Enoch Society for Care of the Aging

They will still bear fruit in old age, they will stay fresh and green. Psalm 92:14

Do you hear their Cries?

Research Report for Enoch Society for Care of the Aging on

COMPASSIONATE CARE FOR SENIORS IN GTA

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Summary

INTRODUCTION …
A COMPLEX & CHANGING SOCIETY

We are living in a complex world driven by technology. Everything is moving faster day-by-day. There is never enough time. People expect more, quantity becomes more important than quality. But in the world of seniors, each day is getting a little slower and accomplishments… fewer. So how is it possible for seniors to achieve a meaningful quality of life? Are there seniors struggling to cope and falling behind in despair?

Canada, a land of ethno cultural diversity, was home to 4.9M seniors (age 65+) in 2011, or 14.8% of its total population [1]. Our seniors' population is projected to climb to 24% of total population or 10M by 2036.[2] Ontario has held largest share of Canadian seniors (38%[1] as of 2011), about 707K or 38%[1] resided in the Greater Toronto Area (GTA). Being the most popular destination for new immigrants, there were 2.3M[3] (or 43% of country total) visible minorities residing in Toronto in 2006 (projected to more than double by 2031)[3]; and 28% seniors were visible minorities (Chinese made up 36%), 42% seniors 75 years+ spoke a non-official language at home.[13]

Adapting to changing social trends and family dynamics can have huge impact on seniors' emotional, mental and physical health; and hence their ability to enjoy life. Sadly, suicidal rate[5] among Canadian male seniors aged over 85 has jumped substantially, and "grey" divorce[6] also noted an increase in recent years.

So what are some of these most significant shifts in recent decades?

- **Thinning family network** … smaller families, more individuals staying single and living alone, family scattered and living at a distant, limited face-to-face contact;
- **Challenging Sandwiched Generation** … work pressure, job & financial insecurity, divorce, single parenthood, blended families, gay relationships, infertility, early onset illnesses, and increasing caregiving responsibilities (predominately female);
- **Seniors living longer** … but with more complex health conditions, growing dementia giving rise to barrier to connect and in accessing care;
- **Increasing ethno cultural diverse community** … a rise in new immigrants from China most lacking English skills means growing language barrier, greater demand on public sectors and community services.

ADDRESSING MORE CHANGES TO COME…

Ontario's ongoing Health Care Reform, part of which is an attempt to minimize the drain on resources by diverting patients from hospitals to other less costly health care providers (largely home care), is posing threats to the vulnerable seniors' population.

The Ontario Home Care Association Submission to the Minister of Finance 2012 Pre-Budget Consultation wrote:
"Publicly funded home care services are designed to complement and supplement, but not replace, the efforts of individuals to care for themselves with the assistance of family, friends and the community. An essential component of home care is that family and/or friends will provide care to supplement the publicly funded service" … This suggested the public health care and social support system could only provide enough to help seniors survive … but not to thrive.

An estimated 150,000 Ontarians purchase 20 million visits/hours of home care services annually.[7] Reinforcing public home care is insufficient to meet clients' needs. What's worst, about 80% of care provided to the ill, frail and dying at home is already assumed by family and friends.[8] The health policy will pose continuous increasing challenges for families who are struggling to balance raising children, maintaining formal employment and are saving for retirement.

So how are seniors and families coping with this tide? Are adult children stepping up to their responsibilities therefore sacrificing their career, finance, hopes and dream; or are seniors being neglected? What about the growing population of individuals living alone with no family? Who will provide care for them as they age?

HELPING THE VULNERABLE ELDERLY

To address Enoch's Mission of bringing relief to seniors in Canada, particularly those who are living in conditions of poverty, social isolation, abuse or are lacking needed care; attention is required to ensure the health and well-being of these vulnerable elderly in GTA is sustainable and all crucial needs being met.

Key Problems to Address:

- Are current geriatric care services sufficient to meet the growing demands from an aging population in GTA?
- What are the unmet health care needs from seniors today?
- What segments of seniors are most vulnerable today?
- Are there seniors in despair? Are we obeying God's commandment in honoring and caring for the elderly?
- How and to whom can spiritual care help those that are "poor in spirit"?
- How can we help bridge that gap and support rebuilding of a more compassionate community for the disheartened seniors in GTA?

