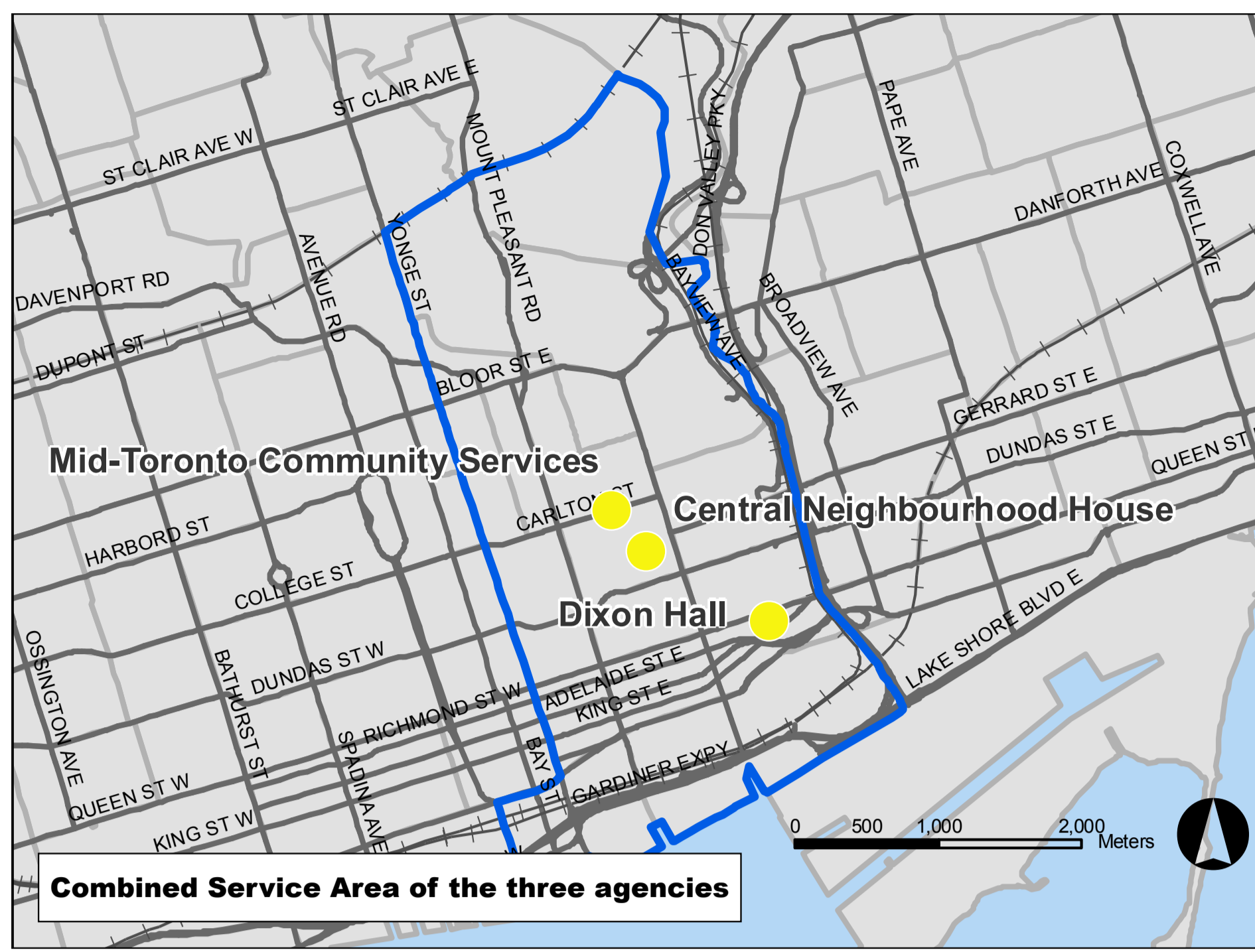


SUMMARY OF THE REPORT



Three social service delivery agencies, Mid-Toronto, Central Neighbourhood House and Dixon Hall have expressed a desire to explore collaborative opportunities for improving their service delivery to seniors and adults with illnesses and disabilities. This report provides a profile of the Central Toronto community and an analysis of the broader policy context, a detailed study of agency priorities and existing programs and concludes with recommendations for collaborative strategies to improve service delivery.

