiotherapy, etc.) while still retaining overall responsibility.

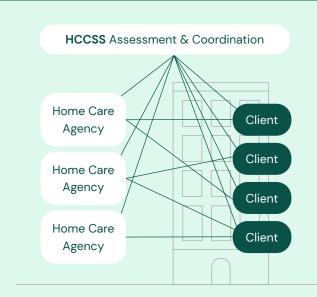
A single-responsible agency can solve some of the issues identified earlier, such as the lack of coordination and frustration clients often feel when trying to schedule and communicate with multiple parties. Care coordination under this model could be done much more efficiently, directly through the lead agency. With clear accountability and a funding model that allows for flexibility, assessing any new home care needs, scheduling home care staff and coordinating each client's care could all be done closer to home, at the level of the NORC. This means that care decisions are being made by someone who knows each client and their needs, and communication between home care agencies and users are streamlined, which can help develop trust and more consistent service. A lead agency also allows for home care to be more easily integrated with the rest of the local health care system, say through Ontario Health Teams

(OHTs are groups of organizations from across health care and other sectors responsible for care in their local communities).

Moving to such a model does not require any major overhaul of the regulatory frameworks governing home care. Regulations under the Connecting Care Act, 2019 already permit health service providers (which includes home care agencies) and Ontario Health Teams to make care coordination decisions indirectly (Ministry of Health, 2022). The recently introduced Convenient Care at Home Act, 2023, which would eventually transition the responsibility for home care to OHTs, is highly complementary as it intends to embed care coordinators directly into the community through OHTs.

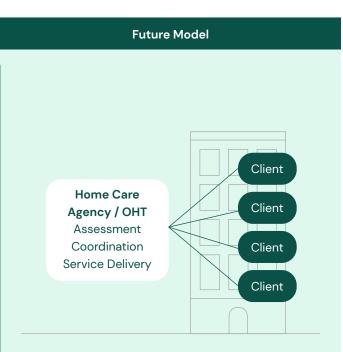
Home Care Delivery Models in NORCs

Existing Model



- Multiple home care agencies serving multiple clients within the same building (oftentimes, multiple agencies serving clients by service type)
- Many-to-many relationship
- Visit-based / fee-for-service funding model
- PSWs paid per visit
- Rigid service provision (task-based model)
- Individual needs
- Supply-demand mismatch
- Staff on fee-for-service
- Care coordination @ CCAC/HCCSS

However, for the model to be truly client-centred, the funding model also needs to change. Under the existing model, a government agency (HCCSS) funds home care agencies on a fee-for-service basis and PSWs are typically paid by their agency in the same way; usually on an hourly basis. However, sometimes a client might not need all of their allocated time and at other times, they might need a little more. Moving to a staffing model where PSWs have a mix of clients of different levels within a tight geography allows for the kind of scheduling flexibility needed to maximize the time they spend doing productive client work.

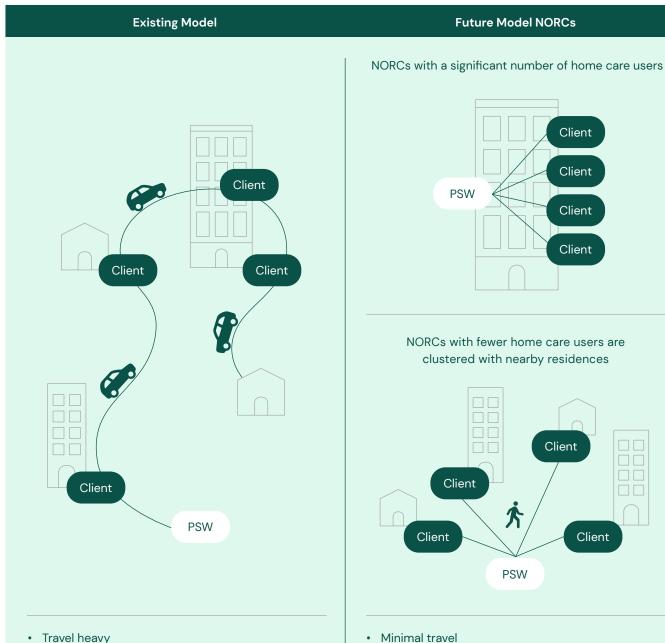


- Single home care agency serving all clients in building OR single agency by service serving all clients in building
- One-to-many relationship
- · Population-based funding model/hybrid
- PSWs work shifts, e.g. day-long
- · Flexible service provision, outcomes-based
- Aggregated need
- Higher and lower acuity patients, preventative care with an overlay of general wellness & health
- Salaried home care staff
- Single nucleus of care coordination

As John, a NORC resident in midtown Toronto said: "I need someone 6 times a day for 20 minutes not once a day for 2 hours."

In NORCs with a significant population of home care clients, this staffing model makes intuitive sense. It also allows for the transition away from piecemeal work towards a salaried staffing model with minimal travel time, which helps improve PSW working conditions and, from a workforce recruitment and retention perspective, makes working in home care more attractive.

Home Care Staffing Models in NORCs



- PSW serving concentrated geographic area
- More time spent with clients, increased awareness of needs and better relationships developed

炋

PSW

Client

Client

Client

Client

Client

Client

• Needs-based care

Across Ontario, attempts at moving home care delivery to a clustered model have been made in the past. However, these have been isolated, and

• PSW serving wide geographic area

· Travel time not adequately compensated

• Care is predetermined and prescheduled

• Less time spent with clients

sometimes fleeting efforts, that have yet to gain widespread adoption as evidenced by the data shown in the previous section of this report.

Case Study: Closing the Gap Healthcare & Waterloo Wellington LHIN's Neighbourhood Model

The Pilot

In response to ongoing staffing capacity issues with personal support workers (PSWs), Closing the Gap Healthcare (a home care agency) and Waterloo Wellington LHIN launched a pilot project called the "Neighbourhood Model" in January 2018 (Closing the Gap Healthcare, 2019). The model involved hiring full-time salaried PSWs who were responsible for providing home care to clients within a tight, two-kilometre radius area in Waterloo.

Full-time, salaried PSWs were hired with fixed schedules to care for clients living within the neighbourhood every day based on their needs. This steered away from the current task-based model, where PSWs are paid on an hourly or per-visit basis with a significant amount of travel.

