City of Brantford
Age-Friendly Custom Needs Assessment

May 2016

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A.   Introduction

In February 2015, Brantford City Council endorsed the Age-Friendly Community Planning Strategy to support participation and healthy active lifestyles for older adults. Council support was established at that time to assess the Corporation of the City of Brantford's readiness to support an aging population. The purpose of the project was to provide the City with a current assessment of its progress relative to the World Health Organization's (WHO) eight dimensions of an age-friendly city. This project - a **Custom Needs Assessment Relating to Age-Friendly Initiatives** - is part of the City's age-friendly planning activities.

The project is directed by the City of Brantford's Public Health, Safety and Social Services Department. The City's efforts, coupled with the Grand River Council on Aging (GRCOA) Age-Friendly Community Summits, will advance the development of a coordinated and complementary Age-Friendly strategic framework in Brantford. As an internal study, the project focuses on the City's mandate and assesses its current programs, policies, projects, and initiatives, and how they are serving Brantford's age-friendly needs, as well as the WHO's eight dimensions. The assessment also investigates the City's internal capacity to facilitate an age-friendly initiative, and offers possible governance frameworks, evaluation processes, and a decision-making approach to enhance the City's position as an age-friendly community.

Funding for this report was provided by the Ontario Senior's Secretariat through the Age-Friendly Communities Grant , 2015.

This report presents the results of assessment and comprises of four sections:

- **Current Status Audit:** A municipal audit is presented in Section B. It establishes where the City stands now in relation to the WHO's eight age-friendly dimensions and criteria, and further developed for Brantford by the GRCOA[1]. The audit was undertaken by consolidating information from municipal staff interviews, and secondary sources to arrive at conclusions regarding the City's progress in different areas of age-friendly service provision. Details of our assessment are presented in a supplementary report titled **Supplementary Technical Report Brantford Audit April 2016.**

- **Age Friendly Planning Framework:** Section C presents various approaches by which the City can expand and enhance its current municipal services to include age-friendly considerations, and to develop a municipal age-friendly planning framework. The discussion focuses on the following components of an age-friendly planning framework: organization for decision-making, implementation and evaluation. It is based on the current context, and the City's capacity to do more, and incorporates promising practices from an external scan of Ontario municipalities in the fall of 2015.

- **Age-Friendly Cities Network Membership and Application:** Section D identifies the City's requirements to apply to the World Health Organization's (WHO) Global Cities Network.

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[1] The GRCOA represents the City of Brantford and Brant County and speaks to all service providers. This study is limited to municipal responsibilities related to age-friendly planning in the City of Brantford.

- **Planning and Evaluation Framework:** An internal survey was undertaken with selected municipal staff to assess departmental support, opinions on feasibility and potential implications for operations. The results of the municipal staff survey was used to inform the development of an Age-Friendly Strategic Planning and Implementation Framework presented in Section E.

GRCOA and the Master Aging Plan

In 2008 a Master Aging Plan (MAP) was developed for Brantford and Brant County by a Steering Committee through a collaborative process that included older adults, community agencies, and City staff. The MAP represents a grassroots planning effort that includes 99 strategies and deliverables to address the report's 21 objectives. The recommended actions established in the 2008 MAP represented a community-wide perspective of potential initiatives, programs, projects, and policies that identifies potential actions across all sectors and encourages dialogue and involvement among various organizations and services providers, including the City. Since then, the Grand River Council on Aging (GRCOA) was established out of the Steering Committee to assume primary responsibility for monitoring and implementing the MAP.

A report titled *Update on the Master Aging Plan. Report No. PHSSS2013-82. December 4, 2013* found that the City needed to investigate how it can best help the GRCOA to advance its progress towards becoming an age-friendly community. The results of the review found that collaboration is required between organizations, levels of government, and sectors to further advance age-friendly community development.

In 2015, MPP Dave Levac and the GRCOA commenced eight Age-Friendly Community Summits to identify the changing needs of the aging population and to identify actionable items for community collaboration. The summits are reflective of each of the eight World Health Organization dimensions and will be completed by 2017.

A-1. Overall Directions in Age-friendly Planning in Brantford

The development of an age-friendly city is well supported through a range of corporate initiatives, including the **City of Brantford's Community Strategic Plan: Shaping Our Future 2014-2018**,

"Brantford will be recognized as a safe and healthy community – one that promotes and enables the well-being of its citizens, and supports access of all citizens to a full range of health and community services."

City of Brantford Corporate Policy

as well as the City's commitment to accessibility through its **Accessibility Plan**, which also provides benefits to older adults.

A-2. City of Brantford Community Strategic Plan

As per the **Brantford Community Strategic Plan 2014-2018**, the City of Brantford will be a safe and healthy community for all citizens. This project aligns with the City's Strategic Plan 2014-2018, as per the following municipal strategic goals:

Goal 2: High quality of life and caring for all citizens

- Brantford citizens and visitors will enjoy a full range of well-supported and maintained arts, heritage, culture, sports and recreational facilities and programs.
- Brantford will be recognized as a safe, and healthy community – one that promotes and enables the well-being of its citizens, and supports access of all citizens to a full range of health and community services.
- Brantford will be known as a community with a social conscience – one that supports those in need (including, for example, children, youth, seniors, people with disabilities, and marginalized populations).

Goal 4: Excellence in Governance and Municipal Management

- Brantford citizens will be engaged in and informed about their community and their government.
- The City of Brantford will be known for its open and accessible government.
- Brantford will be recognized as a fiscally responsible and well-managed city that provides efficient and effective government services.

The **Brantford Community Strategic Plan 2014-2018** includes a strategic action to advance the development of an Age-Friendly community, under Strategic Action 2.7:

> **Continue to implement the Master Aging Plan including consideration of applying to the World Health Organization as an age friendly community; creating benchmarks for municipal services to increase age friendly features.**

The Strategic Plan 2014-2018 includes other actions that directly address the needs of older adults, as follows:

- Strategic Action 2.1: Undertake a Parks and Recreation Master Plan that includes a review of existing facilities, programs and services in relation to community needs and demographics.
- Strategic Action 2.3: Develop a Healthy Brantford Strategy that engages the community and key stakeholders including the review of existing programs, services, education, barriers and opportunities.
- Strategic Action 2.5: Continue to focus on Affordable Housing that addresses the shift in demographics in partnership with community organizations and private sector developers.
- Strategic Action 4.4: Review the City's services and programs to adapt to the changing demographics and ensure integration with other City initiatives, studies and program delivery.

In addition, the Strategic Plan includes a range of actions that indirectly address the needs of older adults, as follows:

- Strategic Action 1.9: Review, update and continue to implement the Downtown Master Plan including the exploration of opportunities for pedestrians, cyclists and outdoor open space.
- Strategic Action 1.10: Use the Brand Strategy and Brand Story to elevate the City's brand image and position Brantford as a community of choice.
- Strategic Action 2.2: Develop a Safe Brantford Strategy that engages the community and key stakeholders, including the completion of further needs assessments.
- Strategic Action 2.8: Continue to implement the Neigbourhood Hub Strategy in identified areas across the City.
- Strategic Action 2.9: Increase walkability initiatives in the city as part of the City's commitment to the Walkability Charter.