The Central Toronto community profile includes an analysis of relevant demographic data and development trends, particularly as they relate to seniors and adults with disabilities and illnesses. In the coming years, Central Toronto will be home to a growing population of seniors, who currently are more likely to live alone in the three agencies' combined service area than seniors living in other parts of the city. Major development activity in Central Toronto, most notably, the redevelopment of Regent Park will also affect demand for services, especially as former residents and clients become more diffused throughout the area.

The project team developed collaborative strategies to better serve Central Toronto today, while adapting to challenges that will emerge in the future.

The policy analysis provides a review of recent health care policy reforms in Ontario and other jurisdictions in the industrialized world. The main elements of contemporary reform include the devolution of health care authority to locally-based authorities, and a move toward collaboration to achieve greater economies of scale. Ontario reforms have directly affected the operations of community-based service provider agencies, making it necessary for agencies to seek collaborative strategies.

The analysis of agency priorities and existing programs, examines the organizational context of the local service providers in Central Toronto.

The project team then developed recommendations according to three priority areas Program and Service Delivery, Administration and Back Office Duties and Outreach to Ethno-Cultural Communities.

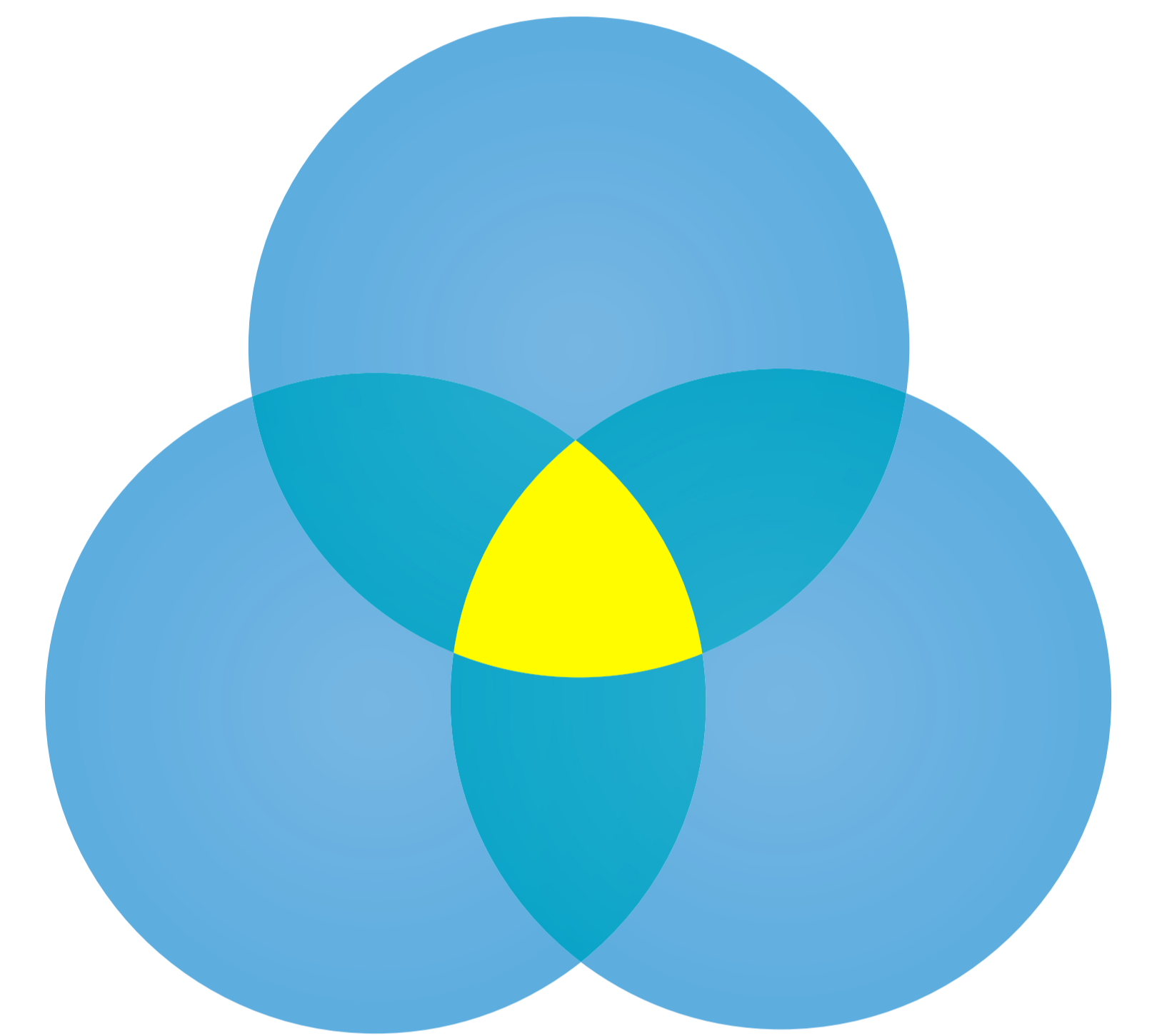
Mid-Toronto
community services inc.
bringing care home