Staff were required to work as a team and integrate themselves between the home care agency and a single care coordinator from WW-LHIN. Closing the Gap served as the lead home care agency and was responsible for all the care provided within the region.

The WW–LHIN care coordinators and PSW supervisor were responsible for personally communicating with clients to develop schedules. Because the neighbourhood was dense and housed a high proportion of clients in need of support, Closing the Gap was able to provide consistent full-time and part-time work for PSWs. Any buildings within their catchment that had the volume to support a dedicated team member, had one. They adopted a shared care billing model based on the actual time used to provide care, instead of the standard one-hour funding blocks that were typically used.

Results

An evaluation of the pilot by Closing the Gap Healthcare found that compared to the usual model of home care, the Neighbourhood Model demonstrated the following outcomes:

- Improved client satisfaction (92 percent compared to 82 percent for usual home care)
- Improved continuity of care (greater consistency of PSWs serving the same client)
- Improved productivity (1-2 percent of PSW time spent traveling compared to 8-10 percent under the usual provision of home care; average length of visits of 30-40 minutes compared to 60-70 minutes under the usual provision of home care; and overall, 44% more client visits took place than under the usual provision of home care)

Learnings

While the overall results were overwhelmingly positive, there were challenges. In the initial implementation, there was little time for recovery for PSWs between clients. Due to the increasing number of clients they visited in a day, this might lead to PSW burnout over the long-term. One suggestion from staff was to incorporate a small amount of buffer time between clients so that PSWs don't feel so rushed. While this would eat into some of the productivity gains reported, such tweaks to the model were seen as important to ensuring staff satisfaction and program sustainability. The pilot also identified the need to hire part-time PSWs to supplement the full-time staff to better manage the peak demand for services, which tend to occur early and later in the day.

The pilot ended in 2019. The Neighbourhood Model is still operating in the Waterloo Wellington region and will soon be expanded into the Mount Forest region (Personal communication, 2024). A NORC-based home care model—a lead agency delivering PSW services where staff work a day-long shift with minimal travel—is not only more accessible and easier to navigate for home care users, but it also gives provider organizations more autonomy over scheduling and the ability to adjust services to meet residents' constantly changing needs. Moreover, with clients being co-located in the same building, it opens possibilities for a variety of programs that could be efficiently delivered in groups (like exercise classes or health education talks) that contribute to health and wellness at a building level. This can potentially delay or reduce the need for home care or long-term care and improve overall quality of life.

Cost Effectiveness of NORC-based Home Care Model

The Neighbourhood Model piloted by Closing the Gap in Waterloo, although it served a wider catchment area than a specific NORC building, shares many of the characteristics of the NORC-based home care model described above. This includes employing PSWs who work a day-long shift serving a tight geography with minimal travel, and a care model that allows them to serve more clients per day through shorter visits based on client needs. Because staff can see more clients per day without compromising service delivery, it is anticipated that moving to a NORC-based home care model would yield significant productivity gains. Evaluation of the Waterloo pilot determined this productivity gain to be 44 percent-defined as the increase in the number of client visits with the same PSW workforce.

Even if moving to a NORC-based home care model were able to produce just half of the productivity gains reported in the Waterloo pilot (22 percent), that would translate into an added 754,976 hours or \$26,756,331 in PSW services for the home care system, annually. It means that more clients can be served with the same workforce compared to the traditional, fee-for-service model.

Given the chronic shortage of PSWs working in home care, and the rising demand for services by Ontario's aging population, a NORC-based home care model could make a positive difference not just for those living in NORCs, but also for the home care and health care systems more broadly. Best of all, transitioning to the model does not require significant new funding; it's simply a different and more efficient way to organize and deliver services where natural population densities already exist.

Table 3: Estimated Productivity Gains From Adopting a NORC-based Home Care Model in Ontario, April 1, 2022 – March 31, 2023

Hours of PS Delivered in NORCs	W Services in Ontario ¹	PSW Cost ²
Existing Model	3,431,707	\$121,619,696
Productivity Estimate	22%	22%
NORC-Based Home Care Model	4,186,683	\$148,376,029
Productivity Gain	754,976	\$26,756,331

¹ PSW hours are based on volume of services delivered in Ontario NORCs for the period April 1, 2022 - March 31, 2023.

² PSW cost is based on a harmonized hourly billing rate of \$35.44. This hourly rate was used by Closing the Gap in the evaluation of the Waterloo pilot in 2019, and is likely higher today.

Recommendations for Improving Home Care in NORCs

The recognition of NORCs as a valuable construct for health services innovation came during the COVID-19 pandemic when mobile vaccination teams were able to administer vaccines on-site to thousands of older adults, taking advantage of their natural co-location in these high-density settings (Huynh et al., 2021). It is not difficult to imagine how NORCs could stimulate similar interventions across a wide range of health and social services where such density remains an untapped resource. The delivery of home care services, in particular, is ripe for change for all the reasons described in the preceding sections. However, unlike the COVID-19 pandemic, which was unprecedented, moving to a NORC-based approach to home care is complicated by legacy funding structures, historical market share considerations, fragmented responsibilities, and chronic workforce challenges that makes it even more difficult to attract and retain good, caring staff. Getting there requires the simultaneous collaboration among multiple stakeholders, in particular: Ministry of Health, Ontario Health, Ontario Home and Community Support Services (HCCSS) and soon to be Ontario Health atHome, Ontario Health Teams, and home care agencies. For simplicity, due to current transitions in Ontario's home care sector and changing responsibilities among the key actors, the term "Government of Ontario" is used here to broadly refer to the Ministry of Health and/or the various government agencies involved in home care. The following recommendations are focused exclusively on the question of how to better deliver home care in NORCs rather than how to fix home care generally.