PURPOSE

The primary objective of this study is to help define who are the disheartened seniors in GTA; and to help prioritize, formulate strategies and initiatives, in conjunction with key stakeholders in the community, to address their unmet needs and to enhance quality of life of this population … specifically in the area of spiritual care.

RESEARCH APPROACH

The qualitative study was conducted using focus groups and in-depth interviews. Structured questionnaires were developed, with the Quality of Life model [9] of University of Toronto as a foundation.

A total of 83 respondents were interviewed including seniors, family caregivers, personal support workers (PSWs), health care professionals and compassionate care professionals (namely Chaplain, Church Minister, Ministry Leader). The 52 seniors were further segmented by living arrangement types, Christians/non-Christians and English/Chinese sub-groups.

Areas that were explored include seniors' lifestyle & leisure, daily challenges, access to care, relationships, social connectedness, attitude towards quality of life and aging, emotional and spiritual care needs. In addition, for caregivers and care professionals, their difficulties and concerns while caring for or serving seniors, public system pitfalls, dementia & mental health related issues, emotional & spiritual care opportunities for seniors, as well as their own needs were also discussed.

BACKGROUND

- To help identify what segments of seniors are most vulnerable in GTA and the unmet needs exists today, we must first assess how well are our seniors doing today in key areas of life.
- According to the **Quality of Life** model developed by **University of Toronto**, quality of life defines as "*the degree to which a person enjoys the important possibilities of his/her life*" (Dennis Raphael, et al., 1994). Each person's life journey is unique and thus perceives quality differently. As such, the quality of life model is developed based on **9 specific areas of life** (*as outlined in the next page*) that are important part of the lives of seniors.
- The foundation of our qualitative study is based on this Quality of Life model. We have interviewed seniors, caregivers and care professionals; and asked specific questions relating to these 9 important areas of life.
- For each area, the inputs from each respondent groups were combined, compared across groups/sub-groups, and then analyzed to draw conclusions on how well (or not well) are various segments of seniors are doing on each important areas of life. And where gaps may exists, and what could be done to help improve quality of life of seniors in GTA.
- In determining the areas/gaps that need most attention, respondents were asked to select the areas of life that they see most crucial to seniors' in achieving a higher quality of life.
- Last but not least, in meeting the needs of seniors, the concerns & needs of those caring for them day-to-day cannot be overlooked. We interviewed Family Caregivers, PSWs and Care Professionals; and collected valuable suggestions on ways to bring more comfort and strength to those who may be struggling to cope with daily stress from serving seniors at home or in the workplace.

9 AREAS OF LIFE … *DEFINING QUALITY OF LIFE*

BEING "Who one is as a person"	**Physical**	Body & Health	Physical Health, nutrition, personal hygiene, being physically able to do the things one wants and to get around the home & neighborhood, and keeping fit.
	Psychological	Thoughts & Feelings	Reflecting mental health … satisfaction with oneself, a positive attitude to life, freedom from stress, thinking and acting independently, and coping with life's changes.
	Spiritual	Beliefs & Values	Involves having personal values, personal standards to live by, and spiritual beliefs. Feelings of hope and purpose, selflessness, and having things to look forward to.
BELONGING "How one fits in with people and places"	**Physical**	Where I Live & Spend my Time	Place where you live, material possessions, privacy, feelings of safety, and the neighborhood where you live.
	Social	People Around Me	Relationship with family, friends, and other people you know casually. Social, cultural or interest groups you connect with.
	Community	Access to Community Resources	Having access to social and medical services, financial resources, access to community places & events.
BECOMING "How one moves forward"	**Practical**	Daily Things I Do	Practical, purposeful activities in your life. Work around home, looking after your own affairs, looking after/helping others, seeking out services helpful to you (e.g. health, social services)
	Leisure	Things I Do for Fun & Enjoyment	A walk, a visit with family or friends, reading, watching TV, engage in a hobby, going to movie/theatre
	Growth	Things I Do to Cope & Change	Adjusting to life's changes and improving yourself. Learning new things, improving/maintaining physical & mental skills, solving problems, trying new activities/ideas.