- Strategic Action 3.1: Review and implement the Transportation Master Plan in conjunction with the Official Plan taking into consideration both balance and fairness for all neighbourhoods.
- Strategic Action 4.1: Develop the comprehensive Corporate Communications Strategy that improves internal and external communication.

Municipal Initiatives

The City has exhibited a strong and progressive culture in exploring and embracing innovative and leadership solutions that transcend a broad range of municipal services delivery and business functions. City initiatives including Smart Brantford, Safe Brantford, Healthy Brantford, and Graduate Brantford have been developed through collaborative and grass-roots processes, all of which are advancing how the City plans for the future.

The City's approach to community and infrastructure design and development also reflects its commitment to innovation. On November 16, 2009 Brantford City Council adopted the **2010 Brantford Facility Accessibility Design Standards (FADS)**. These standards comprise fixed measurements and other requirements to be used in conjunction with the Ontario Building Code and the Principles of Universal Design, previously adopted by Council. FADS ensures a higher and more consistent level of accessibility throughout the City. Upon adoption by Council, the Brantford FADS were applied to all new construction and applicable renovations of City of Brantford owned, operated, or leased facilities. All new and renovated City facilities shall be designed to meet or exceed the City's FADS and comply with legislation (2015 Accessibility Plan Update).

Consistent with the City's other initiatives, its approach to becoming an age-friendly city should also reflect the municipality's commitment to innovation, collaboration, and commitment to improving quality of life. At the same time, advancing Brantford as an age-friendly community will challenge the City's role, as a public service provider, to balance the interests of older adults, as established through the WHO framework, without compromising the needs of residents in other age groups.

B.   Current Status Audit

B-1 Audit Methodology

Determining where the City stands in improving Brantford's position as an age-friendly community involved preparing an audit of past, current and planned initiatives in relation to the WHO's eight age-friendly dimensions and related criteria. While the MAP was completed prior to the WHO's **Checklist of Essential Features of Age-friendly Cities,** age-friendly considerations were examined of the MAP to assess their alignment to the WHO's directions. **Appendix A** presents the WHO's Checklist of Essential Features of Age-friendly Cities[2] in relation to the GRCOA's checklist for each of the eight WHO dimensions[3]. In instances where no equivalent of the GRCOA's point was found in the WHO list, the dimension is listed only once. Secondary sources (City policies, plans, procedures, website postings, GRCOA updates, etc.) were reviewed by the consultants in 2015 to identify and document municipal initiatives in each of the eight dimensions. The document review was undertaken in preparation for meetings with Brantford municipal staff and agency contacts who could speak to past, present, and future plans.

Three days were set aside in November (23rd and 25th) and December (4th), 2015 for in-person meetings with the Mayor, City staff and several agency contacts. Meetings were introduced by an overview of the project's purpose and scope. Discussion revolved around questions specific to the interviewees' area(s) of

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[2] http://www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf
[3]

responsibility and related to the service needs/interests of Brantford's older adults, along with consideration about progress in, and challenges to, optimizing its position as an age-friendly City.

The following City staff was consulted, either in meetings or via telephone/email, in instances where a meeting could not be arranged on one of the three above-noted days:

- Mayor Chris Friel
- Manager Corporate Policy/Management Practices
- Manager Strategic Planning and Community Development, Public Health, Safety and Social Services Department
- Accessibility Coordinator
- Director of Recreation Services
- Sanderson Centre Theatre Manager
- Director of Parks Services
- Director of Planning
- Director of Communications
- Director of Fleet and Transit Services
- Manager of Design and Construction, Engineering Services:
- Manager of Transportation and Parking
- Director of Housing
- Acting Administrator John Noble Home
- Director of Facilities and Asset Management
- Manager of Facilities Management
- Director of By-law and Building Enforcement

Representatives of the following agencies were also interviewed for their input specific to older adults in the City of Brantford:

- Grand River Council on Aging (2 representatives)
- Aboriginal Health Centre
- Brant County Public Health

The results of these research activities were documented in a separate document titled **Supplementary Technical Report Brantford Audit April 2016.** The audit is organized to present the following headings according to the relevant WHO/GRCOA dimension and criterion: 'Policy, Initiatives and/or Objectives', 'Implementing Department(s)' and 'Status', listed alongside the appropriate.

A number of the WHO and the GRCOA points do not directly align, but describe a general common direction or intent. For some, the points describe the types of initiatives; programs and services that ideally should be available to all age groups and will simultaneously meet the needs of older adults (e.g., frequent and reliable public transport). Others, as indicated, are outside the City's mandate with the exception of promoting opportunities to lead by example, supporting other sectors and services providers in implementation, or assisting older adults in accessing support from non- municipal sectors if and when it is available (e.g., housing is modified for older people as needed; housing modifications are affordable; equipment for housing modifications is readily available).

B-2 Audit Results and Identification of Service Gaps

This section presents summaries commentary of a detailed audit that is found in **Appendix B** (Supplementary Technical Information 2016 Current Status Audit). The audit is presented under each of the eight WHO dimensions that characterize an age-friendly community, and as assessed against individual criteria developed by the WHO and by the GRCOA.

For all facilities and services, the audit was limited to those owned and/or delivered by the City of Brantford as the municipality's mandate does not extend to control over the facilities/services of other providers. The dimension-related criteria that fall outside the City's mandate are not discussed in detail, although they are noted here and in the audit sheets. In situations where the City provides services jointly with other sectors, and depending on the nature of the agreement, age-friendly criteria may be incorporated in its terms.

In situations where service provision does not involve the City at all, the municipality can act as a leader in age-friendly service provision as an example for other agencies, businesses and organizations to emulate and/or support others' efforts through promotion, etc.

The discussion is organized under the eight WHO dimensions of age-friendly cities:

- Outdoor Spaces and Buildings
- Housing
- Transportation

- Social Participation
- Communication and Information
- Civic Participation and Employment
- Respect and Social Inclusion
- Community Support and Health Services

Summary tables are included within each of the respective dimension areas, indicating the City's status towards each of the WHO's criteria. Initiatives that are completed to date, such as retrofits of existing hard infrastructure, are identified as complete (in green). Initiatives, policies, and programs that are currently being served, or are on-going in nature, are denoted in green to indicate the municipality's efforts in addressing the WHO criteria. Orange indicates planned capital works, master plan projects, or municipal initiatives that will address the WHO interest. Some WHO criteria fall outside of the City's mandate and are denoted in grey. Red denotes a policy or program gap in addressing WHO criteria Regardless of whether the initiative is complete, ongoing or the criteria are not addressed, planning and evaluation activities will be relevant from this point forward.

	Indicator
Initiative/policy/program is ongoing or completed	
Planned initiative/policy/program	
No policy/initiative to date	
Outside City mandate	

Overall, the audit results suggest that the City is well-advanced in achieving an age-friendly community. Policies, programs, and initiatives across various municipal departments are intuitively addressing a range of age-friendly goals and considerations as established by the WHO and in accordance with the Checklist of Essential Features of an Age-Friendly City.