Recommendation 1

The Government of Ontario should adopt and promote a new home care model geared specifically for those living in NORCs

This NORC-based home care model should have the following characteristics:

- One lead home care agency per NORC; in cases where a lead home care agency does not provide all types of home care services, the lead agency may subcontract with other agencies for the missing services (e.g. nursing or physiotherapy, etc.) while still retaining overall responsibility
- Dedicated PSWs who serve multiple clients within the same NORC, who are able to work a full-time or part-time shift with minimal travel, and provide client visits of varying duration and frequency based on need
- Local decision-making on day-to-day care scheduling and coordination by the lead home care agency that's responsive to client needs, without the need to involve third parties in the process (e.g. central, provincial coordination)
- Funded on a NORC population basis rather than an individual service episode basis (which would include care coordination support), particularly for NORCs with a sufficiently large number of eligible home care clients

Recommendation 2

The Government of Ontario should establish thresholds to help identify which NORCs are best fit for the new service delivery model

Every NORC building is unique and will have a different number of long-stay home care users. While it may make sense to implement a NORC-based home care model within some buildings, that may not always be the case. For example, in NORC buildings where there are just a few long-stay home care users, it may not make sense to allocate resources (financial and staffing) to assign one home care agency per building.

The following parameters should be considered when establishing the thresholds:

- The number of long-stay home care users in a building
- The total number of hours care is being provided in a building
- The number of services being provided
- The number of agencies providing services at a building level

In addition, home care utilization data was only readily available for services provided by home care agencies. The ability to track and consolidate this data with service delivery from community support service agencies would help to better focus service delivery.

Recommendation 3

The Government of Ontario should pilot a NORC-based home care model across an Ontario Health Team

In implementing the new model, many operational details will need to be worked out. The most challenging might be an approach to designating one lead home care agency per NORC that does not adversely impact the market share of any agency or disrupt client service.

Seven OHT-led leading projects were recently launched to model innovations in integrated home care services within OHTs. These projects aim to test and evaluate OHT-led home care models that improve the home care experience while building OHT capacity for home care planning, delivery and integration. These OHTs could be strong partners for piloting a NORC-based home care model, as efforts are already being made to integrate home care within these regions, or there could be an opportunity to test out complementary approaches to strengthen existing plans and learnings.

Recommendation 4

The Government of Ontario should develop a population-based funding formula for home care agencies that allows for system accountability while providing flexibility to support the needs of residents of NORC buildings

For this model to work and to ensure that clients are getting the care they actually need, the Government of Ontario should develop a population-based funding approach for home care agencies who are responsible for providing care in a NORC building.

This would involve developing a funding formula that accounts for the number of home care users and their needs by region, and providing home care agencies a fixed amount of funding on a recurring basis. This will enable more flexible service provision as older adults will get the care they need for that day, at times that works best for them. There should be mechanisms in place to adjust for changes in client volume and acuity levels.

Recommendation 5

Home care agencies responsible for serving NORCs should be enabled to develop a new staffing model that is place- and shift-based

Shifting to a home care model where workers serve multiple clients in the same NORC will also require home care agencies to adapt their staffing model accordingly. Once a population-based funding model has been implemented, home care agencies should adopt a staffing model that is place-based, shift-based, and salary-based - while being mindful of employment conditions agencies may currently have in place. This can be done by scheduling a combination of full-time and part-time staff to work at a building or neighbourhood level. This will reduce travel time and make the workday more predictable for home care workers. It will also ensure that clients get more consistent care, from staff who are regulars in the building, who are also part of the NORC community.

Conclusion

With the demand for home care expected to grow by 50 percent by 2031 across Canada, there's an urgent need to make use of the natural densities of NORCs to improve access and quality of care.

The Government of Ontario has prioritized home care modernization, acknowledging that the current system is disjointed and not working for many older adults. This modernization includes Ontario Health Teams taking responsibility for connecting people to home care services starting in 2025, as well as the establishment of a new organization, Ontario Health atHome, responsible for "coordinating all home care services across the province through Ontario Health Teams."

A NORC-based home care approach is highly complementary to the modernization agenda. In fact, with increasing numbers of older adults residing in NORCs over time, it makes sense to consider NORCs as a distinct home care client base where the modernization agenda could be taken a step further—to take advantage of the natural densities to provide home care that's client-centered, efficient, and better for workers.

References

Canadian Institute for Health Information. (2023). Wait times for home care services. Retrieved February 27, 2024, from https://yourhealthsystem.cihi.ca/hsp/inbrief? lang=en&_ga=2.198027503.1962867211.1709062167-128530 6854.1696609997&_gl=1*pix7bs*_ga*MTI4NTMwNjg1NC 4xNjk2NjA5OTk3*_ga_44X3CK377B*MTcwOTA2MjE2Ni41Lj AuMTcwOTA2MjE2Ni4wLjAuMA..#!/indicators/089/ wait-times-for-home-care-services/;mapC1;mapLevel2;/

The Canadian Press. (2019, November 13). Ontario starts merging health agencies, fires 9 LHIN executives. CBC. Retrieved September 22, 2023, from https://www.cbc.ca/news/canada/toronto/ ontario-merges-health-agencies-1.5357797

Casey, L. (2021, October 31). 'A crisis for home care': droves of workers leave for hospitals, nursing homes. Toronto Star Retrieved September 22, 2023, from https://www.thestar. com/news/gta/a-crisis-for-home-care-droves-of-workersleave-for-hospitals-nursing-homes/article_d40a4c9c-63e7-5381-83b1-34823388fec4.html

Closing the Gap Healthcare. (2019, June). Neighbourhood Model Pilot-End Evaluation.

Closing the Gap Healthcare & Waterloo Wellington LHIN. (2018, June). Shared Care Models – Personal Support.

Costa, A. P., Manis, D. R., Jones, A., Stall, N. M., Brown, K. A., Boscart, V., Castellino, A., Heckman, G. A., Hillmer, M. P., Ma, C., Pham, P., Rais, S., Sinha, S. K., & Poss, J. W. (2021, May 10). Risk factors for outbreaks of SARS-CoV-2 infection at retirement homes in Ontario, Canada: a population-level cohort study. Canadian Medical Association Journal, 193(19), E672-E680. https://doi.org/10.1503/cmaj.202756

D'Mello, C. (2020, March 18). Ontario postpones part of its health care overhaul due to COVID-19. CTV News Toronto. Retrieved September 22, 2023, from https://toronto. ctvnews.ca/ontario-postpones-part-of-its-health-careoverhaul-due-to-covid-19-1.4858008

Elevate Impact Hub. (2023).