Source: Quality of Life Profile: Seniors (Short Version), Quality of Life Research Unit, University of Toronto (1996)

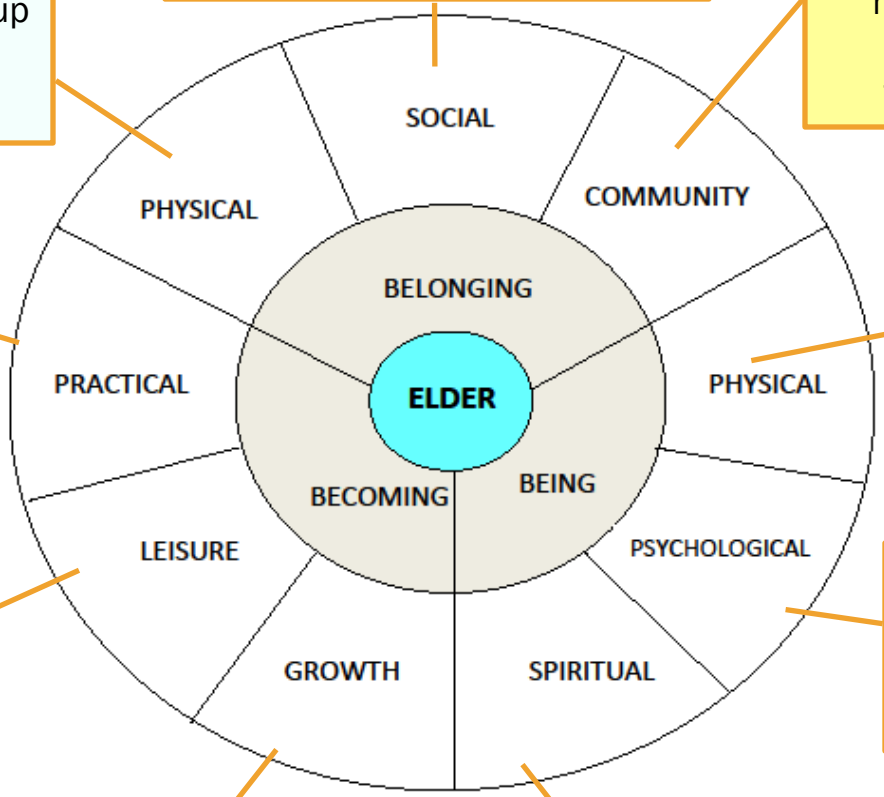
STUDY FINDINGS

Communicating Connecting Comforting

Compassionate Community

A QUICK SNAPSHOT … QUALITY OF LIFE MODEL

SENIORS ARE SURVIVING, BUT NOT THRIVING



Reasonably well for Juniors, but poorly for older folks without family, church, community tie

Most seniors are contented, those in group housing with support services quite happy

Public care insufficient, most seniors are lost without children, they need advocate

Some difficulty amongst Caregivers & frail seniors, to some PSW is their only option

A major hurdle for older folks to connect, socialize and have fun

Most Juniors enjoy life; caregivers and shut-ins need help

An area of neglect, especially those with marginal dementia, seniors don't ask for help

Seniors struggling to cope with decline and transitioning thru aging

Spiritual care lacking across the board, but seniors may not realize

SENIORS' WELL-BEING … BODY & HEALTH, THOUGHTS & FEELING, BELIEFS & VALUES (1)

- While health is a top concern for seniors, some groups appear **not taking best care of themselves** in exercising or healthy diet (i.e. Caregivers, female Christians never married). Notably, female seniors with no family, living alone in supportive type housing tend to have poor health. This group trends into the low-income bracket.

- Growing **dementia** is a concern, seniors who are at borderline lack insights and judgment. **Seniors don't know they need help**, or they **refuse care** … they fall through the cracks. Those **living alone** are especially vulnerable, cognitive impairment not only is a barrier to care but also a barrier to connect, seniors become **socially isolated**, gradually slipping away. Clients with dementia are under-served in GTA, "Alzheimer's patients are being managed by medication, not treated or helped", some are not accepted by LTCH, they need 24/7 in-home care which the system cannot fund. Churches are also lacking resources to help such patients and their families.

- While dementia is a growing concern to the health care industry and to our society as a whole, loss of vision may be a huge issue to older adults when reading and watching TV become the only leisure activity one could manage. A home-bound senior expressed difficulty even making telephone calls due to poor vision, and resulted in social isolation.

- Psychological health of seniors is often being neglected today. In LTCH, a very shortage of human resources in recognizing seniors' psychological needs could result in untreated depression, PSWs and nurses have little time to properly manage seniors in distress. Seniors in community may have mental health issues that are neglected due to stigmatization, or a lack of awareness.