In particular, the City's approach to accessibility and AODA compliance are well-established and well-functioning, and is a practice that should be expanded to purposefully incorporate an age-friendly lens to infrastructure development and built form improvements. New initiatives, such as Healthy Brantford, offer a timely opportunity for the City to integrate age-friendly considerations in decision-making addressing social well-being. Collectively, the City's age-friendly directions are increasingly being integrated in its work to produce a positive, supportive environment for Brantford's aging population.

The audit findings suggest that the City focus on ways to purposefully integrate age-friendly considerations in municipal decision-making. Consultations with the GRCOA identified strong support for the City's efforts, but also improvements in to promoting the City's efforts in the area of age-friendly planning and services delivery, so that the community is aware of what is being done, and the progress being made. Since the City is already intuitively advancing age-friendly development and services functions, how can it expand and enhance its current performance in this area? To help answer this question, age-friendly plans and practices of other Ontario municipalities were reviewed to identify potential approaches can be applied or adapted for application in Brantford to supplement current municipal initiatives.

Outdoor Spaces and Buildings

WHO Criteria	Status
Public areas are clean and pleasant.	
Green spaces and outdoor seating are sufficient in number, well-maintained and safe.	
Pavements are well-maintained, free of obstructions and reserved for pedestrians.	
Pavements are non-slip, are wide enough for wheelchairs and have dropped curbs to road level.	
Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with nonslip markings, visual and audio cues and adequate crossing times.	
Drivers give way to pedestrians at intersections and pedestrian crossings.	
Cycle paths are separate from pavements and other pedestrian walkways.	
Outdoor safety is promoted by good street lighting, police patrols and community education.	
Services are situated together and are accessible.	
Special customer service arrangements are provided, such as separate queues or service counters for older people.	
Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors.	
Public toilets outdoors and indoors are sufficient in number, clean, well-maintained and accessible.	
Workplaces are adapted to meet the needs of disabled people.	
Health and social services are conveniently located and accessible by all means of transport.	
Residential care facilities and designated older people's housing are located close to services and the rest of the community.	
Health and community service facilities are safely constructed and fully accessible	
Venues for events and activities are conveniently located, accessible, well-lit and easily reached by public transport.	

The City's policies and service provision related to planning and developing public outdoor spaces and buildings generally align with the criteria related to this dimension of age-friendliness. This alignment is expected to improve as the City's new **Urban Design Guidelines (2015)** are introduced, and as new and updated **Official Plan** policies and the **Facility Accessibility Design Standards** (FADS, 2010) continue to be implemented.

The City is active in all areas of this dimension, including policy development, design, and construction. Work is also ongoing to optimize an age-friendly public realm. For example, in the current Official Plan Review process, the City was proactive in advancing municipal land use policy to improve the built environment, and used an age-friendly lens as part of its municipal policy review, which included consultation with the GRCOA. In addition, built form improvements have included retrofitting existing crosswalks with signalized crossings, to be accessible and age-friendly to improve street safety for older adults. Sidewalks are also being extended to provide a more continuous walking environment. The City's approach to developing space is proactive by incorporating universal design principles in it FADS. Universal design principles use more inclusive measures of accessibility that address a wider range of needs and abilities, thereby minimizing the need for future adaptation or specialized design.

Overall, the audit did not identify any major gaps or deficiencies in municipal services delivery and infrastructure development. Clean, accessible, and well-functioning public outdoor spaces and buildings make a community a pleasant environment for all residents and visitors, including older adults. The City works proactively to improve and maintain the public realm, and citizen engagement processes are well-established, allowing the public to provide comments and suggestions to improve services delivery, and for the City to respond to specific requests and complaints. One area that did emerge for further investigation is the

difficulty that the Sanderson Centre has in accommodating large numbers of older adults with walkers who attend performances. This is an example of where AODA standards do not necessarily encompass some of the needs of older adults with respect to accommodation in public facilities.

Opportunities for the City to make service improvements should proactively encourage the use of public spaces such as parks and trails by older adults (and other age groups) throughout the year. For example, providing additional amenities at outdoor recreation spaces can support increased physical activity. Amenities can include accessible washrooms/warming spaces, seating, snow-cleared parking, charging stations for electric wheelchairs (proposed in Windsor), and pathway etiquette signage along multi-use pathways to improve safety (proposed in Ottawa). Increasing yet controlling the costs of supporting more outdoor winter activity could be met by designating a limited number of parks and/or park-based trails/pathways for outdoor winter activities such as walking, cross-country skiing and snowshoeing.

Consultation with municipal staff identified some interest in additional seating at municipal parks. However, community interest for other park and trail amenities was not explicitly identified. Our experience in other municipalities, however, has shown community interest in parks/trails related amenities that support increased use year-round. Providing seating is a common approach municipalities are taking to creating a more comfortable environment for older adults. In Brantford, requests for benches are reviewed by the Parks Department based on budget, potential usage, and other site characteristics. Establishing a commemorative bench program, such as in Saanich B.C., through which private citizens can purchase amenities such as park benches, is an option to improving supply. Community consultation could be undertaken through the GRCOA to confirm potential interest in additional amenities at outdoor recreation spaces.

Outdoor spaces and buildings owned by other organizations are subject to building code and AODA requirements as they come into effect. The City also guides and influences the design and development of non-municipal buildings and spaces through its policies (e.g., Urban Design Guidelines) and approvals process (e.g., site plan approval addresses safety and accessibility) as well as leading by example. A suggested action is reconsidering a previous municipal proposal to invest in a graffiti-removal program. Although not exclusively an age-friendly initiative, it would contribute to providing and maintaining pleasant outdoor public spaces.

Safety and security is also a consideration with respect to outdoor spaces. The City's Safe Brantford initiative focuses on community crime prevention and supports the development of safe, inclusive places. The City's Official Plan and Site Plan Manual include built environment policies and design considerations, which support the municipal development review process that contribute to Safe Brantford. As part of this initiative, the City might consider a campaign that allows residents to report locations of low lighting, overgrown landscaping, etc. that could affect a person's perceptions of safety. Such a campaign should be advertised in local newspapers through a dedicated space to communicate the City's age-friendly activities.

