

2009 CRICH SUMMARY REPORT: Survey of Domiciliary Hostel Program Tenants in Ontario

KEY MESSAGES:

- 1** Most tenants in Ontario Domiciliary Hostels are younger than 65.
- 2** Most tenants face significant physical health problems, mental health problems, or developmental disabilities. Serious mental illness is prevalent.
- 3** Over a third of tenants have a history of homelessness. The average tenant has lived in a Domiciliary Hostel for 5 years. This suggests that those at risk of homelessness are able to remain housed in Domiciliary Hostels.
- 4** Participation in community life and social/recreational activities outside the Hostel is extremely limited, and participation in the paid workforce is almost zero.
- 5** Domiciliary Hostel staff assist tenants in a number of ways, including helping with medications, accompanying them on health visits, and providing social support.
- 6** Most tenants feel socially well-connected to family, friends, and Hostel staff. About one-quarter of tenants have little contact with friends or family.
- 7** Tenants perceive the quality of their housing to be quite good. Most express a preference to stay at their current residence.

This is a summary of the 2009 Survey of Domiciliary Hostel Program Tenants in Ontario.

The purpose of the survey was to generate a comprehensive portrait of tenants who live in Ontario's Domiciliary Hostels so that service planning and policy development can be responsive to tenants' needs.

Who is this summary for?

- People who are involved in service planning or service provision in the Ontario Domiciliary Hostels Program.
- Tenants in the Ontario Domiciliary Hostels Program and their families and friends.

The survey was funded by:

The Ministry of Health and Long-Term Care and the Ministry of Community and Social Services, through the Ontario Mental Health Foundation.

Project Advisory Committee:

- Consolidated Municipal Service Managers
- District Social Service Administration Boards
- Habitat Services
- Ministry of Community and Social Services
- Ministry of Health and Long-Term Care
- Ontario Domiciliary Hostels Tenants' Association
- Ontario Homes for Special Needs Association

This summary is based on the following report:

Hwang, S., Chiu, S., and Wilkins, E. 2009. A Survey of Domiciliary Hostel Program Tenants in Ontario: Final Report.

Downloadable at www.crich.ca

1. Who Lives in Domiciliary Hostels in Ontario?

The Domiciliary Hostel Program was established in the 1970s to provide housing to low-income seniors who did not require regular nursing home care.

Today, the typical Domiciliary Hostel tenant has a very different profile and very different service needs.

Most tenants are *not* elderly – the average age is 55. Most tenants *do* experience significant physical health problems.

In addition, three-quarters of tenants have been diagnosed with a mental health issue and about half suffer serious mental illness. Close to one-third of tenants in Domiciliary Hostels have been diagnosed with developmental disabilities and/or learning disabilities.

Most tenants are *not* elderly.

Over three-quarters of tenants surveyed for this study were under the age of 65. Tenants *under* 65 are more likely to be men, while tenants *over* 65 are more likely to be women. Based on this survey, the typical Domiciliary Hostel tenant is 55 years old, white, male, English-speaking, single/never married, and Canadian-born.

Most tenants experience mental health problems. *Serious mental illness is very prevalent in Domiciliary Hostels.*

Nearly three-quarters of respondents said they had been diagnosed with at least one mental health issue. Half of all tenants have been diagnosed with at least one of the following: schizophrenia, psychosis, bipolar affective disorder (manic-depressive illness), or manic disorder. Four out of ten tenants see a psychiatrist regularly. Notably, substance use is quite rare among tenants. Most tenants said they had not used alcohol or drugs in the past three years. Non-seniors are nearly four times as likely to experience serious mental illness.

Most tenants have problems with mobility, self-care, and have chronic health problems.

Tenants' overall sense of health and well-being is substantially lower than the Canadian average – however, tenants reported high satisfaction with the health care they receive. The most common health problems include arthritis/rheumatism/joint problems, high blood pressure, diabetes, asthma, chronic bronchitis/emphysema, epilepsy/seizures, anemia, heart attack, and stroke.

Non-seniors and seniors have different health problems.

More seniors reported heart attack, stroke, and mobility problems. Epilepsy/seizures, asthma, and diabetes are more commonly reported by non-seniors. Most tenants have a family doctor and almost every tenant takes a prescribed medication.

Close to one-third of tenants have a developmental disability, learning disability, or other disability. Developmental disabilities are prevalent (21%).

Tenants with developmental disabilities have lower mental health status than other tenants; however their physical health status is about the same. The mean age of tenants with developmental disabilities is 50 years old. These tenants are more likely to have Hostel staff accompany them to health visits and help them with medications.

Over three-quarters of tenants are registered with either Ontario Disability Support Program or Ontario Works.

Over one-third of tenants have a history of homelessness.

The average tenant has lived in a Domiciliary Hostel for 5 years. This suggests that those at risk of homelessness are able to remain housed in Domiciliary Hostels.

2. Pathways and Life in Ontario's Domiciliary Hostels

Most tenants feel socially connected; however, close to one-quarter of tenants had very little recent contact with family or friends.