Issues and Opportunities in Home and Community Care Elevate Impact Hub. Retrieved September 22, 2023, from https://www.elevateimpacthub.ca/ issues-and-opportunities-in-home-and-community-care

Expert Group on Home & Community Care. (2015). Bringing Care Home: Report of the Expert Group on Home & Community Care. https://www.onecaresupport.ca/Files/ Bringing%20Care%20Home.pdf Gilmour, H. (2018, November 21). Unmet home care needs in Canada. Statistics Canada. Retrieved September 22, 2023, from https://www150.statcan.gc.ca/n1/pub/82-003-x/2018011/article/00002-eng.htm

Government of Canada. (2016, April 13). Home and community health care. Government of Canada. Retrieved September 22, 2023, from https://www.canada.ca/en/ health-canada/services/home-continuing-care/homecommunity-care.html

Government of Ontario. (2014, September 4). Home and community care. Government of Ontario. Retrieved September 22, 2023, from from https://www.ontario.ca/ page/home-community-care

Government of Ontario. (2014, September 5). Community Support Services. Government of Ontario. Retrieved September 22, 2023, from https://www.ontario.ca/page/ community-support-services

Government of Ontario. (2016, December 7). The Patients First Act. Government of Ontario Newsroom. Retrieved September 22, 2023, from https://news.ontario.ca/en/ backgrounder/43003/the-patients-first-act

Government of Ontario. (2020, February 25). Ontario Modernizing Delivery of Home and Community Care. Government of Ontario Newsroom. Retrieved September 22, 2023, from https://news.ontario.ca/en/release/ 55897/ontario-modernizing-delivery-of-home-andcommunity-care

Government of Ontario. (2021, June 23). Ontario population projections. Government of Ontario. Retrieved September 22, 2023, from https://www.ontario.ca/page/ ontario-population-projections

Government of Ontario. (2023, May 30). Ontario Health Teams. Retrieved January 23, 2024 from https://www. ontario.ca/page/ontario-health-teams

Home and Community Care Support Services. (n.d.). About Us | Home and Community Care Support Services. Home and Community Care Support Services. Retrieved September 22, 2023, from https://www.healthcareathome. ca/about-us/

Home and Community Care Support Services. (n.d.). Accountability, Strategy & Performance | Home and Community Care Support Services. Home and Community Care Support Services. Retrieved September 22, 2023, from https://www.healthcareathome.ca/about-us/ accountability-strategy-performance/ Home and Community Care Support Services. (n.d.). Community Care | Home and Community Care Support Services. Home and Community Care Support Services. Retrieved September 22, 2023, from https://www. healthcareathome.ca/community-care/

Home and Community Care Support Services. (n.d.). Home Care | Home and Community Care Support Services. Home and Community Care Support Services. Retrieved September 22, 2023, from https://www.healthcareathome.ca/home-care/

Hunt, M. E., & Gunter-Hunt, G. (1986). Naturally Occurring Retirement Communities. Journal of Housing For the Elderly, 3(3-4), 3-22. https://doi.org/10.1300/J081V03N03_02

Johnson, E., Pedersen, K., & Foxcroft, T. (2022, March 18). She begged for help as husband struggled: Why home care is failing thousands while companies profit. CBC. Retrieved September 22, 2023, from https://www.cbc.ca/news/ canada/home-care-support-private-companies-1.6387911

Legislative Assembly of the Province of Ontario. (2016). Patients First Act, 2016, S.O. 2016, c. 30 – Bill 41. Government of Ontario. Retrieved September 22, 2023, from https:// www.ontario.ca/laws/statute/s16030

Liljas, A. E., Brattström, F., Burström, B., Schön, P., & Agerholm, J. (2019, July 24). Impact of Integrated Care on Patient-Related Outcomes Among Older People – A Systematic Review. NCBI. Retrieved September 26, 2023, from https:// www.ncbi.nlm.nih.gov/pmc/articles/PMC6659761/

Mahmood, A., Seetharaman, K., Jenkins, H.-T., & Chaudhury, H. (2022, January 14). Contextualizing Innovative Housing Models and Services Within the Age-Friendly Communities Framework. Gerontologist, 62(1), 66-74. https://doi. org/10.1093/geront/gnab115

McKenzie, H. (2022, March 15). Ontario to table legislation making PSW wage increase permanent: Doug Ford | Globalnews.ca. Global News. Retrieved September 22, 2023, from https://globalnews.ca/news/8683351/ontario-pswpersonal-support-worker-wage-increase-permanent/

Ministry of Health. (2022, April). New Home and Community Care Services Regulation O. Reg. 187/22 under the Connecting Care Act, 2019. https://www.mcmasterforum. org/docs/default-source/rise-docs/partner-resources/ new-hcc-regulation---overview-for-stakeholders-april-2022-en.pdf?sfvrsn=a455b246_8 Ministry of Health. (2023, September). Personal Communication – Integrating home and community care into Ontario Health Teams.

National Institute on Ageing & NORC Innovation Centre. (2022, November 18). It's Time to Unleash the Power of Naturally Occurring Retirement Communities in Canada. NORC Innovation Centre. Retrieved September 26, 2023, from https://norcinnovationcentre.ca/wp-content/uploads/ NORC-Report-FINAL.pdf

North East Local Health Integration Network. (n.d.). Personal Support Cluster Care in Retirement Homes. Retrieved September 26, 2023, from https://healthcareathome.ca/document/ personal-support-cluster-care-in-retirement-homes/

Office of the Auditor General of Ontario. (2015a). 3.08: LHINs—Local Health Integration Networks. Office of the Auditor General of Ontario. Retrieved September 22, 2023, from https://www.auditor.on.ca/en/reports_en/ en15/3.08en15.pdf

Office of the Auditor General of Ontario. (2015b, September). Special Report: Community Care Access Centres—Financial Operations and Service Delivery. Office of the Auditor General of Ontario. Retrieved September 22, 2023, from https://auditor.on.ca/en/content/specialreports/ specialreports/CCACs_en.pdf

Ontario Community Support Association. (n.d.). Impact of Home Care & Community Support Services 2019–2020 | About OCSA. Ontario Community Support Association. Retrieved September 22, 2023, from https://www.ocsa. on.ca/about

Ontario Health. (2021). Ontario Health Business Plan 2021–2022. Ontario Health. Retrieved September 22, 2023, from https://www.ontariohealth.ca/sites/ontariohealth/ files/2021-12/OHBusinessPlan21_22.pdf

Organisation for Economic Co-operation and Development. (n.d.). Ageing and Long-term Care. OECD. Retrieved September 22, 2023, from https://www.oecd.org/els/healthsystems/long-term-care.htm

Personal communication, Closing the Gap Healthcare. January 31, 2024.