SENIORS' WELL-BEING … BODY & HEALTH, THOUGHTS & FEELING, BELIEFS & VALUES (2)

- According to Caregivers, seniors living in community are **lacking emotional & spiritual care**; they are lonely, disconnected and often felt being a burden to others. Seniors need **companionship,** those using PSWs are usually not getting any support from family, friends or church. While some seniors in LTCH do get visitation, there are ones who gets none. Emotional & spiritual care support is limited to few staff and insufficient. **PSWs** become their main resource and treated as a **valued part of the clients' family.**

- Seniors' **attitude towards life differs between Christians & non-Christians**, the **gap increases with age**. Most Christian seniors find life meaningful and hopeful; their joy comes from knowing & loving God, serving the church, volunteering, helping others and from children/grandchildren (for those who do have children). Majority of younger non-Christians and Chinese seniors felt life is meaningful, their hopes are mainly in children and grandchildren; therefore ones without family could lack purpose in life. While Caregivers felt they are a blessing to their spouse, most seemed overwhelmed and helpless; one non-Christian admitted he had suicidal thoughts. In the loneliness of shut-ins in their 80's-90's, Christians still expressed peace and hope as they rely on God for comfort & strength; while their non-Christian counterparts seemed bitter, negative and withdrawn. **Having a strong faith is a rock at old age.**

- Both Christian and non-Christian seniors have brought up similar **concerns about aging** … top issues being health & finance, with Chinese female having most worry about not having financial security as they age. Chinese seniors also worry about not being able to access health care (given their language barrier) when they get seriously ill; ironically, they much prefer a "good death", so they don't have to burden/rely on their children or others. Christians expressed not having any worries as they have faith in God; with the belief of an eternal life, they are not concerned about death.

SENIORS' CONNECTEDNESS … TO PEOPLE, PLACES AND THE COMMUNITY(1)

- Our health care system is not ready to serve the growing aging population, there is an extreme shortage of staff across all settings, geriatric knowledge is lacking, RPN staff turnover rate is high and most LTCH are managed poorly. Patients are often discharged from hospitals pre-maturely causing frequent re-admissions, and thus difficulties for seniors and families. A limited budget means clients only get what the system can offer, rather than what they truly need. Public health care is insufficient … the care burden is on family. Seniors and families need to be educated on self-funded care.

- System is complex and difficult to navigate, those lacking a voice (e.g. cognitive impaired, shut-ins with mobility issue, language barrier, no family support) failed to get the information and resources they need. Hospitals and most specialist clinics lack Chinese speaking staff, a major barrier to care for Chinese seniors. Seniors need advocacy. Some churches do offer help, but resources are lacking.

- Most Family Caregivers also experienced difficulty with public health system, they felt "system is opaque, not sure where to go", they often have to advocate for parent(s) to get service. Seniors without or lacking support from children could be quite lost. Adult children expressed they have to negotiate with CCAC to get adequate care for parent(s), families from a medical background seems to have more bargaining power.

- According to health care professionals, CCAC is currently under-utilized by minority groups, mainly due to lack of awareness and knowledge. Notably, awareness of CCAC among Chinese seniors is far lower than other seniors in our study. It was suggested that more health programs be offered to minority groups (especially Chinese, being the top non-English home language speaking seniors group in Toronto[10]), and to help encourage such seniors on use of public services. Minority seniors need education.

SENIORS' CONNECTEDNESS … TO PEOPLE, PLACES AND THE COMMUNITY(2)

- Most seniors felt respected and honored in the community, though Chinese seniors expressed Canadian young people are more polite to seniors than ones from China. When seniors were asked about respect from own family, some visible minority seniors experienced difficulty in communicating with own children and some Chinese female could not get along with their daughter-in-laws . There are Chinese seniors who felt their children are rather materialistic.
- Seniors want to remain independent for as long as possible, they want be in control and involve in decision-making affecting them. They don't want to be sent to LTCH ("the human filing cabinet") prematurely by family. Some seniors get abused financially by the family, there was mention of children lending money from parent but never repay, and there are siblings fighting over power of attorney. Other than financial abuse, there is social abuse whereby seniors from China having language barrier are being confined at home and socially isolated by their own adult children.
- Social connectedness is critical to seniors in achieving quality of life, but lacking for ones without any family, church or community tie. Highest risk of social isolation … shut-ins, bed-bound in LTCH, caregivers in distress, new immigrants with language barriers and the cognitively impaired.
- Key to improve seniors' quality of life is by connecting through visitations and caring neighbors, helping seniors to get out to church or attend community programs. Seniors like to see more social and intergenerational activities, and church outreach to seniors' buildings to the lonely and isolated. Notably, Chinese immigrant seniors find ESL program an anchor to connect and help them integrate into the new living environment.
- There is a strong need for home visitation across all seniors interviewed, most felt visitation must be done by trusted individuals, and few non-Christians have concern with church volunteers. Family caregivers felt church visitation is currently lacking, and some PSWs observed churches stop visiting their clients few months after they no longer can attend church service, even if they're still donating … senior felt being forgotten, not valued. Most believe seniors living alone would benefit greatly from visitation.

