



**CITY OF HAMILTON**  
**COMMUNITY AND EMERGENCY SERVICES DEPARTMENT**  
**Housing Services Division**

<b>TO:</b>	Chair and Members Emergency & Community Services Committee
<b>COMMITTEE DATE:</b>	June 6, 2016
<b>SUBJECT/REPORT NO:</b>	Pilot Project to Increase Recreation Opportunities for Domiciliary Hostel Residents (CES14048(a))(City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Brian Kreps 905-546-2424 ext. 4329
<b>SUBMITTED BY:</b>	Julie Western Set Director, Housing Services Community & Emergency Services Department
<b>SIGNATURE:</b>	

**RECOMMENDATION**

That the General Manager of Community and Emergency Services Department or her designate, be authorized and directed to enter into a funding agreement, in a form satisfactory to the City Solicitor, with Wesley Urban Ministries to provide recreation therapy services for Domiciliary Hostel residents, in the amount of \$120,000 to be funded from Community Homelessness Prevention Initiative (CHPI) funding for the period of July 1, 2016 – December 31, 2017.

**EXECUTIVE SUMMARY**

*Room for Potential*, a review of Hamilton's Domiciliary Hostel Program was received by Council on September 14, 2011 (Report CS10036(a) – Domiciliary Hostel Program Review). The review's recommendations highlighted the need to improve the quality of life for people who live in Domiciliary Hostels and to increase their access to services such as recreation. On September 10, 2014, Council approved Report CES14048 which included a recommendation for a one-year recreation therapy (RT) pilot project to be delivered by Wesley Urban Ministries.

RT was chosen as the approach because it focuses on helping individuals improve their overall functioning and housing stability, not just on providing entertainment or distraction. The American Recreation Therapy Association describes RT as, "a treatment service designed to restore, remediate and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition". Highly trained therapists assess individuals and groups and tailor recreation activities to help them achieve specific goals.

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Housing Services staff contracted with Wesley Urban Ministries to provide the RT services and the pilot project started in January 2015. The pilot project focused on the following three goals:

- To increase access to and participation in recreation services for residents involved in the pilot;
- To improve the quality of life and the health and wellness for residents involved in the pilot; and,
- To improve the capacity of operators to provide therapeutic recreation opportunities for residents.

For the pilot project, the decision was made to focus on homes in a geographically concentrated area. This was done to build synergy in activities between the homes, take advantage of existing City of Hamilton recreation facilities and reduce travel time for the recreation therapist. The Stinson Neighbourhood was selected because of the relatively large number of RCFs within its borders, proximity to Central Memorial Recreation Centre and other facilities. The following five facilities were recruited to participate: Adelaide's Residence, Jeralday Lodge, Sunrise Manor, Victoria Manor I, and White Oaks. Services were recently extended to Laburnum Lodge in Dundas in response to an identified community need.

Recreation plans were developed with each of the five RCFs. The plans were developed by the Certified Recreation Therapist (CRT) in conjunction with the residents and staff. The CRT visited each home weekly for four hours to provide services in the facility. Typical plans included activities such as crafts, games, playing instruments and walking. Over the course of the pilot project, recreation plans were developed with 31 of the approximately 80 residents. The plans focused on a variety of goals including improving community integration skills, social behaviours, interpersonal skills and social networks.

Residents from the participating homes were invited to join in other RT activities conducted by Wesley Urban Ministries. These included holiday parties, ball hockey, bowling, swimming, laugh yoga and gym days. These are particularly significant activities because they take place outside of the home and encourage residents to build their connections in the community. In an average month, there were 89 occasions where residents from the facilities in the pilot project joined in these organized activities outside of the home.

The project also resulted in opportunities for other subsidized RCFs that were not in the pilot project. A recreation event has held for all subsidized RCF operators in October 2015. The goal was to provide information about the pilot project and resources regarding recreation opportunities. A resource guide was also developed that will be distributed to all subsidized RCFs.

An evaluation (attached as Appendix A to Report CES14048(a)) was conducted of the pilot project by Dr. Julia Woodhall-Melnick. With regard to the first goal, the evaluation found that there were increases in the number of RCF residents who participated in RT activities. Residents were able to form new friendships, community connections and acquire new skills. It was also noted that participation was not universal and some barriers persisted such as mental health and comfort with preexisting routines.

In terms of the goal of improving residents' quality of life and wellness, the evaluation found that RCF staff reported that the addition of the RT programming reduced stress and conflict in the homes by improving residents' moods and providing a focus beyond simply "getting by". An increase in personalized care, increased mobility and choice of activities and partners were also noted as being beneficial. Staff and residents also noted the need for improved access to complementary supports such as health care and mental health supports. While these services are publicly funded and available in Hamilton, it was noted that many residents were not connected or had difficulty connecting. The CRT was able to assist residents in getting connected to appropriate services.