Recknagel, J., Madho, C., Hahn-Goldberg, S., Frew, M., Huynh, T., & Abrams, H. (2020). Vertical Aging: The Future of Aging in Place in Urban Canada, The Connected Care Hub (No. 2). https://verticalaging.uhnopenlab.ca/connected-care-hub/ Savage R., Huynh T., Hahn-Goldberg S., Matai L., Boblitz A., Altaf A., et al. (2024). A portrait of older adults in naturally occurring retirement communities: a population-based study. Manuscript in preparation.³

Statistics Canada. (2022, August 26). The Daily — Home care use and unmet home care needs in Canada, 2021. Statistics Canada. Retrieved September 22, 2023, from https://www150.statcan.gc.ca/n1/daily-quotidien/220826/ dq220826a-eng.htm

Statistics Canada. (2023). Census Profile. 2021 Census of Population – Ontario [Province]. Statistics Canada. Retrieved September 22, 2023, from https://www12.statcan.gc.ca/ census-recensement/2021/dp-pd/prof/details/page. cfm?Lang=E&SearchText=Ontario&DGUIDIist=2021A00 0235&GENDERlist=1,2,3&STATISTICIist=1,4&HEADERlist=0

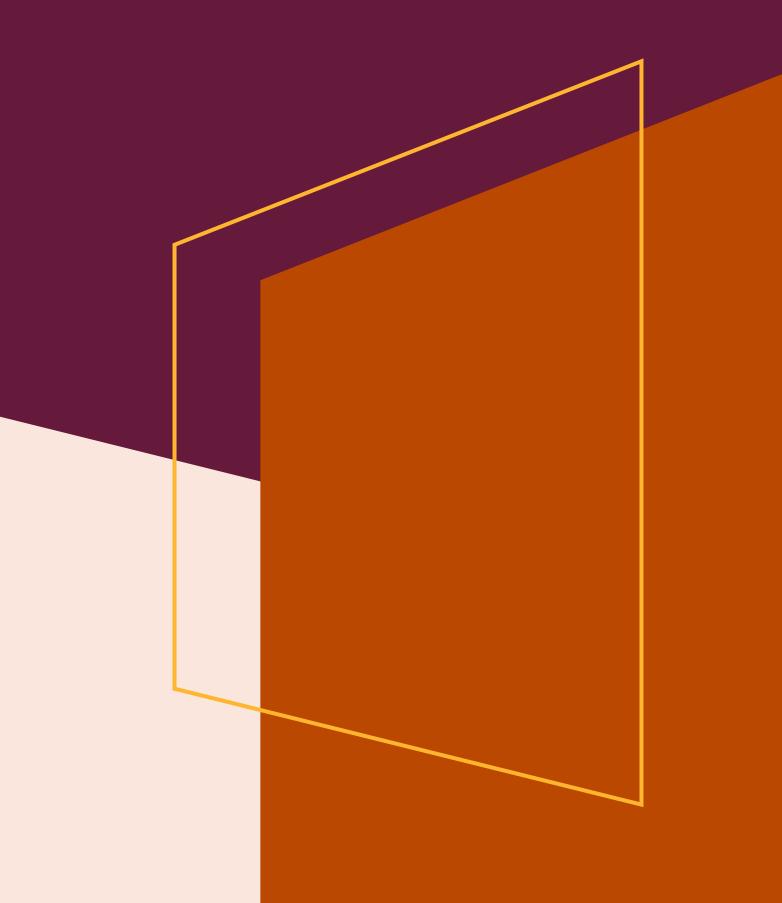
Statistics Canada. (2023, June 28). Population estimates, quarterly. Statistics Canada. Retrieved September 22, 2023, from https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid= 1710000901 University of British Columbia. (n.d.). Home care | Healthcare Funding. Healthcare Funding Policy in Canada. Retrieved September 22, 2023, from https:// healthcarefunding.ca/home-care/

VON Canada, SE Health, Bayshore HealthCare, & Closing the Gap Healthcare. (2022, October). How to Bring Health Home & Stabilize Ontario's Health Care System. https://von.ca/ sites/default/files/2022-11/How-to-Bring-Health%20Homeand-Stabilize-Ontario%27s-Health-System.pdf

Williams, A. P. (2007, September). Strategic Purchasing in Home and Community Care across Canada: Coming to Grips with "What" to Purchase. Longwoods Publishing. Retrieved September 22, 2023, from https://www. longwoods.com/content/19223/healthcarepapers/ strategic-purchasing-in-home-and-community-careacross-canada-coming-to-grips-with-what-

3 Some of the data in this report was provided by ICES, which is funded by an annual grant from the Ontario Ministry of Health (MOH) and the Ministry of Long-Term Care (MLTC). This study also received funding from the Canadian Institutes of Health Research (DA6-184677). This document used data adapted from the Statistics Canada Postal CodeOM Conversion File, which is based on data licensed from Canada Post Corporation, and/or data adapted from the Ontario Ministry of Health Postal Code Conversion File, which contains data copied under license from ©Canada Post Corporation and Statistics Canada. Parts of this material are based on data and/or information compiled and provided by Canadian Institute for Health Information (CIHI), and the Ontario Ministry of Health. The analyses, conclusions, opinions and statements expressed herein are solely those of the authors and do not reflect those of the funding or data sources; no endorsement is intended or should be inferred. This document is adapted from Statistics Canada, CENSUS, 2016. This does not constitute an endorsement by Statistics Canada of this product. Parts or whole of this material are based on data and/or information compiled and provided by Immigration, Refugees and Citizenship Canada (IRCC) current to September 2020. However, the analyses, conclusions, opinions and statements expressed in the material are those of the author(s), and not necessarily those of IRCC. We thank IQVIA Solutions Canada Inc. for use of their Drug Information File. We thank the Toronto Community Health Profiles Partnership for providing access to the Ontario Marginalization Index.





Toronto Seniors Housing Corporation

Toronto Seniors Housing Corporation

Quality and Tenant Engagement (QTEC) Meeting

Meeting Date: May 26, 2025

Item Number: 14

Report Name: TSHC's Q1 2025 Activity and Performance Measures - CSU

To: Quality and Tenant Engagement Committee

From: Grant Coffey, Director, Strategy and Business Management

Date of Report: May 16, 2025

Purpose: For Information

Recommendation:

It is recommended that the Quality and Tenant Engagement Committee (QTEC) receive this report for information.