SENIORS' ABILITY TO MOVE FORWARD … COPING WITH DECLINE & TRANSITIONS

- Seniors have difficulty **coping with health decline**. Caregivers felt a key difficulty for seniors is coping and transitioning through aging, most seniors are not prepared emotionally and for some financially. The gradual loss of mobility, independence, senses and eventually their old self is very difficult to accept. Those from a conservative family or cultural background (such as Chinese), refuse forward planning partly due to their non-trusting mindset, they don't know what to expect in the journey. Proper education and engagement is necessary to better prepare seniors for transitioning through aging.

- Many seniors are challenged to cope on their own … they **lack a voice** (e.g. shut-in with mobility issue, cognitive impaired, palliative, language barrier, no family support etc.) and are not getting care, some are too proud (or shy) to ask for help.

- Many women, **living alone & frail struggle with daily chores** such as grocery shopping, homemaking and cooking. For some, PSW is their only option, but they could neither qualify for public home care nor afford private paid service.

- Seniors who have been self-reliant often **refuse help**. Those having too much pride are often too stubborn to ask for help. Very often, these individuals had been quite capable, they worked hard, had a fruitful career; some used to be active in the community. They have difficulty coping with the loss of their old self, and in learning to depend on others.

- The study seemed to reveal that having a strong faith helps seniors press on … better prepare for the journey. However, seniors need to be **educated on "inter-dependency"** and learn to ask for help. Based on feedback across all groups, most seniors don't like to burden or rely on their children or others, few expressed children having enough problems on their own (e.g. divorce, sickness, job loss etc.). **Most seniors would not proactively ask for help**.

HOW SENIORS MAY FALL THRU THE CRACKS?

1. Seniors don't want to rely on others, but can't access care from complex system without depending on others.
2. Seniors want to be in control and involve in decision making affecting them … but ones with cognitive impairment or borderline have poor insight and judgment.
3. Seniors don't want to burden or rely on their children, they don't share concerns with children … a lack of future planning may lead to family conflicts, and delay in (or not) getting care.
4. Ones who are physically close to children, sometimes get financially abused and socially isolated.
5. Seniors getting used to free health care, but no longer getting sufficient service unless self-paid … seniors with low income or those refuse to pay will suffer.
6. Growing seniors with mental health or pre-dementia, but often hard to recognize in community.
7. Needs of support and advocacy from those lacking a voice may be large and rapidly increasing, neither church nor community is currently doing enough or have sufficient resources to do so.
8. Caregivers are struggling in isolation, the greater the burden they have, the more socially disconnected they become.
9. Social connectedness is key to quality of life, yet many seniors have barriers to connect.
10. Seniors are challenged to cope with decline and transitions through aging, and some get no emotional support. While Christians have a faith to hang on, non-Christians rely on their own strength … which is deteriorating day by day.
11. Spiritual care is seen as lacking, many felt seniors are being forgotten by church. While Christian seniors have faith and trust in the God, they don't proactively turn to church for help.

THE "*LOST*" GENERATION … WHO NEEDS WHAT?

Age Group	Their Losses	Their Needs	What might help?
Junior Seniors (65-74) *GTA total: 378K*	• Work • Sense of belonging • Identity • Purpose	• Maintain social ties • Being valued • Enjoy life & have fun	• Church and community social/interest groups • Recreational Activities • Volunteer work • Learning programs
Mid Seniors (75-84) *GTA total: 238K*	• Physical health • Finance • Loved Ones • Home • Lifelong Possessions	• Access to public health & social care • Help with medical appt and home chores • Transitional planning • Emotional Care • Spiritual care • Strengthen family ties	• Parish nurse / social worker • Neighbor link • Legal & financial advisory • Advocacy & counselling • Caregiver support / respite • Seniors and Family Education … Aging and dealing with transitions
Advanced Seniors (85+) *GTA Total: 91K*	• Mobility • Independence • Social Connectedness • Senses • Cognitive Ability	• Advanced health care support (PSW/LTC) • Spiritual Care • Emotional Care • Not feeling forgotten, overcoming loneliness	• Ongoing Home Care / LTC • Transportation • Advocacy • Visitation • Companionship • Palliative Care

Note: Source of GTA Seniors Population Data … 2011 Census

WHO ARE THE MOST CONCERNED SENIORS?