A COLLABORATIVE APPROACH TO SOCIAL SERVICE DELIVERY

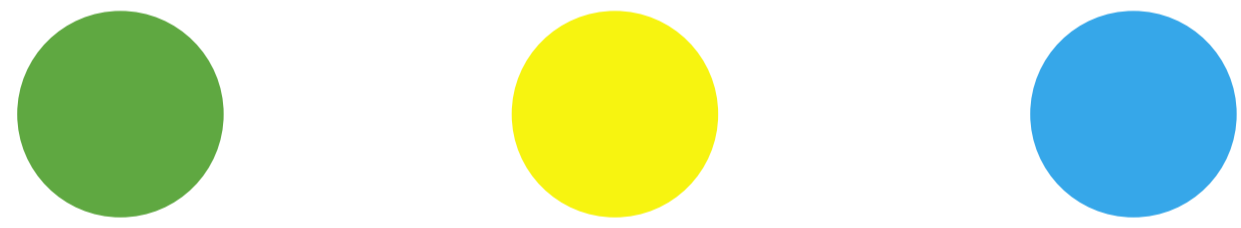
Strategies to Better Serve Seniors and Adults with Disabilities and Illness in Central Toronto

DECEMBER 2007 | Report prepared by Karen Fong, Jana Neumann, Michael Noble & Scott Pennington



RECOMMENDATIONS

Following from analysis and consultation the project team created a series of recommendations for collaboration between the three agencies. These recommendations are organized according to three priority areas: Program and Service Delivery, Administration and Back Office Duties and Outreach to Ethno-Cultural Communities.



In an effort to reflect best practices in collaboration, while responding to the needs of the three agencies, these recommendations move beyond *ad hoc*, informal relationships toward more formalized coordination strategies.

To support the implementation of these recommendations, we recommend that the three agencies first form a formal joint working group to coordinate the strategies and translate them into action plans and timelines.

PROGRAM AND SERVICE DELIVERY

Objective: To deliver effective and economically sustainable programs and services. Each organization wants to ensure that they have an important and defined role in any collaboration.

Program Information Sharing

As the least formal of the recommendations, this strategy aims to provide complete information on programs and services to the staff of all three agencies (by keeping a spreadsheet of services) to improve referrals and increase clients' access to services.

Coordinated In-home Services

It is recommended that CNH take on the main responsibility for home help services for the combined clientele of the three agencies.

Coordinated Hospital Discharge

It is recommended that CNH join the Home at Last program. The combined clientele will benefit from the personal and home making services that CNH can provide.

Referral Protocol for Community Transportation Service

A referral protocol for community transportation services will allow better coordination of transportation service delivery, with Mid-Toronto taking the lead.