Reason for Recommendation:

The Community Safety Unit (CSU) at Toronto Community Housing Corporation (TCHC) provides services tied to the buildings owned by TCHC, including buildings managed by Toronto Seniors Community Housing Corporation. As recommended in the Safety and Security Quality Improvement Projects activity, with regards to more granular data to be provided to TSHC to inform tenancy management and integrated team meetings, CSU will be providing quarterly reports going forward on Community Safety related activity and performance. Their second quarterly report is enclosed for Q1 2025. This report addresses some of the items discussed when the initial report was presented at the previous QTEC meeting.

Grant Coffey

Director, Strategy and Business Management

List of Attachments:

Attachment 1 – TSHC's Q1 2025 Activity & Performance Measures
 CSU

TSHC's Q1 2025 Activity & Performance Measures - CSU May 26, 2025

Quarterly Performance Report:	
То:	Toronto Seniors Housing Corporation
From:	Allan Britton, Acting Community Safety Unit Senior Director
Date:	May 15, 2025

PURPOSE:

To share Community Safety Related activity and performance with Toronto Seniors Housing Corporation ('TSHC') staff on a quarterly basis. This report includes quarterly performance data for all TSHC including the Violence Reduction Program ('VRP') in the Seniors communities.

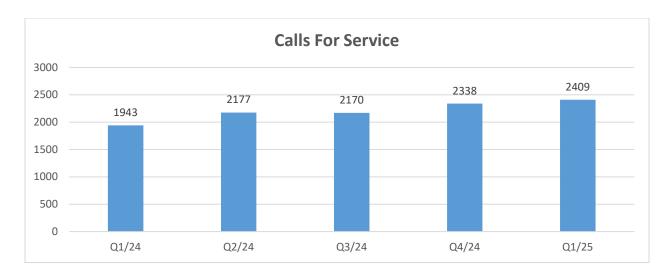
COMMUNITY SAFETY RELATED ACTIVITY AND PERFORMANCE ('TSHC')

CSU Officers respond to calls for service for both TCHC and TSHC communities throughout the city. Their work includes conducting various proactive patrols and crime prevention work to help deter antisocial behaviour ('ASB") and criminal activity. Below is the number of calls for service received by dispatch and attended to at TSHC buildings.

CALLS FOR SERVICE (CFS)

	Q1/24	Q2/24	Q3/24	Q4/24	Q1/25
Calls For Service *	1943	2177	2170	2338	2409

SOURCE: Dispatch Application (>Mar 2024) & CORA (pre-Mar 2024) *Excludes CSU Patrols and Meetings Attended



In Q1 2025, CSU received 2,409 calls for service to Seniors buildings across the TSHC portfolio. This is an increase of 71 calls compared to the previous quarter, Q4 2024, primarily due to an increase in Noise Complaints, Parking Complaints and Alarm calls for service. There was an increase of 232 calls for service compared to the previous year Q1 24. This is an 11% increase. The interaction between CSU staff and TSHC tenants has allowed for improved lines of communication that has led to an increase of reporting incidents to CSU.

PROACTIVE WORK IN TSHC BUILDINGS (CSU)

Proactive work is work that is being done by CSU staff in an effort to reduce anti-social behavior ('ASB') and criminal activity in TSHC communities.

This proactive work is conducted by both Special Constables which are typically through on-site patrols and Community Safety Advisors ('CSA') through various engagement activities which includes Community Events, Crime Stoppers Presentations, Critical Incident Responses, Presentations and Safety Meetings, Tenant Visits, Tenant Management Meetings, Referrals and Crime Prevention Through Environmental Design ('CPTED') Audits. Definitions can be found in the glossary in Appendix A.

Community Safety Unit Patrols

	Q1/24	Q2/24	Q3/24	Q4/24	Q1/25
CSU Patrols	262	245	202	301	254
Buildings Patrolled	41	36	30	34	35

SOURCE: CORA and Niche RMS

Engagement Activity

	Q1/24	Q2/24	Q3/24	Q4/24	Q1/25
Engagement Activity*	15	4	10	44	18

SOURCE: CSA Activity Tracker, CORA, and Niche RMS (Special Constable Community Events).

*Community Events, Crime Stoppers Presentations, Critical Incident Responses, Presentations and Safety Meetings.

Tenant Visits and Tenant Management Meetings

Q1/24	Q2/24	Q3/24	Q4/24	Q1/25
3	3	7	7	6
10	16	37	13	45
	3	3 3	3 3 7	3 3 7 7

SOURCE: CSA Activity Tracker

Referrals

	Q1/24	Q2/24	Q3/24	Q4/24	Q1/25
Referrals	15	2	12	13	4

SOURCE: CSA Activity Tracker

Crime Prevention through Environmental Design (CPTED) Audits

	Q1/24	Q2/24	Q3/24	Q4/24	Q1/25
CPTED Audits	4	2	3	5	6

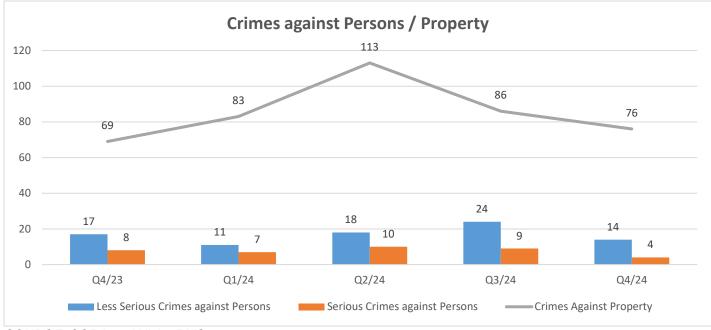
SOURCE: CPTED Audit DB - Senior

CRIMINAL AND ILLEGAL ACTIVITY ON TSHC PROPERTY

Crimes committed on TSHC are grouped into two categories those against persons and those against property. Quarterly data shown below.