Respondent Groups \ Types of Seniors	Shut-in	Living alone, no family	Caregivers	Dementia	Don't need / want help	Low income (women)	Palliative	LTC	Family Abuse/ Neglect	Comorbidity	Multiple losses
Living Alone Active	●	●			●	●					
Living Alone Shut-ins (Home & LTC)	●		●				●				
Living with Spouse or Family		●		●	●	●	●				
Family Caregiver	●	●	●					●			
PSW	●	●	●	●					●		
Health Care Professionals	●	●		●	●	●			●		
Parish Nurse	●		●							●	●
Compassionate Care Professionals	●	●		●	●			●			

MOST MENTIONED WAYS TO HELP IMPROVE SENIORS' QUALITY OF LIFE? (ALL SAMPLES)

- Visitation … Shut-ins, no family support
- Caregiver Support …
  - Visitation / Respite … volunteer to visit, and offer practical help as backup
  - Support group … training, emotional care
  - Spiritual care
- Outreach to the disconnected … via neighbor link, church congregation
- Junior Seniors helping Older Seniors (e.g. shopping, transportation, English translation, companionship, assistance to medical appt)
- Help team at church … Parish Nurse, Social worker, volunteers
  - Help in connecting and accessing community resources
  - Advocacy … multi-disciplinary
- Social activities … at church and community centres … get seniors out of LTCH
  - Inter-generational, mixed age
  - Transportation
- Seniors & Families Education … Preparation for Aging Journey, Inter-dependency, Health & Wellness, Community Resources
- Educate minority groups to use CCAC … offer more health programs in Chinese/Mandarin
- Engage PSW … Training. Empowerment, Support group

WHO ARE THE "POOR IN SPIRIT" AND NEEDING SPIRITUAL CARE? WHAT CAN BE DONE?

Who are they?	What Problems ?	What they need?
Shut-ins (Community)	Lacks mobility Low Income Socially Isolated	- Visitation; companionship, helps with shopping, homemaking, getting out; social work
Living Alone with no support (community)	Too stubborn to ask for help Don't know they need help … mental health .. Living in a mess	- Visitation; companionship, helps with shopping, homemaking, getting out - Advocacy, social work - Educate on aging journey
Caregivers	Caregiving Spouse with dementia / other degenerative illnesses	- Visitation, respite support, connect to resources - Caregiver Training & Support Group
Ethnic Minority (male)	Emotionally contained Self-sufficient	- Connect to ethnic social groups - Engage in Church & community programs - Education on aging journey
Shut-ins (LTC)	No Family, bed-bound, lacks socialization	- Visitation, companionship, spiritual care activation program, music
Palliative	Loneliness, fear, hopelessness, regrets	- Visitation, Seniors & Family Support - Palliative care, end-of-life planning