ADMINISTRATION AND BACK OFFICE DUTIES

Objective: Significant resources are expended on back office tasks, particularly in pursuing grants, writing proposals and reporting. These recommendations reduce administrative cost and time burden while maintaining agency autonomy.

Co-operative purchasing

Cost savings can be achieved with joint purchasing arrangements for company insurance and employee benefits, office equipment and administrative support.

Joint administrative staff

It is recommended that the three agencies pool resources for joint administrative staff for fundraising activities and web site maintenance.

OUTREACH TO ETHNO-CULTURAL COMMUNITIES

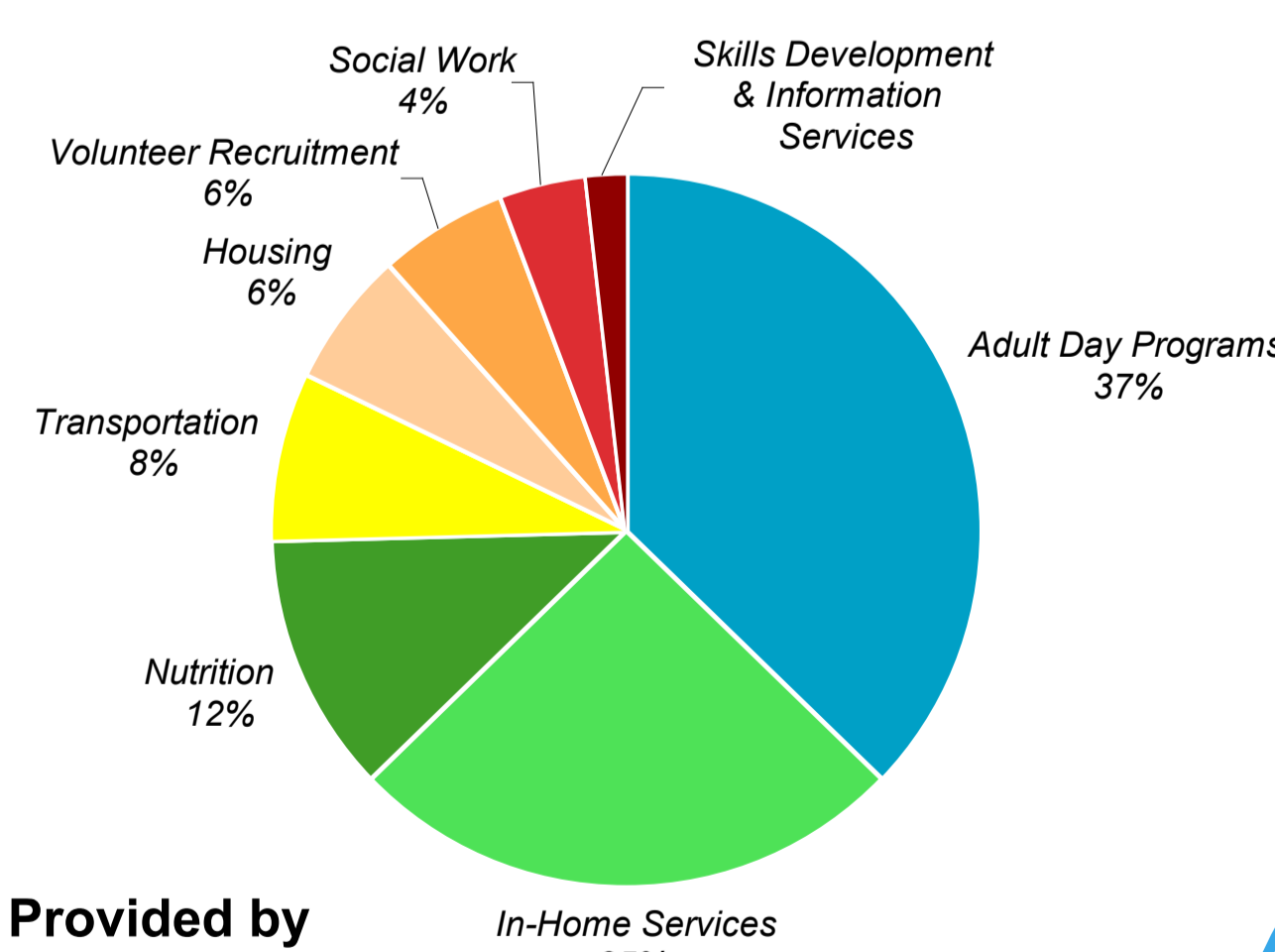
Objective: Up until now agency responses to ethno-cultural communities have largely occurred on an *ad hoc* basis. A more comprehensive strategy to identify underserved communities. Effective community outreach is necessary to improve access to existing programs and to develop more effective feedback processes so that programs can be adapted to changing client needs in the future.