Stat Category	Q1/24	Q2/24	Q3/24	Q4/24	Q1/25
Total Crimes against Persons	25	18	28	33	18
Less Serious Crimes against Persons	17	11	18	24	14
Serious Crimes against Persons	8	7	10	9	4
Crimes Against Property	69	83	113	86	76

SOURCE: CORA and Niche RMS



SOURCE: CORA and Niche RMS

Crimes against Persons

These crimes include assault, sexual assault, attempted homicide, discharge firearm, homicide, manslaughter, robbery, criminal harassment, indecent exposure, threatening etc.

In Q1 2025, reported Crimes against Persons decreased by 45% (15 incidents) overall compared to Q4 2024:

• Serious crimes against persons decreased by 56% (5 incidents). There was a decrease in reported assault peace officer and assault with weapon (SSE and SSW).

 Less serious crimes against persons decreased by 42% (10 incidents). There were decreases in reported assaults in SNE and SSW regions, criminal harassment in SNW and SSW regions and utter threats in SNE, SNW and SSE regions.

Compared to Q1 2024, reported crimes against persons increased by 18% (5 incidents) overall:

- Serious crimes against persons decreased by 50% (4 incidents). There was a decrease in reported assault with weapon incidents (SNE, SNW and SSE) and a decrease in robberies (SNW) and reported sexual assaults (SSW).
- Less serious crimes against persons decreased by 18% (3 incidents). There was a decrease in reported assaults in SSE and SSW regions and utter threats in SSE regions.

Crimes against Property

These crimes include break and enters, theft, mischief, arson, vehicle thefts, etc.

In Q1 2025, reported crimes against property decreased by 13% (10 incidents). There were decreases in reported thefts in SNW and SSE regions and mischiefs in SNW and SSW regions.

Year over year, in Q1 2025, reported crimes against property increased by 9% (7 incidents) compared to Q1 2024, primarily due to an increase in reported mischief-graffiti in SSE, SNE and SSW regions and thefts in SSW region.

CSU actively works to mitigate crimes against property on TSHC property through the proactive work outlined above. In addition, we are looking to champion a community-based approach to safety, working with tenants, police, local safety organizations and partners. Here we will employ a community development approach to engage tenants to help plan, design, and implement safety initiatives. We will also continue to educate tenants with more opportunities to learn about safety and the actions they can take.

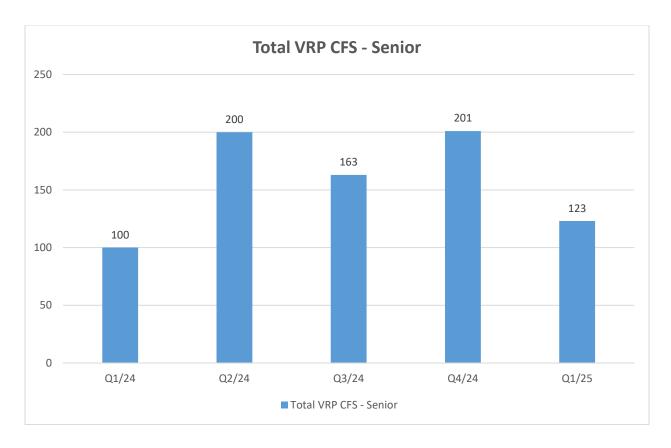
VIOLENCE REDUCTION PROGRAM ('VRP')

The Violence Reduction Program (VRP) began in Q3 2019 and was intended to reduce violent activities in the VRP communities. This program has been operational for more than five years and we will slowly be transitioning the work related to violence reduction, mitigating chronic gun violence and the impact of tenant vulnerability.

Calls for Service - TSHC - VRP Sites (note one call can have multiple incidents)

Dev Name	Q1/24	Q2/24	Q3/24	Q4/24	Q1/25
William Dennison Apartments (310 Dundas St E, 237 Sherbourne St)	31	46	41	81	57
Edgeley Apartments (35 Shoreham Dr)	21	79	52	60	30
Glenyan Manor (10 Deauville Lane)	27	51	42	26	14
Northacres Apartments (2 – 20 Flemington Rd)	13	13	21	14	8
Sackville St (252) (252 Sackville St)	8	11	7	20	14

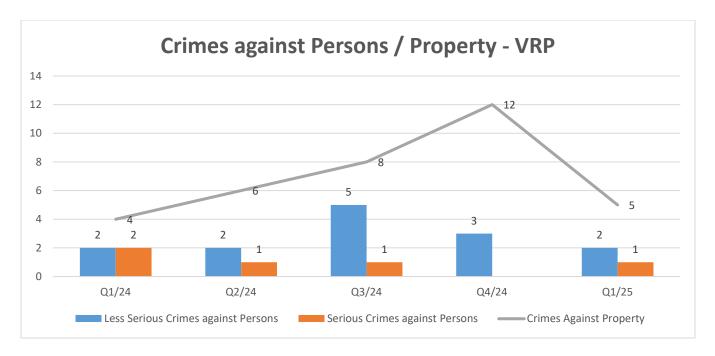
SOURCE: Dispatch Application (>Mar 2024) & CORA (pre-Mar 2024)



Crimes against persons / Crimes against property (VRP)

Stat Category	Q1/24	Q2/24	Q3/24	Q4/24	Q1/25
Total Crimes against Persons	4	3	6	3	3
Less Serious Crimes against Persons	2	2	5	3	2
Serious Crimes against Persons	2	1	1	0	1
Crimes Against Property	4	6	8	12	5

SOURCE: CORA and Niche RMS



The decrease in crimes against property incidents in Q1 was as a result of a decrease in reported theft incidents in Dan Harrison (2), Flemingdon Park (1) and Edgeley Apts (1). There was also a decrease in reported mischiefs at Sackville (3).

OTHER STATISTICAL CATEGORIES (TSHC)

Stat Category	Q1/24	Q2/24	Q3/24	Q4/24	Q1/25
Cause Disturbance Incidents	347	177	227	275	264
Check Welfare Incidents	150	171	215	223	216
Neighbour Disputes	271	236	220	253	294
Noise Complaints	12*	167	158	155	157
Parking Incidents	183	231	191	184	213
Trespass Incidents**	100	109	84	185	160
Video Requests	46	61	63	72	70

SOURCE: CORA and Niche RMS

*Noise complaints were not an event type in our system prior to March 24, 2024 therefore not all noise complaints are captured prior to then. It should also be noted that CSU does not have the authority to enforce the Noise Bylaw therefore referred to 311.