SUPPORT FOR CAREGIVERS, PSWs AND HEALTH CARE PROFESSIONALS

- Growing dementia and degenerative diseases pose serious concern and pressure on **Caregivers**, the **warriors in isolation**. Caregiving is physical and emotional draining, and few Caregivers have experienced **burn out**, with greatest burden lies with seniors caring for a spouse. While having a strong faith helps, family caregivers have **huge need of emotional & spiritual care**. Some find joining a **support group** helpful, but most do not have the time to do so. Some caregivers would like practical help, such as **respite**.
- Both Family Caregivers and PSWs demonstrate "**love in action**" in their own caregiving roles. They often go out of their way to care for the seniors in their world, with **little recognition.**
- Main Family Caregivers (usually a daughter) has to **sacrifice** their work, interests, recreation and time with own family, one relocated to care for parents. Often neglecting their own needs, few caregivers have/had experienced depression, marriage problems and estranged siblings' relationship.
- The PSWs interviewed all **love serving & helping seniors**, they are happy as long as clients are happy; majority of the samples are Christians who came from a cultural background with a nurturing heart and giving mindset. While PSWs often experience physical injuries, they still love their work. CCAC never fund enough work hours, PSWs very often had to work extra **"unpaid" hours** out of empathy for clients.
- While the PSWs interviewed find their work meaningful & fulfilling, according to them, some PSWs do join this field for the money rather than out of compassion to serve. Such PSWs will have higher risks of burn out and likely drop out after few months into the job. The challenges and pressure being faced by PSWs working in severely under-staff LTC environment is much higher than those working in the community. Educating new PSWs … a "**service from the heart" vs. "job that pays"** is the key in help minimizing burn out and thus delivering sustainable quality of service. **PSWs need education and support**, but making time to do so could be an issue.
- **Health care professionals** are struggling to meet clients' needs with stretched resources. They are under huge pressure, they get burnt out. **Support & care are vital** to keep them going. It is recommended that more in-depth consultation is necessary to develop effective program(s) to better support health care professionals/workers, without duplicating the ongoing efforts of the MOHLTC.

SPIRITUAL CARE SUPPORT - CHURCH & LTCH

- Some churches in GTA are reaching out to seniors in congregation & community successfully through Seniors Drop-in Centre and by Calling Shut-ins, while some appoint Parish Nurses to offer spiritual care, educate on health & wellness and help connect seniors to required public health and community resources. Awareness of such programs currently are quite low, seniors would like to see more churches supporting these types of programs.
- Few Christians felt the larger Churches don't really know their congregation. Churches are encouraged to identify individual needs of seniors in congregation and tailor-made suitable outreach programs. Some churches deploy through Parish Nurse, but support from church leaders & congregation, and on funding is currently limited.
- A general perception is churches only serve their own congregation, but even so, support is currently insufficient. Seniors who can no longer attend church services don't get visited.
- While churches and community agencies do reach out to larger group housing, retirement & LTC homes; it was mentioned that some standalone seniors building, mostly low-income supportive housing, gets very little attention but there are seniors there who need support.
- The greatest need of ministry is outreach to shut-ins, this may be accomplished through church visitation or empowering PSW. Identifying volunteers is a challenge for most churches. Based on feedback, ideal volunteers are those in their 50's and 60's having reasonable energy level and the maturity to better understand seniors. However, this population may either be working (some work beyond retirement), caregiving their own parents, or some could be busy travelling after retirement. Churches indicate they need more farmers … a visitation SWAT team.
- In LTC setting, dedicated Christian Chaplain and church team outreach are ideal for ministry. There is a general lack of Chaplain on site in LTCH, most are on rotation basis and are available only on Sunday after worship services. Some nursing homes have a different visiting minister each week from varying denominations or faith background so difficultly in building trust and relationship with LTC residents, thus spiritual care support is seen as lacking. Further, residents need to indicate their religion upon admission to LTCH, those failed to choose will get no visit from any Chaplains or visiting ministers. To effectively minister in a multi-faith institutional environment, having a dedicated Christian Chaplain, professionally trained, accredited and funded by a group of churches will be most ideal. In parallel, church team outreach ministry could also be deployed given proper training and supervision as added support. It was felt that Chaplains can work closer with social workers and occupational therapists in help provide compassionate care for seniors, and to support PSWs and nurses who may be burnt out.

OTHER COMMUNITY SUPPORT

- Many Christian seniors living in seniors' complex are currently providing support to neighbors with mobility issue and lacking family support. Such could be visitation, shopping, and transport to medical appointments. **Empowering more junior seniors** who are willing to help others would make GTA a more compassionate place for seniors to reside.
- There are few **Neighbor Link** type support programs run by non-profits and charitable organizations in Toronto serving low-income individuals. A program in North York is supported by volunteers from 7 sponsoring churches in the neighborhood. Awareness of such program is low, more education is necessary in help increase usage and support. In addition, more neighbor link programs to increase geographic coverage in GTA would be most ideal.
- **Educating seniors and families on the aging journey** therefore help in coping with health decline and better preparation for major transitions to families as a whole is crucial in sustaining quality of life of seniors. While this should be a joint responsibility across the public system, community services, charitable and faith organizations; **churches should have a lead role to play** in help bring light in darkness, and hope to seniors and families who may be in despair.