We recommended the three agencies connect with ethno-cultural organizations to reach out to possibly underserved groups.

AGENCY PROGRAMS

Mid-Toronto, Dixon Hall and Central Neighbourhood House provide 51 programs and services for seniors and adults with disabilities and illnesses in Central Toronto. Each agency has developed a particular focus in the services delivered to their collective clientele. For example, Mid-Toronto provides several day programs for frail seniors and adults with disabilities, while Dixon Hall's day programs serve fit seniors. Dixon Hall is the only agency that offers supportive housing, while Mid-Toronto is the only one to provide community transportation and meal-delivery services. Central Neighbourhood House, on the other hand, specializes in in-home services.

Composition of Programs Provided by the Three Agencies



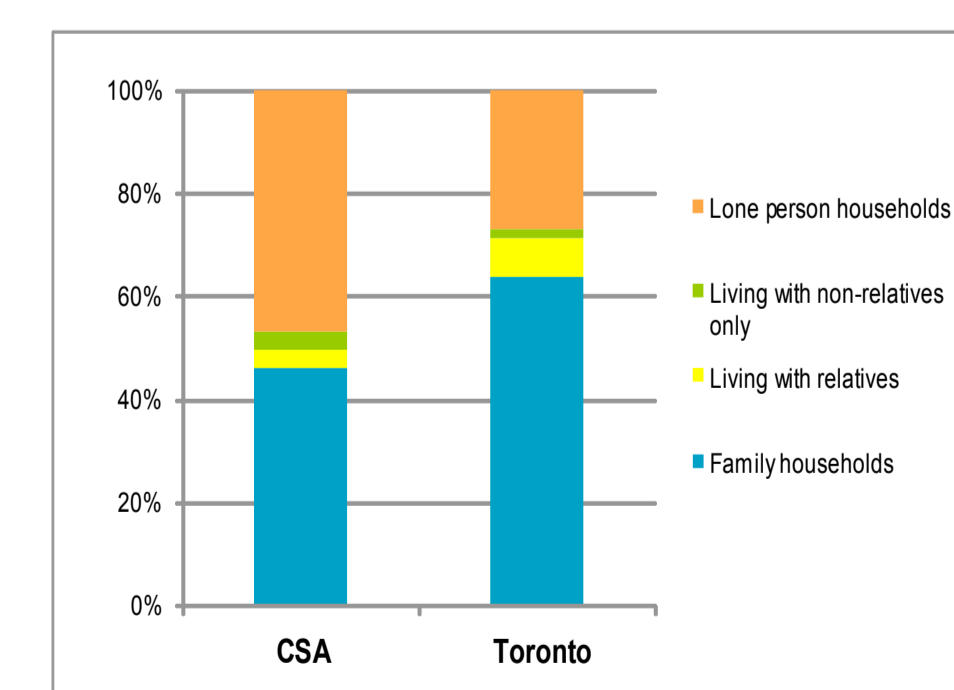
COMMUNITY PROFILE

Seniors Population

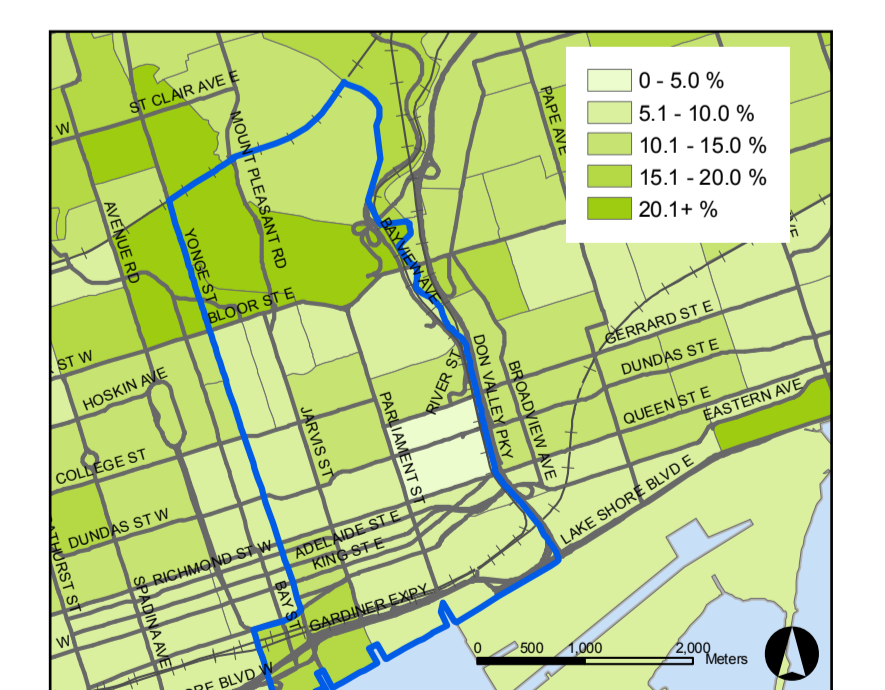
The CSA is home to proportionally fewer seniors than observed citywide, however their numbers are increasing at faster rate than general population growth in the area. This growth in the CSA senior population will place additional demands on programs and services currently offered by the three agencies.

Living Status

As a proportion of all households, the CSA is home to far more lone person households, particularly among seniors, and fewer family households than are observed citywide. The large percentage of lone person seniors households confirms the ongoing importance of programs and services which enable "aging in place" in the CSA, particularly in-home services.



Pop. composition by Living Status, 2001 Census



% of Seniors by Census Tract, 2001 Census

While the three agencies provide a strong and diverse suite of services, they face a situation of constrained resources and significant community change.

POLICY ENVIRONMENT