Housing

WHO Criteria	Status
Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community.	🟩
Sufficient and affordable home maintenance and support services are available.	
Housing is well-constructed and provides safe and comfortable shelter from the weather.	
Interior spaces and level surfaces allow freedom of movement in all rooms and passageways.	🟧
Home modification options and supplies are available and affordable, and providers understand the needs of older people.	
Public and commercial rental housing is clean, well-maintained and safe.	
Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.	🟩

Housing Provision and Policy Context

Good quality housing that is appropriately designed, located and priced is essential for everyone. Social housing is also one of the most complex and resource-constrained areas of municipal service. Inadequacies are obvious and considerable, while there are no 'quick fixes' on the horizon. Brantford's website notes in the provision of affordable housing, "the role of the City is to make available a range of housing options for those in need of temporary or permanent housing...in all forms - apartments, townhouses, single detached homes."[4] The City is responsible for the administration of approximately 2,100 housing units in Brantford and Brant County…It directly manages approximately 1,200 of these

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[4]http://www.brantford.ca/residents/support_services/housing/HousingPrograms/AffordableHousingProgram/Pages/default.aspx

units, administers an additional 842 units, and provides rent supplements to approximately 300 other households. In City-owned buildings, rent is geared to 30% of the household's gross monthly income.[5] "Through the Rent Supplement Program, agreements are made with private sector and not for profit landlords to rent units in existing or newly constructed buildings for the City to supplement the tenants' rents by paying the difference between the rent-geared-to-income paid by the tenant and the full market rent of the unit."[6] Within this larger envelope, the City ensures older adults have access to affordable housing in various forms.

The City's website notes that by 2015, Brantford's population of 90,192 (2006 Census) had increased to 97,407 (8%). Population forecasts for the 2009 development charges study indicated that by 2018, Brantford's population will be 107,900, including a 4% undercount for the Census projection of 103,729. The study assumed 2031 to be the point at which the City would reach build-out, with a population of 126,000 (or 4% over a Census forecast of 121,070). The former figure aligns with the value in the current Official Plan.[7] [8] While the extent of growth in the next two years (10,500) will not likely be that envisioned by Hemson in 2009, Brantford is nevertheless growing and aging simultaneously, and it will likely continue to do so until build-out. Social housing needs, therefore, will increase both in terms of absolute numbers and, in keeping with an aging

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[5] City of Brantford Housing Department. Brantford Access to Housing – Application Information Guide. p.7.
http://www.brantford.ca/Housing%20%20Social%20Services%20%20Documents/BATH ApplicantInformationGuide.pdf
[6]
http://www.brantford.ca/residents/support_services/housing/Applicants/Pages/RentSuppl ementProgram.aspx
[7] Hemson Consulting Limited. (March 2009). City of Brantford Development Charges Background Study Growth Forecasts. p. 17; City of Brantford Official Plan. p. 4.1.
[8] Note: The Summary of the City's Housing Strategy states "The Ministry of Infrastructure is forecasting that the 2031 population for the City of Brantford (not including the County) will be 139,000 (43% increase over 2011)." The status of this projection in relation to the Official Plan Review is not clear.

population, the balance of demand will likely shift to the type of housing needed and preferred by older adults (e.g., smaller units, supports and amenities in close proximity, elevator service, no/limited stairs, etc.). Although not related exclusively to older adults, the City recognizes a general need to create more one and two bedroom units in the urban area.[9]

Four hundred and thirty-eight (438) affordable housing units have been developed in the City of Brantford and Brant County since 2006,[10] which represents 48 units per year to 2015. As of December 31, 2012 there were 222 seniors (65 years + old, County and City combined) waiting for rent geared to income housing, a 22% increase from 2011.[11] The City indicates the need to build 180 units per year[12] for all housing types, based on projected population growth.[13] Actual development in recent years in relation to need, and the existence of 'chronic' waiting lists, suggests a considerable social housing shortage for all residents, including older adults. Shortages for social housing in this age group will be exacerbated by the aging population structure, which will comprise 59,390 or 35.2% older adults (those 55+ years) by 2030.[14] Those aged 65+ years will total 22.8% of total population by 2031 or 39,200.[15]

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[9]http://www.brantford.ca/residents/support_services/housing/HousingPrograms/AffordableHousingProgram/Pages/default.aspx

[10]http://www.brantford.ca/residents/support_services/housing/HousingPrograms/AffordableHousingProgram/Pages/AffordableHousingProjects.aspx

[11] City of Brantford and County of Brant. Brant-Brantford Housing Stability Plan 2014-2024. p. 69.

[12] This target is noted as 185 new units annually (85% rental, 15% homeownership) in Planning Partnership. February 24, 2014. Official Plan Review Background Report: Housing. p. 7.

[13]http://www.brantford.ca/residents/support_services/housing/HousingPrograms/AffordableHousingProgram/Pages/default.aspx

[14] GRCOA. (fall 2015). Preliminary Age-Friendly Community Summit

[15] GRCOA. (2008). A Community for a Lifetime. A Master Aging Plan for Brantford and the County of Brant. Master Aging Plan Booklet. p. 35.

The City's Official Plan outlines a policy to set and track affordable housing targets and to encourage both retention of existing supply and the provision of additional units of different types throughout the City via conversion or new construction. Policies also offer targeted incentives (e.g., increased densities; reduced parking standards) in the development of affordable and senior citizens housing. A focus on infill to limit urban sprawl also offers potential to offset shortfalls in social housing within the built-up area.

To a large degree, however, the City's capacity to more proactively expand the supply of social housing is constrained by enabling federal and provincial legislation that provides funding and directs how it is to be allocated. Although the municipal tax base also contributes to its provision and operation, upper level government funding is critical to the system.

The July 2015 '**Submission to the Province of Ontario: Long Term Affordable Housing Strategy Update**' by the Wellesley Institute identifies a number of key areas for improvement in the approach to providing social housing in communities across the Province. While most of these are contingent on upper level government changes to governing legislation and related funding arrangements, and so are common to all municipalities, the opportunities and constraints they pose may vary by community. The following statements, reproduced from the report, articulate issues that Brantford is attempting to address with available tools and funding.

- Ontario's social housing faces dramatic challenges to its viability over the coming decade, and a historic opportunity. The challenge arises as federal subsidies step down, year by year, under the "Social Housing Agreement" signed by the federal government and Ontario in 1999, reflecting the nationwide subsidy phase-out. The coming decade is a period of sharp accelerating decline in subsidy. The opportunity arises as the 35- to 60-

year mortgages and debentures that covered the construction costs of this housing now get paid off…Providers with a healthy mix of market-rent and rent-geared-to-income (RGI) tenants and with housing in good condition will be viable debt-free operations. But some of them may choose to exit the system, renting to whoever they choose at whatever rents they wish (pp. 6-7).

- Ontario has not enabled inclusionary development policies which help stretch these funding resources to achieve more units and to integrate affordable rental with other housing (p. 8).

- Housing benefit programs - assistance paid directly to households - are a very important policy tool. But they do not give low-income households many options outside down-market neighbourhoods, or reinvest in those neighbourhoods. They do not create rental housing in outer suburban growth zones (p. 11).

- The modest scale of the RGI system compared to need, and the special priorities in RGI access, are leading to social housing being seen as a targeted social service – not as part of the social safety net. Although, for the past decade, the Ontario government and municipalities have initiated a series of small housing benefit programs" that "provide 'shallower' assistance than RGI, and " reflect more "flexible delivery models...it is not known what these programs add up to overall, or what lessons we can draw for future policy. And these are tiny programs overall, serving at any time less than 1 in 10 Ontario low-income market renters (pp. 10-11).