**Trespass Incidents includes when notices are given to a person who has been cautioned for an offence under the trespass to property act and the person is identified by the officer. The person is told that they are not to return to the property for a period of one year. Note, there are incidents where the person has left the property upon the arrival of the officer or leaves without providing their information. In these cases, no trespass notice would be issued and recorded.

Q1/2025 UPDATE ON OTHER SECURITY MEASURES (TSHC)

Third Party Security update related to TSHC sites

Deployment of STAR security guards continues at the TSHC sites listed below. Deployment is based on the following criteria: data, need, employee engagement and in some cases political requests. We will be conducting a comprehensive review of the deployment in the near future and criteria will be part of the review.

CSU worked collaboratively with TSHC on reallocating existing security resources after completing an audit to place guards where they are needed more based on building needs.

CSU is currently working with STAR security on cleaning up the data they have so we are better able to report on their activity at these sites.

Southwest Region:

- 100 Cavell Ave. (Griggs Manor 1) **
- 2835 Lakeshore Ave. E. (Woods Manor)** this site has two separate shifts, one general duties and one to support issues with a community group outside of the building
- 423 Yonge St. (Collegeview Apartments) Northwest Region:

• 1775 Eglinton Ave. W. (Doug Saunders Apartments) Northeast Region:

• 10 Deauville Ln. (Glenyan Manor) - Temporary Site Southeast Region:

- 310 Dundas St. E. (William Dennison Apartments) **
- 80 Danforth Ave. (Broadview Manor)

** indicates coverage split between two buildings.

CSU Deployment Model

In Q1 2025 the CSU began gathering and analyzing statistics and data to modify its deployment model to maximize service delivery for high-needs communities. A Deployment Committee has been formed to analyze, discuss, and make recommendations on deployment strategies for the high-needs developments based on the data collected. The committee's first meeting was held in April with recurring meetings scheduled. The committee will expand as we move forward and will include a representative from TSHC. Staff from TSHC will be included in the discussions regarding the allocation of resources.

Community Safety Advisors and Camera update

The CSA's assigned to the Senior's portfolio have completed six (6) Crime Prevention Through Environmental Design (CPTED) audits this quarter Q1. Refer to page 13 for CPTED definition.

The CSAs, along with the assigned Field Intelligence Officer ('FIO') also participate in security systems upgrade planning with the Smart Buildings & Energy Management unit ('SBEM') in relation to new camera locations, scope of the work, requirements, etc. within the TSHC portfolio.

CSU now has a 'seat at the table' with SBEM when new camera designs are introduced to a building so that we may provide input from a safety and security lens.

New Records Management System

Niche Records Management System went live on March 25, 2024. Simultaneously, our previous system CORA was decommissioned as an active reporting database. Its historical information was archived and made accessible to support TCHC/TSHC business needs including, but not limited to; tenancy management, Safety Planning, Risk Management, Fire & Life Safety, legal matters and or to fulfill the organization's legal access to information obligations.

The new Niche RMS and Computer Aided Dispatch system will provide TCHC/TSHC operational efficiencies, improve customer service and

response times, enhance data integrity and improve officer safety. This also provides for a more comprehensive, user-friendly system that will allow for data driven approaches and future in-car technology for Officers further enhancing efficiencies.

Neighbourhood Community Officers work with CSU (Senior's buildings)

The Community Safety Advisors (CSAs) and the Field Intelligence Officers (FIOs) meet regularly with Toronto Police Services Neighbourhood Community Officers (NCOs) to discuss crime trends and strategies within the TSHC portfolio.

The FIO's meet at the weekly Crime Traffic Order Management (CTOM) meetings with various TPS Divisions and discuss criminal and anti-social behaviour issues in both the TSHC and TCHC portfolios.

The East CSA attends CTOM meetings weekly with the East TPS Divisions and meets frequently with the NCO team at 41 Division to specifically address issues at 120 Town Haven and 3330 Danforth Avenue. The West CSA regularly met with 22 Division NCO's to discuss 2835 Lakeshore Boulevard during the first quarter of 2025.

CSU Staff Training Related to TSHC

CSU staff receive continuous training; this includes training related to mental health and crisis management. Front line staff (Dispatchers, Officers, CSA's etc.) utilize these techniques when responding to different incidents and scenarios to minimize the use of enforcement. CSU staff recently completed seniors related training that includes Understanding Dementia and Mental Health for Seniors.

ATTACHMENT: Appendix A – Glossary of Terms

SIGNATURES:

"Allan Britton"

Allan Britton Acting Senior Director, Community Safety Unit

APPENDIX A

GLOSSARY OF TERMS

Community Safety Unit Patrols:

Patrols of the community by special constables. Patrols may be selfinitiated, directed by a supervisor due to ongoing identified issues or patrols joint with Toronto Police officers.

Crimes against Property:

The number of incidents involving unlawful acts with respect to property but do not involve the use or threat of violence against a person (included are theft, break and enter, trespass, mischief, arson, etc.)

Serious Crimes against Persons:

Intentional use of force which results in serious injury or bodily harm, or use of an offensive weapon against a person. (included are: sexual assault, aggravated assaults, assault peace officer, assault with weapon, robbery, homicide, discharging a firearm, etc.)

Less Serious Crimes against Persons:

The number of incidents involving the application and/or threat of force to a person that are less serious in nature (included are: assault, criminal harassment, utter threats, etc.)

Referrals:

Community Safety Advisors (CSA) refer tenants to various agencies or business units and record this referral into HoMES and into the CSA Activity tracker. Numbers are calculated using the CSA Activity tracker.

Tenant Visits:

Community Safety Advisors (CSA) visit or contact tenants for various reasons and record this activity into the CSA Activity tracker. Numbers are calculated using the CSA Activity tracker.

Engagement Activities:

These numbers are collected from both the RMS systems (CORA and Niche) where a community event was captured by a special constable and from the CSA Activity tracker where Community Events, Crime Stoppers Presentations, Critical Incident Responses, Presentations and Safety Meetings were recorded by the community safety advisors.

CPTED:

An audit conducted by the community safety advisor in relation to crime prevention through environmental design (CPTED). Recommendations are recorded to enhance the safety of a community. For example, lighting may be poor in an area, a fence may be broken, hedges may be overgrown, graffiti may be present. Fixing these types of issues contributes to the safety of the community.