



CIVIC AFFAIRS

An independent fact-finding organization
reporting to the public on civic affairs.

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HOMES FOR THE AGED

Story No. II - A Project and a Problem

Fellow Citizens:

Creation of the Metropolitan Federation places new responsibilities on the electorate as well as on the elected representatives. The public no less than its governing bodies must gain an understanding of the changes that have been made in order to participate constructively in civic affairs.

With this purpose in mind, our January bulletin provided background information on homes for the aged. It began by explaining why, in spite of more generous public pensions, a substantial number of elderly persons are recognized as needing public care. It pointed out that the Metropolitan Municipality is required by law to build and maintain one or more suitable homes. Figures were presented showing the expected number in need of care, classified in three categories:

- 1) Up and About Persons (requiring only ordinary care) - 1,433
- 2) Bed or Infirm Patients (requiring only ordinary care) - 539
- 3) Special Care Patients (whether bed-ridden or otherwise) - 514

While these totals, obtained by the Metropolitan Welfare Commissioner from the local municipalities, were accepted as substantially correct, it was suggested that an effort be made to develop closer estimates. The bulletin went on to emphasize the entire lack of permanent accommodation for metropolitan residents and supported the intention of the Metropolitan Council to launch an immediate building programme.

Experience to Trade On

In taking over the statutory responsibility for homes for the aged, the Metropolitan Government has not had to start from scratch. In addition to the services of an experienced welfare officer as its new Commissioner, the Metropolitan Municipality can benefit from Toronto's efforts to cope with the problem of homes for the aged.

In 1949, the City assigned the question of developing proper accommodation to the newly-appointed management committee for Lambert Lodge and engaged an architect to study alternative plans. Two years later, the Mayor named a special committee on sites and buildings. Its membership included four councillors, the architect, the provincial supervisor for homes for the aged, a Welfare Council expert and a representative from the

Women Electors. It gave intensive study to the question, battled repeated delays and opposition, but arrived at interesting conclusions and produced some definite recommendations.

An early decision of the Committee was to give first consideration to the needs of the healthy, ambulatory (up and about) aged and to postpone action on the problem of bed-ridden, infirm and mentally incompetent aged persons. The Committee felt less certainty in prescribing for the needs of the latter group and noted that such people were "provided with good accommodation at Lambert Lodge".

For most of the category selected for immediate attention, the Committee favoured small homes spread throughout the City containing not more than forty persons and located close to transportation, churches, stores, recreation, etc. As a compromise plan, however, the Committee agreed to a grouping of four such units on a single site. A number of sites were suggested, some of which were on City park lands. When this proposal failed to win approval, because of opposition to the use of park properties, it was agreed to press for establishment of the first four-unit home on City-owned land on upper Jarvis Street. Council gave its assent and debentures of \$371,000 to pay the City's half of the cost were authorized. However, before the Province's ratification had been obtained, the passage of the Metropolitan Act took the entire question out of the City's hands.

Metropolitan Decisions

When the Metropolitan authority took over the problem, it reversed the priorities. The principle of classifying and separating elderly persons according to their condition is being followed. But in the Newmarket plans, the first group-need to be met will be that of special care, or mentally incompetent, persons. This approach has presumably been influenced by two major considerations--the opportunity to secure a large site, and the desire to prepare for a large group of occupants.

The main disadvantage that might be seen in the proposed Newmarket home is its remoteness. Patients would be somewhat removed from friends and relatives who may wish to visit them. However, the disadvantage is less for special care patients than it would be for the other aged persons who are themselves able to visit and move about in the adjacent community.

Offsetting this one unfavourable feature, there are a number of points in support of the Council's action. To begin with, it is questionable what use the County of York could make of the land if the Metropolitan Municipality did not take it over for some purpose. The Metropolitan Council must feel some responsibility to cooperate with the County in its adjustment to a reduced municipal area. Again, approximately, ten acres of the proposed site covering 21.3 acres had been deeded over by the Town of Newmarket. While, under the County's plans, it was intended to return four acres to the Town, this land is to be retained as part of the Metropolitan site. There are, moreover, the obvious benefits of fresh air and attractive wooded grounds in what is, after all, an accessible location. To search out and develop a comparable site closer to the population hub would greatly increase the cost of the land and would further delay the needed accommodation.

Some question could be raised also as to the immediate need for so large a home for special care patients (525 beds). The estimate of 514 persons in this category includes 151 on the Lambert Lodge waiting list and, presumably, a smaller waiting list group from the suburbs. But the population of Metropolitan Toronto is still growing rapidly. And the

location at Newmarket would encourage the County, which is itself short of accommodation, to take up any unused capacity on a contract basis.