Recent provincial reforms have resulted in move towards a decentralization of health care provision in order to 'streamline' delivery. In Ontario, Local Health Integration Networks (LHINs) and Community Care Access Agencies (CCACs) were created to facilitate the development of integrated, local health service plans. The main rationale behind the creation of the LHINs and CCACs is to improve efficiency and accountability by encouraging health service providers collaborate in order to achieve greater economies of scale, while also reporting directly to a local authority. This reflects a broader shift among developing nations towards decentralized health care in order to contain costs,

improve health outcomes, increase the flexibility and responsiveness of care delivery and better integrate and coordinate services.

As a result, community health organizations such as Mid-Toronto, Central Neighbourhood House and Dixon Hall that primarily receive funding from third party grants, need to develop collaborative strategies to maximize existing assets and satisfy funder expectations for more co-operative, efficient service delivery.

Income Distribution

There is a high level of income disparity within the CSA population. Programs and services should continue to serve low-income areas, particularly those with greater numbers of seniors and/or incidence rates of disabilities or illnesses such as Moss Park and Regent Park. Programs and services should also be accommodating of potential users from traditionally higher-income areas, such as North of Bloor Street where the highest concentrations of seniors in the CSA are observed.

Ethno-racial Community

Also anticipated outcome of development activity is that the distribution of low-income households will be more diffuse throughout the CSA. This may affect the delivery of some programs and services, in particular in-home services and transportation services. The ethno-racial composition of the CSA is highly diverse, with visible minorities representing just under half of the total population (roughly the same percentage of the CSA population was born outside of Canada). However, no individual visible minority or recent immigrant group constitutes more than a quarter of each neighbourhood (census tract) population. Statistical data is informative, but program and service development that seeks to be particularly responsive to the needs of immigrants and visible minority groups will require ongoing community consultation and outreach.