- Most affluent nations 30 to 40 years ago embraced a mix of modest rental supply programs and large rental assistance programs. In Canada and

Ontario at that time it became a debate: supply programs versus housing allowances. Supply programs won – until suddenly two decades ago we were left with neither…For fthe past decade Ontario has had incremental expansion of each of these (supply and assistance programs) through…with more emphasis on supply programs – but no strategic framework. Ontario must tackle the difficult strategic question of how to shift from an inequitable and inadequate RGI rent subsidy system, to one that is equitable: equitable between tenants in social housing and tenants in the market; equitable between different population groups; and equitable between different local communities (p. 11).

The report emphasizes, however, that we are bound to work within the context of the existing system. Housing in Ontario is mostly a market system - managed by public policy in regard to property tenure and land use approvals, but not in regard to affordability. The policy part involves "legacy" programs with fixed physical housing stock and legal agreements and obligations: there is no blank slate. Policy in affordable housing mostly involves small interventions at the edge of the market, and tinkering with legacy systems. "Outcomes" in affordable housing are far less a function of public policy than they are in health care or education or transportation" (p. 15). It also states we must recognize the limitations of insisting that evidence from 'best practices' in other jurisdictions inform change here, if it is not relevant to our context and so delays local improvements (pp. 15-16).

Social Housing Stock in Brantford for Older Adults

Figures 1 summarizes the number of rental housing that can accommodate older adults in the City of Brantford by ownership (stock located in the County is not included). The focus of this exercise was to identify all rental housing stock in the City of Brantford that is geared specifically to older adults and, for units located in adult or mixed buildings that can accommodate older adults, those that are within the social housing portfolio. Consequently, a figure for units in mixed, privately owned buildings at full market rent was not calculated.

Table B1 in **Appendix C** contains details on all rental housing stock (based on available information from a variety of sources) that is designated senior, adult or mix in the City's inventory, as well as full market rental stock specifically for older adults that could be readily identified from secondary sources.

Figure 1: Rental Housing Units by Ownership[16]					
Housing Type	**City**	**Not-for-Profit**	**Private**	**Total**	**Accessible**
Seniors 60 years +	490	-	195	685	30
Adult	138	4	108	250	50
Mix	58	256	Not calculated	314	16
Total	686	260	303	1,249	106

This review shows 490 City-owned and operated rent-geared-to-income units specifically for older adults (seniors defined as those 60+ years of age), and

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[16] Based on information from secondary sources; some gaps exist for each of the figures shown, as per Table B1 in Appendix B.
Hemson Consulting Limited. (March 2009). City of Brantford Development Charges Background Study Growth Forecasts.

another 19 that are rent supplemented in a privately owned building. The remaining units identified as 'seniors' housing are private developments at market rent. Adult-designated housing comprise 155 City-owned and non-for-profit RGI units, and 108 privately owned, rent supplemented units. Mixed tenancy rental housing includes 58 City-owned units, and 256 not-for-profit, of which 252 are rent-supplemented and four are RGI.

Figure 2 contains information on the four long-term care facilities in the City that provide a total of 562 beds.

Figure 2: Long-term Care Beds in Brantford			
Facility Name	**Location**	**Number of Beds**	
		Usual	**Other (if applicable)**
John Noble Home	97 Mt Pleasant Street	156	3 veteran access beds
Leisureworld Caregiving Centre	Sierra Senior Living, 389 West Street	122	2 respite beds
St. Joseph's Lifecare Centre	99 Wayne Gretzky Pkwy	205	N/A
Brierwood Gardens Seniors' Community[17]	425 Park Road N	79	N/A
Total		**562**	2 respite beds 3 veteran access beds

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[17] Retirement and independent living also offered

As discussed above, the current and future supply of social housing for older adults in Brantford falls short of needs. The complexity and fluidity of demand as the population ages from the younger to older age cohorts, along with a mix of (often legislatively constrained) responses suggests a need to consider opportunities to remove definitional barriers of seniors' housing wherever possible and consider the supply of social housing for older adults collectively, as identified here. A deficiency in long-term care beds, and the unlikelihood of being able to meet future demand for care with status quo solutions, will require the City to pursue its current course in finding solutions to help people age-in-place and remain independent as long as possible.

Transportation

WHO Criteria	Status
Public transportation costs are consistent, clearly displayed and affordable.	
Public transportation is reliable and frequent, including at night and on weekends and holidays.	
All city areas and services are accessible by public transport, with good connections and well-marked routes and vehicles.	
Vehicles are clean, well-maintained, accessible, not overcrowded and have priority seating that is respected.	
Specialized transportation is available for disabled people.	
Drivers stop at designated stops and beside the curb to facilitate boarding and wait for passengers to be seated before driving off.	
Transport stops and stations are conveniently located, accessible, safe, clean, well lit and well-marked, with adequate seating and shelter.	
Complete and accessible information is provided to users about routes, schedules and special needs facilities.	
A voluntary transport service is available where public transportation is too limited.	
Taxis are accessible and affordable, and drivers are courteous and helpful.	
Roads are well-maintained, with covered drains and good lighting.	
Traffic flow is well-regulated.	
Roadways are free of obstructions that block drivers' vision	
Traffic signs and intersections are visible and well-placed	
Driver education and refresher courses are promoted for all drivers.	
Parking and drop-off areas are safe, sufficient in number and conveniently located.	
Priority parking and drop-off spots for people with special needs are available and respected.	

Transportation and mobility considerations address a range of users and considerations, including older adults who walk, cycle, and roll, those who drive, and others who take public transit. The City has made ongoing improvements to transportation infrastructure consistent with accessibility standards, through the installation of larger overhead street name signage, tactile surfaces, and retrofits to existing intersections and roadways.

In expanding on the WHO's criterion, "roads are free of obstructions that might block a drivers' vision," the GRCOA added "pavements are clear of any obstructions (e.g., street vendors, parked cars, trees, dog droppings and snow) and pedestrians have priority of use." It is assumed that the reference to clear pavements does not apply to roads, as it relates to parked cars and street vendors.

The City has made significant strides in ensuring Brantford residents are served by a public transportation system that is comprehensive, simplified, integrated, and accessible by AODA standards. These efforts make it easier for older adults to transition from driving to taking public transit. For example, enhancements to existing communications materials are instrumental in improving comfort and mobility among older adults, to encourage them to use transit. Information relating to transit, including transit routes, schedules, and fares are publicized in accessible formats. In addition, corresponding audio and visual information is now available on buses, fulfilling the City's objective of a 100% accessible fleet. Other capital projects are also ongoing (i.e., retrofits to provide landing pads at bus shelters).

The City also does not charge premiums for the use of supplemental public transit services, and some users (e.g., older adults, youth, disabled) are offered reduced fare packages. While the final objective is a fully accessible, effectively

scheduled public transit system, there are certain locations in which retrofitting physical spaces is not possible (e.g., connecting some bus stops to sidewalks).

An operational review of Brantford Transit is being conducted and will be completed in 2016. The study process includes consultation with the GRCOA to incorporate the needs and interests of older adults in the review.[18] Other municipalities, such as Ottawa, have implemented a "ride free" day for older adults. The operational review may further identify the financial feasibility of establishing a "ride free" day in Brantford.