RECOMMENDATIONS – WAYS TO IDENTIFY & HELP THE DISHEARTENED SENIORS IN GTA

- **Outreach to Shut-ins/Living Alone with no support** … Churches to form teams for visitation and assistance. Junior seniors helping older seniors. Identify needs thru congregation.
- **Parish Nurse / Social Worker** (or Central Care Coordinator) … churches to have a single contact and structured approach to link up existing informal ministries to maximize effectiveness of outreach. Helping seniors get timely access to info and care is core responsibility of this role.
- **PSW Ambassadors …** equip Christian PSWs to provide compassionate care to Shut-ins and seniors living alone, and help identify seniors in need for outreach. Providing support to peers.
- **Neighbor Link …** tap on existing community volunteer program to help the needy identified through outreach efforts.
- **Retirement Complex Christian Ambassadors** … engage and train junior Christian seniors to be helper/care coordinator for older seniors in the seniors' complex/buildings, help connect seniors to resources from community agency and/or church.
- **Caregivers Support** … outreach to the heavy burdened who cannot afford time to go to church or support groups. Could be Stephen Ministry type of model (1-to-1 care), may extend to phone or online help for those with time constraints. Identify needs and connect thru congregation.
- **Ethnic Minority Male Seniors Ministry** … identify needs through ethnic or multi-ethnic churches, & neighbor link programs. Engage through special interest groups, cultural or church programs.
- **Expanded Chaplaincy Role at LTCH …** dedicated Christian Chaplain; team up with nurses, OT & social workers to provide compassionate care; offer training programs for PSW.
- **Educate seniors on transitioning through aging** … via church, community agency, publications.

CONCLUSION

Based on the Quality of Life model developed by the University of Toronto as a foundation, this study has revealed the type of seniors of concerned in GTA and the areas in need of support across the spectrum covering health care, social service and spiritual care around seniors.

The consolidated qualitative inputs from seniors, caregivers, health care and compassionate care professionals reflected that the **current support system is not ready to serve** the rapidly aging population. Care burden for seniors will pose **increasing pressure to families, churches and the community.**

Through better understanding & **communication** between seniors and families … **connecting** seniors to friendly neighbors, church & community resources … and **comforting** those in despair; our seniors could enjoy sustainable quality of life in a more **compassionate community**.

Problems of an aging population in GTA is beyond providing better care for seniors, it requires educating the public on the **social and economical impact** of this rapidly growing phenomena has **on families, our next generation and on the community** we all live in; and that key issues are being understood with actions being planned and taken to address issues timely and concertedly across all key stakeholders in our complex society.

We are all on this journey … but are we all on the same page? So the question is …
"Do we love our neighbors enough to be the Samaritans to the ones in distress?"

APPENDICES

Communicating Connecting Comforting
Compassionate Community

APPENDIX 1 – SOURCE OF DATA

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APPENDIX 2 – LIST OF ABBREVIATIONS

ABC	American-born Chinese
CCAC	Community Care Access Centre
CBC	Canadian-born Chinese
CIHI	Canadian Institute of Health Information
CMHC	Canada Mortgage & Housing Corporation
CPP	Canada Pension Plan
DNR	Do Not Resuscitate
Enoch	Enoch Society for Care of the Aging
ER	Hospital Emergency Department
ESL	English as a Second Language Program
FHT	Family Health Team
GAINS	Guaranteed Annual Income System
GIS	Guaranteed Income Supplement

GTA	Greater Toronto Area
ICHM	InterChurch Health Ministries Canada
LHIN	Local Health Integration Network
LTC / LTCH	Long Term Care / Long Term Care Home
MOHLTC	Ontario Ministry of Health and Long-Term Care
OAS	Old Age Security Program
ODSP	Ontario Disability Support Program
ON	Ontario
OT	Occupational Therapy / Therapist
POA	Power of Attorney
PSW	Personal Support Worker
RNAO	Registered Nurses' Association of Ontario
RPN	Registered Practical Nurse

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ABOUT US

We are a group of Christians who live & work in Toronto and in Hong Kong. We have had some close encounters with the sufferings and darkness associate with the adversities of growing old while not knowing the grace of God through the salvation of Jesus Christ. Through our professional works or personal lives (as chaplains, pastors, geriatric nurses, social workers in health care, seminary students, occupational therapists, personal support workers for live-alone seniors, caregivers for aging parents and grandparents, friends of aging friends with terminal illness & various mental illnesses), we grief the lostness of our aging friends of different part of the globe who suffer in silence & alone.

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