Based on its study of the facts, the Bureau backs the action of the Metropolitan Council in proceeding with the proposed Newmarket home. The great weight of argument favours a large institution for special care patients with its advantage of specialized services at the lowest possible cost.

Next Stages

The Metropolitan Council's decision to separate out special care patients from others in public accommodation makes it imperative that they employ the services of an "assessment team" to screen and classify applicants for care. Such a group can also facilitate transfers from one type of home to another as changes in the older person's condition necessitates.

An "assessment team" has been utilized by the City of Toronto in connection with its operation of Lambert Lodge. This Medical Advisory Board, as it has been called, was composed of the Acting Superintendent of the Lodge, the Supervisor of Social Services, the House Physician, the City of Toronto's psychiatrist and the head of the Isolation Hospital. Establishment of a similar assessment team under Metropolitan sponsorship has already been recommended by the Housing and Welfare Committee and will soon come before the Metropolitan Council for confirmation. It would continue the members from the former Board and add the hospitals officer of the City Welfare Department.

Supplementing the proposal of the Newmarket home, the Metropolitan Welfare Committee instructed the Commissioner "to give consideration and report on three other suitable sites within the Metropolitan area". It remains to be definitely established, however, what separation is proposed between bed patients and those who can be up and about. There is no sign that the small forty-bed units advocated by the City's special committee on sites and buildings and, as well, by the Welfare Council of Toronto are to find any place in the plans for public care. Although the question is a controversial one, in the Bureau's opinion, the small unit presents a possibility that should not be summarily brushed aside.

Among informed persons a good deal of debate has centred around the issue of 40 bed units. Some of the arguments that have been marshalled on the subject are as follows:

Pro

1. Homes of this size have been operating successfully in Toronto, elsewhere on this continent, and in Great Britain.
2. Where they have been tried, such homes have won the support of professional welfare workers, public administrators and citizens.
3. A special study in the United Kingdom under a Nuffield Foundation grant stressed the advantages of the small home.
4. Such units could be located in the older areas of the Metropolitan Municipality where most elderly people seeking admission have lived. Consequently, maximum contacts could be maintained by residents with the outside community.
5. Such homes would require the minimum adjustment on admission, and would encourage temporary residents to return to independent living arrangements.

6. Small units permit more homogeneous groups to be formed. In this way elderly people are not disturbed by association with others facing different and perhaps more acute problems.
7. Residents in small homes can be encouraged to look after more of their own wants than would be possible in a larger institution.
8. Satisfactory space might, in some cases, be secured by renovating existing properties. One or more such properties could be developed as an experimental pilot project.

Con

1. Forty-unit homes in Toronto have been run under voluntary rather than public auspices. Elsewhere homes of this type have been under voluntary auspices or have, in most cases, served smaller communities.
2. The Nuffield report acknowledged that small units might not be feasible as an immediate development and that homes accommodating up to 200 people would probably have to take priority in the meantime.
3. Public institutions are not able to screen and segregate applicants who could not easily be fitted into the life of the forty-bed units.
4. On the spot specialized administrative services, including a resident doctor, social worker, dietitians and nurses would cost a prohibitive amount. Bulk purchasing of food and other supplies could not be as fully utilized.
5. The fullest range of recreational opportunities, including high calibre assistance from clubs and other community groups is not so readily available to small units.
6. In the larger home, a closer watch can be kept on the individual's need for a change in type of care and transfers can be more readily effected.
7. The Provincial Department of Welfare, which shares both construction and operational costs has not shown itself favourable to the small units. Renovated properties would not qualify for provincial capital grants unless by special arrangement.
8. The small units are of value in overall plans for the elderly but their use should be solely by private institutions.

To resolve this whole question, it is recommended that the Metropolitan Council through its Standing Committee on Housing and Welfare request the Commissioner to prepare a comprehensive written report on types of accommodation for the two categories of aged persons whose needs will not be met by the building in Newmarket. Such a report should go into detail on the cost of alternative sites, on the available locations for homes of various sizes and their comparative cost of construction and operation, on the alternative methods of staffing and administering large and small homes, and on the number within each health category requiring care and the relative urgency of providing for their needs. With good factual information before them--in clear-cut terms--our elected representatives can make policy decisions backed by public understanding and support.

J. Curran
President

Eric Hardy
Director