Transit education in Brantford is undertaken by the GRCOA on National Senior's Day. The GRCOA hosts an annual "Workshop on a Bus" using municipal transit buses to older adult resources in the community. The City of Brantford provides free of cost, the required buses and drivers. Drivers provide transit users information about riding, costs, and general bus usage. The Workshop on a Bus runs in the morning and concludes with a free luncheon.

It is noted too, that certain of the WHO's and GRCOA's criteria are met in community-wide objectives for public transit (e.g., "public transport is reliable and frequent including services at night and at weekends; public transport is available for older people to reach key destinations such as hospitals, health centres, public parks, shopping centres, banks; vehicles have clear signage indicating the vehicle number and destination").

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[18] Note: a comparison of per capita operating hours shows Brantford as low (0.83 per cap based on 78,000 hours and 2011 93,650 pop.), although the comparison is with much larger municipalities with the exception of Thunder Bay (1.37), Waterloo (1.23), Barrie (1.08), Sudbury (1.15).

Some of the WHO's age-friendly criteria (e.g., strict enforcement of traffic rules and regulations, with drivers giving way to pedestrians; refresher driving courses are provided and promoted) are the responsibility of other agencies such as the Government of Ontario and Brantford Police. The City can contribute to implementing these criteria by working with Brantford Police (through Safe Brantford) to identify opportunities for collaboration in these areas.

A Transportation Working Group was appointed in January 2016 to participate on the Brant-Brantford Roundtable on Poverty with a goal to provide an accessible, affordable transportation system throughout the City and the County.

In 2013, a community survey was undertaken to assess community need and supply and demand for accessible taxi services in Brantford. The 2013 community survey did not identify unmet community needs. The City will undertake a re-evaluation of accessible taxi services in 2018. Accessible taxi services are currently evaluated through municipal licensing and by-law to ensure their compliance with AODA. Taxicabs are prohibited from charging a higher fare or an additional fare for persons with disabilities, and for storage of mobility aids.

The availability, use, and enforcement of accessible parking spaces is an area for potential improvement to better meet the relevant criteria: "Priority parking bays are provided for older people close to buildings and transport stops. Priority parking bays for disabled people are provided close to buildings and transport stops, the use of which are (sic) monitored." Although seniors' designated parking is already in place at Market Square, this service has not been well utilized, and existing downtown strategies on parking do not address accessible and affordable parking for older adults. Monitoring and enforcing the appropriate use of designated spaces is an ongoing problem in many neighbourhoods since staff resources are limited.

Social Participation

WHO Criteria	Status
Venues for events and activities are conveniently located, accessible, well-lit and easily reached by public transport.	🟩
Events are held at times convenient for older people.	🟧
Activities and events can be attended alone or with a companion.	🟩
Activities and attractions are affordable, with no hidden or additional participation costs.	🟧
Good information about activities and events is provided, including details about accessibility of facilities and transportation options for older people	🟩
A wide variety of activities is offered to appeal to a diverse population of older people.	🟩
Gatherings including older people are held in various local community spots, such as recreation centres, schools, libraries, community centres and parks.	🟩
There is consistent outreach to include people at risk of social isolation.	🟩

Social participation is supported by the availability of information for community awareness of programs and services, affordable and accessible activities that are close to home, and age-appropriate programs that are inviting and generate a sense of belonging. The City offers a wide range of services to older adults that facilitate social participation. These programs/activities are target marketed and participation by older adults is supported by public spaces that now are almost all fully accessible by AODA standards, and continue to be retrofitted over time. Two key centres for older adult recreation and social activities are the Wayne Gretzky Centre and the Beckett Adult Leisure Centre.

The City is working with Active Grand[19] to develop a Council-supported **Access to Recreation Policy** that will address affordability for all target populations, including older adults. It also leverages a recently introduced **Get Active Fund** by RBC that funds older adults to participate in swimming and water therapy programs. Affordability is also addressed through other mechanisms such as subsidizing programming for older adults from revenues generated elsewhere, and offering various payment plan options. In constructing the new Gretzky Centre, a focus on affordable fitness programs and equipment was a high priority and was built into the design of facilities. This has attracted many new and returning older adults to programs at this location. For example, the Gretzky Centre includes an indoor walking track that is free for users. The walking track is well used by people of all ages.

There are a number of WHO and GRCOA criteria for which the audit did not identify Brantford-specific responses or that may offer potential for future improvements. In most communities today, municipal recreation programs and activities for all age groups tend to be offered in central locations, at multi-purpose community complexes. This affords advantages related to the range and sophistication of facilities and programs that can be offered, one of which is reflected in the following criterion: "c**ommunity facilities promote shared and multipurpose use by people of different ages and interests and foster interaction among user groups**." The trade-off for centralized services, however, is reduced programming at the neighbourhood level. However, the GRCOA's criterion that "the location (of social participation opportunities) is

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[19] "Active Grand is a partnership between various health, recreation, and social service organizations in the City of Brantford, the County of Brant, and Six Nations of the Grand River. The common vision and foundation of this partnership is to promote increased physical activity among residents, with a focus on families within priority populations" (http://activegrand.ca)

convenient to older people in their neighbourhoods with affordable, flexible transportation," could be addressed the City's Neighbourhood Hubs program. "Through participating in Hub activities that interest them, residents build natural networks of social connectedness and support, develop local leadership capacity, find out about services, and create healthier lifestyles." [20] Programming at Neighbourhood Hubs can be used to strengthen a person's connection to their community and to foster a sense of belonging.

The City provides annual funding to the Brantford Seniors Resource Centre, which provides programming and resources for older adults and persons with disabilities. Services provided at the Brantford Seniors Resource Centre include referrals to community programs and services, support in completing government forms, computer classes, and life skills training.

Non-municipal programming at other locations in Brantford are provided by the non-profit sector and should be considered as part of total 'supply' when determining the extent to which social participation criteria are being met. This includes the provision of services for older adults who are already at-risk of social isolation. Healthy Brantford might be leveraged as a platform to identify existing services offerings, minimize duplications, and coordinate outreach to isolated, and potentially isolated older adults. The City may provide additional assistance in addressing any potential gaps through library outreach programs.

Public interests and requests are components of the City's program design, and include considerations like activity type, scheduling, etc., and there is no 'one-size-fits-all' for people based solely on being over a certain age. The preferred

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[20]http://www.brantford.ca/residents/support_services/buildingcommunity/projectsinitiatives/neighbourhoods/Pages/NeighbourhoodHubs.aspx

types, scheduling, ability to pay, etc. for programs is a function of variables like functional ability, life stage (e.g., working, retired), other time commitments, activity interests, etc. Determining the extent to which local services are conveniently scheduled for older people, therefore, is a question for ongoing research and evaluation activities.

The GRCOA's criterion "**voluntary organizations are supported by the public and private sectors to keep the costs of activities for older people affordable**" is one that the City itself directly pursues as a public agency, and it can also encourage others to follow their lead.