In terms of increasing operators' capacity, the program provided resources to staff and operators. Staff and operators also raised concerns about the longevity of the program and wondered if it would be more effective if the supports continued for a longer period of time. Only one operator questioned whether this was duplicating other services in the community and whether the funding should be provided directly to the operators.

It was originally envisioned that one year of RT supports would be sufficient to improve the wellness of the residents and the capacity of the homes to deliver these supports. The evaluation provides support for the value of the project, but suggests that the timeline envisioned may have been too short. Instead of a one-year cycle, a two-year cycle of service delivery may be more appropriate to create sustained behavior change for residents and operators.

Staff recommend that RT services for Domiciliary Hostel residents continue from July 1, 2016 to December 31, 2017 through Wesley Urban Ministries at a cost of \$120,000. The current agreement with Wesley Urban Ministries expired June 31, 2016 and this report was originally scheduled to come to the June 20 Emergency and Community Services meeting. Due to the cancellation of that June meeting, it was rescheduled to July 6. Providing eighteen months of funding would allow services to continue without interruption to the original five RCFs in the pilot project plus Laburnum Lodge and an additional RCF to be determined. The funding has already been budgeted in the Community Homelessness Prevention Initiative (CHPI).

The findings of the evaluation highlight concerns regarding the ability of the existing RCF subsidy program model to help residents participate in recreational and other meaningful activities. The inability to participate in these activities and engage productively with the community reduces the quality of life for residents. Extending the

life of this pilot contributes to a better understanding of the functions and role of the RCF Subsidy Program model.

***Alternatives for Consideration – Not applicable.***

## **FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

Financial: Funding is available within the Community Homelessness Prevention Initiative (CHPI) budget.

Staffing: There are no staffing implications associated with CES14048(a).

Legal: Legal Services will be consulted in the extension of a service agreement with Wesley Urban Ministries for the delivery of the project in 2016 and the development of a contract with the successful proponent beyond that time.

## **HISTORICAL BACKGROUND**

On September 14, 2011, Council received a review of Hamilton's Domiciliary Hostel Program (Report CS10036(a) – Domiciliary Hostel Program Review). The review, entitled *Room for Potential*, contained the following recommendations relating to services and recreation opportunities for Domiciliary Hostel residents:

- That the City work with key stakeholders to implement a person-centred approach in the delivery of services within the Domiciliary Hostel Program.
- That the City explore ways to improve the quality of life of the residents through either the provision of additional direct service, purchase of service from community agencies or increased funding to the operators.
- That the residents and operators be informed, have access, and be provided with assistance in making use of various services available to all Hamilton Residents such as recreational opportunities.

A Domiciliary Hostel Review Implementation Committee was formed in April 2012 to ensure that a broad range of input was considered during the implementation process. The Committee was comprised of Residential Care Facility (RCF) Operators who deliver the Domiciliary Hostel Program, RCF residents, Canadian Mental Health Association staff and Housing Help Centre staff.

On November 27, 2013, Council received Report CS10036(c) – Domiciliary Hostel Program Review. The report provided an update on progress that had been made with the implementation of the recommendations in the report. Nine of the 29 recommendations had been completed and work continued on the remaining 20. It also reported that feedback from participants in the Domiciliary Hostel Program Review had

indicated that larger steps should be taken to ensure case management and recreational supports were available to tenants.

On September 10, 2014, Council approved Report CS14048 – Pilot Project to Increase Recreation Opportunities for Domiciliary Hostel Residents. The report included a recommendation to enter into a contract with Wesley Urban Ministries for a total of \$80,000, funded from Community Homelessness Prevention Initiative (CHPI) funding, to provide recreation opportunities for Domiciliary Hostel residents. The funding was to be used to secure the services of a recreation therapist to work with five RCFs and approximately 80 residents. The pilot project was an important step toward implementing two more recommendations from the Review of the Domiciliary Hostel Program.

For the pilot project, the decision was made to focus on homes in a geographically concentrated area. This was done to build synergy in activities between the homes, take advantage of existing City of Hamilton recreation facilities and reduce travel time for the recreation therapist. The Stinson Neighbourhood was selected because of the relatively large number of RCFs within its borders, proximity to Central Memorial Recreation Centre and other facilities. The following five facilities were recruited to participate: Adelaide's Residence, Jeralday Lodge, Sunrise Manor, Victoria Manor I, and White Oaks.

Recreation plans were developed with each of the five RCFs. The plans were developed by the Certified Recreation Therapist (CRT) in conjunction with the residents and staff.

An evaluation (attached as Appendix A to Report CES14048(a)) was conducted of the pilot project by Dr. Julia Woodhall-Melnick.