Nearly 8 in 10 tenants agreed with the statements, "I have family and friends who help me feel safe, secure, and happy", and "I provide support to my friends and/or my family." 50% of tenants had contact at least once a week with close friends or family members. The majority said they could talk to friends, family members, and Domiciliary Hostel operators about personal issues, and most had friends both inside and outside the Domiciliary Hostel. However, 20-25% of tenants reported no contact with either friends or family members during the past month.

Tenants reported *very low* involvement in community life activities outside the Domiciliary Hostel.

For example:

- 96% do not participate in the paid workforce.
- 85% never/rarely attended a movie.
- 85% never/rarely visited a drop-in centre.
- 81% never/rarely visited a library.
- 72% never/rarely attended a church/place of worship.
- 71% never/rarely visited a park.

Most tenants experience personal autonomy and feel able to express their opinions about Hostel life and policies.

More than three-quarters said they could choose how to spend their own money and when to go to bed at night. A similar number said they felt able to register complaints and to disagree with staff. However, fewer than half said regular house meetings were scheduled for tenants to voice concerns.

Tenants gave Domiciliary Hostels high marks for 'housing quality'.

Tenants rated six dimensions of housing quality: comfort, safety, spaciousness, privacy, friendliness, and overall quality. The mean score for overall housing quality was "77 out of 100".

Good friendships, good food, and good atmosphere matter most to tenants.

Most tenants said they enjoyed things about Hostel living, in particular, good meals, friendly relations with other tenants and staff, activities, and the general atmosphere and human contact available at the Hostel. About half of respondents said there were things they disliked about living at the Hostel, including problems or conflicts with other tenants, the meals or size of meals, lack of freedom, lack of discipline, uncaring or unfriendly staff, and noisy/crowded living spaces.

Overall, tenants in Domiciliary Hostels feel socially connected, have positive relations with friends, family, and Hostel staff, and feel they can exercise personal choice. They have positive perceptions about the quality of Domiciliary Hostel housing, and most would prefer to stay in their Domiciliary Hostel. However, tenants experience very limited engagement in community life outside of the Domiciliary Hostel. Almost none participate in the paid workforce. Lack of participation in activities outside the Hostel may be due to tenants' significant physical and mental health challenges.

Pathways and Life in Ontario's Domiciliary Hostels - Continued

On average, tenants have lived in their current Domiciliary Hostel setting for 5 years.

There was no single or dominant pathway that tenants followed to enter the Domiciliary Hostel Program.

Referrals were made by community agencies, health care providers, family/friends, or, less frequently, by a previous Domiciliary Hostel.

Prior to living in a Domiciliary Hostel, most tenants had lived either in their own/family house or apartment (56%) or at another Domiciliary Hostel (17%).

Tenants' main reasons for moving from their previous residence were health-related (44%).

Tenants reported mental health (18%) or physical health needs (14%) or requiring assistance with daily living (12%) as reasons for moving from their previous residence. Tenants also moved because their previous living situation had changed (27%), for example, due to domestic instability or a family death, or because the former residence was no longer available.

Hostel staff/operators provide personal support services and help tenants to access health services.

43% of tenants said they received help from support workers/Hostel staff in accessing community services and/or attending health care appointments. In addition, most tenants receive help with taking medications, either from Domiciliary Hostel staff/operators (64%) or nurses working at the Domiciliary Hostel (32%). Tenants with a support worker tend to be younger than age 65, and are more likely to have a serious mental illness, or to have a developmental disability. Seniors are most likely to receive home visits from a family doctor.

Most tenants want to stay at the Domiciliary Hostel.

About two-thirds of tenants expressed a preference to stay at their current Domiciliary Hostel. Among the remaining third of tenants, 70% wished to move to an apartment or house of their own, or any type of independent housing. 11% wished to move to another Domiciliary Hostel.



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About Ontario's Domiciliary Hostels

- 4,700 Ontarians live in Domiciliary Hostels.
- Approximately 200 Domiciliary Hostels are in operation in Ontario.
- Hostels range in size from 1 bed to 108 beds. The average Domiciliary Hostel contains 35 beds.
- Domiciliary Hostels are owner-operated.
- For more information on Ontario's Domiciliary Hostels Program, contact your local municipality. For a list of municipalities in Ontario please visit the Association of Ontario Municipalities' web site at www.amo.on.ca.

About this survey

258 randomly selected Domiciliary Hostel tenants participated in this survey. Results are accurate to within plus or minus 6%, 19 times out of 20. Interviews were conducted in either English or French, at Domiciliary Hostels in the 8 largest Consolidated Municipal Service Manager (CMSM) areas in Ontario. Wherever possible, survey questions were based on previously validated indicators.

There are certain limitations to this study. In particular, the survey may underestimate the overall level of illness or disability among Domiciliary Hostel tenants. Also, the findings may not apply to the CMSMs that were not included in the sample.

The survey questionnaire and the long report documenting research methods and complete findings are downloadable at www.crich.ca.