Older adult-youth inter-generational programming is a recommended "best practice" to maintaining social participation and engagement, and to cultivating reciprocal generational respect through direct interaction. In Brantford, intergenerational programming is offered through **Seniors and Kids Intergenerational Programs (SKIP)**. Its Steering Committee and Board comprises residents who offers a school visitation program, mentoring, and music enrichment that brings together elementary school students and older adults. The program's supporters include local school boards, the rotary club, and local businesses. The City can collaborate with existing intergenerational program providers, and address any gaps for additional services in this area.

Communication and Information

WHO Criteria	Status
A basic, effective communication system reaches community residents of all ages.	
Regular and widespread distribution of information is assured and a coordinated, centralized access is provided.	
Regular information and broadcasts of interest to older people are offered.	
Oral communication accessible to older people is promoted.	
People at risk of social isolation get one-to-one information from trusted individuals.	
Public and commercial services provide friendly, person-to-person service on request.	
Printed information - including official forms, television captions and text on visual displays - has large lettering and the main ideas are shown by clear headings and bold-face type	
Print and spoken communication uses simple, familiar words in short, straightforward sentences.	
Telephone answering services give instructions slowly and clearly and tell callers how to repeat the message at any time.	
Electronic equipment, such as mobile telephones, radios, televisions, and bank and ticket machines, has large buttons and big lettering.	
There is wide public access to computers and the Internet, at no or minimal charge, in public places such as government offices, community centres and libraries.	

The City is both strategic and proactive in informing and involving residents, regardless of their age. It has launched a number of relatively new initiatives in the area of communication and information, the collective outcomes of which will continue to emerge in the next several years. Current efforts at communications improvements include a **Community Involvement Framework (CIF)**, which is a comprehensive stakeholder engagement program that directly involves residents

in municipal decision-making - including the development of policies, projects, and initiatives. The CIF improves face-to-face communications through neighbourhood level canvassing to encourage resident participation in municipal open houses and workshops.

The CIF also enhances municipal print and digital communications in a clear and easily understandable way. Another ongoing City initiative is the development of a comprehensive communications strategy - which includes rebuilding the City's website. The CIF is used for City projects that require community involvement, and incorporates considerations that are particularly important to increasing municipal engagement with older adults, including:

- providing printed material that is large and legible;
- increasing reliance on personal contact vs. digital interaction;
- holding consultations where audiences are already situated vs. having participants come to a central location;
- scheduling sessions during daylight hours;
- using meeting locations that are accessible;
- identifying which of the available strategies will optimize communications/awareness among older adults about the project/initiative, etc.

Some of these requirements are now mandated by AODA while others are not required, but can help facilitate involvement, particularly among older age cohorts. Other municipal communications improvements are being implemented as new components are developed, and comprise both internal and external communications mechanisms. Internal components, such as CityNet (which includes remote locations) will offer considerable potential to better integrate service planning and delivery for older adults across municipal departments.

The website rebuild will result in all 27 sites being responsive, so that users can log on from mobile devices (as well as stationary ones) and the layout will automatically adapt to the relevant display format. The 2016 budget supports providing all City material on-line with feedback options, supplying hard copies of these documents at designated facilities, and promoting their availability. All communications material and tools are OADA compliant.

As with the social participation criterion related to older adults at risk of social isolation, improvements in communications with this group are needed in Brantford. The City, and other social services providers participating in Healthy Brantford, could coordinate efforts to ensure that these individuals "get information from trusted individuals with whom they may interact" and to deliver municipal information through front-line health and community service agencies.

The communications strategy is also rationalizing the links between the City and news media, by establishing consistent flows of information to the 'Brant News' and the 'Brantford Expositor', pre-determining the initiatives on which to focus, and framing these messages in a more consistent, informative municipal voice. As noted above, the GRCOA suggested that the City actively promote its efforts and achievements in the area of age-friendly planning. The 'Brant News' weekly 'Focus on Seniors' column is written by the GRCOA. An opportunity exists for the City to coordinate with the GRCOA to report on the progress of current and prospective municipal initiatives, programs, policies and events for older adults, as well as to maintain community awareness of local issues and interests affecting older adults in Brantford. Automated telephone answering services can also present challenges for older adults in receiving information. However, the City's telephone answering service is monitored and received by live operators during the operating hours of 8:30am to 4:30pm Monday to Friday.

As noted above, a very complex area of municipal service is housing. Older adults who require social housing (or those who are accessing it on behalf of an older adult) need timely information on what the options are and how to negotiate the application process. This topic could lend itself to a communications campaign involving a variety of components including educational sessions, literature, digital media, etc.

Civic Participation and Employment

WHO Criteria	Status
A range of flexible options for older volunteers is available, with training, recognition, guidance and compensation for personal costs.	
The qualities of older employees are well promoted.	
A range of flexible and appropriately paid opportunities for older people to work is promoted.	
Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion and training of employees.	
Workplaces are adapted to meet the needs of disabled people.	
Self-employment options for older people are promoted and supported.	
Training in post-retirement options is provided for older workers.	
Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of older people.	

The City encourages older adults to be politically active and to volunteer in the community. Opportunities to participate in committees and advisory boards are posted in local newspapers and on the City's website.

Within the larger community, however, the City is directly responsible for municipally based opportunities. It does not control the number and types of opportunities available in Brantford as a whole, nor does it oversee the operations of other agencies and organizations that use volunteers.

The above parameters also apply to the municipality's capacity to employ older adults or to ensure sufficient paid work opportunities exist in the larger community. In economic terms, the City does not control the number and types of job opportunities available or remuneration levels. Employment discrimination on the basis of age is not allowed, so while certain jobs might be more suitable for

older adults, there is no way to restrict their distribution to this age group. At the same time, older adults are free to apply to any positions of interest to them.

Outside of the municipally based employment, volunteer and civic engagement activities for which the City is directly responsible, the appropriate role for the municipality is to support, and collaborate with, other agencies to:

- outreach to volunteer organizations and employers to identify opportunities/needs;
- advertise/refer individuals to opportunities for employment and volunteer positions;
- develop a volunteer registry, job descriptions, and match positions with individuals;
- oversee the volunteer screening process;
- provide appropriate training for current required skills (for volunteer positions or possible employment - self or otherwise);
- ensure volunteers are recognized for their contributions.

There are a number of organizations in Brantford and Brant County that currently provide various employment and/or volunteer recruitment services. The City advertises and recruits its own volunteers on Volunteer Brantford, along with other service providers. It works with the County in posting paid work, volunteer, and mentorship opportunities (Brant Jobs). Brantford Brant Business Resource Centre offers free appointments for older adults seeking self-employment options and provides a business start-up kit.