## **POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

None

## **RELEVANT CONSULTATION**

The evaluation of the RT pilot project asked participating Residential Care Facility (RCF) staff and operators about how to improve the program. Some suggested increasing staff so additional service may be provided. One operator wondered whether the program was duplicating services provided elsewhere in the community. The continuation of the Recreation Therapy Services was also discussed with the Domiciliary Hostel Working Group. The reaction from the working group was mixed with some members acknowledging value in the project and others expressing concern that this type of a support is an “extra” and that funding should be directed to the operators. The RCFs that participated in the pilot were asked about continuing the service as part of the evaluation. Four of the five were supportive of the program continuing. The fifth

home indicated that the service is valuable, but wondered if it was a duplication of services provided by Canadian Mental Health Association.

Feedback was requested from a number of service providers who deliver support services in the Residential Care Facilities. Responses were received from Assertive Community Outreach II, Brain Injury Services Hamilton, Canadian Mental Health Association and the Hamilton Police Social Navigator. All respondents identified that the delivery of RT services in the Domiciliary Hostels was useful in breaking down barriers to recreation and community integration. Specifically, bringing services into the home provides an important resource for RCFs that have limited staff to deliver recreation activities and clients who may be particularly hesitant to leave the RCF. Linking participants to activities outside of the home was also identified an important strategy that was facilitated by accompanying clients. The RT programming was generally seen as complementary to services provided by Canadian Mental Health Association and others. Suggestions were made about increasing coordination among all agencies that provide services to residents of RCFs.

## **ANALYSIS AND RATIONAL FOR RECOMMENDATION**

The findings from the evaluation confirm that residents involved in the pilot experienced increased participation levels in recreation activities. This improvement was supported by the Recreation Therapist coming into the homes, building relationships with residents and staff and providing activities that resonated with their interests. In some cases, this involved the development of new skills. One resident interviewed for the evaluation stated that, *"She [the Recreation Therapist] taught me how to paint my fingernails. All of the ladies did. I do that on my own now...I like to do it every day."*

The Recreation Therapist also helped connect residents to activities outside of the home that are organized by Wesley Urban Ministries and other organizations. An essential component of this was reminding residents of upcoming events and accompanying them when possible.

The pilot project also demonstrated improvements to quality of life in a variety of ways. One of the themes identified in the evaluation is the reduction of stress for individuals, staff members and the home as a whole. One staff member interviewed for the evaluation is quoted as saying, *"Yep, when people get cabin fever because they have nothing to do we get verbal conflict and occasional minor property damage which costs them money because I send them to the police or have them pay for the damage. With the TR program some of them have access to the SoBi and it's right there so that gives them an option and that gives them the ability to go for a ride. And those who don't do the activities benefit because everyone isn't on top on one another all of the time. Someone does an activity, their mood improves, everyone else is in better shape."*

In a similar vein, another staff member commented, *"I can't say that we have had less people doing criminal acts – but there are better attitudes and less friction in the social*

*interaction in the house. There is something that people are looking forward to and fosters something like an esprit de corps. Which is more than camaraderie. More like a family.”*

Increased access to recreation activities gave residents something else to anticipate in their week and helped build new relationships.

While the increase in recreation participation and personal effectiveness was useful, other barriers to wellness were noted in the evaluation. Staff and residents identified difficulty accessing health care and supports and that this made it difficult to improve overall functioning.

The feedback from the evaluation suggests that the project was less successful in building capacity for RCFs to deliver recreation on their own. The recreation therapist was available for consultation, modelled activities and developed a manual for each RCF. In spite of this, staff and operators indicated that staffing levels and funding are barriers to continuing to provide the type of activities delivered by the recreation therapist.

Continuing the existing services through Wesley Urban Ministries for 18 months would allow the RT services to continue without interruption. This would provide an opportunity to see what impact prolonged exposure to recreation therapy might have in helping some residents overcome barriers identified to participation. It would also allow time to develop additional strategies to work with operators and staff to increase capacity to deliver programs on their own.

The evaluation highlights the need for residents to have improved connections to other services as well, including primary care and mental health services. This is a theme that was raised in the review of the RCF Subsidy Program that was completed in 2012. The longer term future of Recreation Therapy Services in the subsidized RCFS will need to be determined in the context of the broader continuum of services required by residents.

## **ALTERNATIVES FOR CONSIDERATION**

None

## **ALIGNMENT TO THE 2012 – 2015 STRATEGIC PLAN**

### **Strategic Priority #2**

Valued & Sustainable Services

*WE deliver high quality services that meet citizen needs and expectations, in a cost effective and responsible manner.*

**Strategic Objective**

2.3 Enhance customer service satisfaction.

**APPENDICES AND SCHEDULES ATTACHED**

Appendix A to Report CES14048(a): Evaluation of Therapeutic Recreation  
Pilot in Hamilton's Residential Care Facilities