BRAVA is the Brant Regional Association of Volunteer Administrators "is an association of community member agencies that supports volunteerism in: health care; education; arts and culture; social services; and faith-based services. BRAVA actively promotes and supports volunteerism in Brant County via

educational workshops, special recognition events, promotion of volunteer opportunities, and by providing a network in which Volunteer Administrators are able to share ideas and best practices."[21]

Collectively, therefore, it appears that the organizational capacity already exists in Brantford/Brant County to fulfill the range of volunteer and employment-related criteria identified for older adults. What may be required, however, is a more seamless collaborative framework within which each organization can assume the appropriate function/roles from the above list for City and/or County-wide provision.

As investigated in 2011 by a Mayor's Steering Committee, a separate City-focused centre may be required to complement BRAVA - particularly if a distinct older adult component is to be incorporated as per the 2011 consideration. This approach bears consideration since a largely aged population means that much of the workforce (paid or volunteer) to provide services to older adults in future years will comprise peers. The potential for Smart Brantford to contribute to training for both paid and volunteer workers should also be considered, possibly in partnership with local post-secondary institutions.

Certain criteria (e.g., "older workers are fairly remunerated for their work; older workers' earnings are not deducted from pensions and other forms of income support to which they are entitled") are the responsibility of other levels of government and they are typically the focus of advocacy groups lobbying on behalf of older adults as a whole.

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[21] Source: http://www.bravabrant.org

The GRCOA is exploring the development of an "Age-Friendly Business Program" that recognizes the contributions of local businesses to provide services to older adults, or in building design and retrofits that are accessible for older adults. Such programs exist in other communities, such as Richmond and Ottawa. There may be a role for the City to support the GRCOA in implementing the Age-Friendly Business Program.

Additional efforts could be made by the City to encourage businesses to get more involved in developing an age-friendly Brantford. This could include funding of age-friendly research and innovation projects, supporting the development of age-friendly employment policies (i.e., flexible hours, mentoring programs, graduated retirement policies) and creating age-friendly businesses.

Respect and Social Inclusion

WHO Criteria	Status
Older people are regularly consulted by public, voluntary and commercial services on how to serve them better.	
Services and products to suit varying needs and preferences are provided by public and commercial services.	
Service staff are courteous and helpful.	
Older people are visible in the media, and are depicted positively and without stereotyping.	
Community-wide settings, activities and events attract all generations by accommodating age-specific needs and preferences.	
Older people are specifically included in community activities for "families".	
Schools provide opportunities to learn about ageing and older people, and involve older people in school activities.	
Older people are recognized by the community for their past as well as their present contributions.	
Older people who are less well-off have good access to public, voluntary and private services.	

By virtue of the overall progress made to date, and the advocacy role of the GRCOA, the criteria in this dimension (as well as that related to Civic Participation) are generally satisfied. At the same time, the City is committed to ongoing improvements to its policies and practices. This criterion also overlaps with 'civic participation and employment', 'social participation' and – to a lesser degree – 'communication and information.' Initiatives in these areas, therefore, will also contribute to 'respect and social inclusion.'

To the extent that the City's **Accessibility Policy** globally addresses respect and inclusion interests, older adult needs in Brantford are also met. The City provides

training to all its employees, volunteers and third parties in the standards and procedures contained in its policy.

While not specific to any single criteria under "respect and social inclusion" or the other dimensions, recreation programs/activities and the centres that bring people together for these are key contributors to social inclusion. As noted elsewhere, the City provides age appropriate programming for older adults at a number of public facilities, and subsidizes fees to keep costs of participation as low as possible. In addition the municipality provides annual funding to other social service providers in the community, including the Seniors Resource Centre.

Older adults are recognized through existing municipal volunteer recognition programs. Areas for potential improvement may consider separate recognition of the contributions of older adults to the community, and making the criterion related to depicting positive images of older adults explicit in municipal policy.

Community Support and Health Services

WHO Criteria	Status
An adequate range of health and community support services is offered for promoting, maintaining and restoring health.	
Home care services include health and personal care and housekeeping.	
Health and social services are conveniently located and accessible by all means of transport.	
Residential care facilities and designated older people's housing are located close to services and the rest of the community.	
Health and community service facilities are safely constructed and fully accessible.	
Clear and accessible information is provided about health and social services for older people.	
Delivery of services is coordinated and administratively simple.	
All staff are respectful, helpful and trained to serve older people.	
Economic barriers impeding access to health and community support services are minimized.	
Voluntary services by people of all ages are encouraged and supported.	
There are sufficient and accessible burial sites.	
Community emergency planning takes into account the vulnerabilities and capacities of older people.	

Several of the criteria in this dimension are covered in those related to physical infrastructure and services. Some criteria will be addressed through an emerging Healthy Brantford initiative. Healthy Brantford will seek to bring together community partners to identify and address issues of health equity. The Healthy Brantford Task Force (see **Figure 3**) includes representation from a wide range of services providers, which makes it an appropriate vehicle for addressing the specific health and social services needs of older adults. The Healthy Brantford Task Force, could also consider adopting a Health Impact Assessment Tool to

support integrated decision-making, and anticipate and mitigate the distribution of less desirable outcomes of policies, programs, and initiatives.

Figure 3: Members of Healthy Brantford Task Force by Sector	
City	Mayor, 2 Council Members; CAO's Office, Public Health, Safety and Social Services (PHSSS), Parks & Recreation
Other public	Brant County Health Unit; Hamilton Niagara Haldimand Brant LHIN; Grand Erie District School Board; Brant Haldimand Norfolk Catholic District School Board; Brant Community Healthcare System; De dwa da dehs nye Aboriginal Health Care
Not-for-profit	Grand River Community Health Care (GRCHC); Canadian Red Cross; Brant United Way, Grand River Council on Aging; Community Resource Service (Brantford Food Bank); St. Leonards Community Services; Brantwood Community Services; Neighbourhood Associations Alliance of Brantford; Boys and Girls Club of Brantford; Brant Native Housing; Grand Erie Immigrant Partnership; Brant/Brantford Roundtable on Poverty; Brantford Welcome In Resource Centre; Brant Skills Centre; Ontario Early Years; Contact Brant
Private	2 community business members

The City currently operates a number of social programs and makes financial contributions to other community service organizations, including the Brantford Seniors' Resource Centre.

The City's Emergency Management Plan addresses communication/information that includes older adults. The City's Elder Abuse Committee publishes a resource for seniors regarding personal safety (e.g., elder abuse, fraud, etc.)[22]

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[22] http://www.brantford.ca/residents/family/Pages/SeniorsGuidetoServices.aspx

C. Towards an Age-Friendly Framework

This section presents various approaches by which the City can expand and enhance its current municipal services to address age-friendly considerations. Research was conducted of municipal age-friendly initiatives undertaken in Ontario to inform a potential direction for the City to develop its municipal age-friendly planning framework.

An external scan was undertaken of select (municipally-led) Age-Friendly Community Plans from the perspective of understanding municipal approaches to planning, implementation and evaluation. Research was undertaken using publicly available reports. Additional municipal interviews were undertaken by the consultants in January 2016 to obtain additional insight regarding the selected municipalities' implementation approach and decision-making framework to review future municipal policies and initiatives with an age-friendly lens.

Age-friendly community planning can be top-down (municipally led), bottom-up (community led), or comprise of a collaboration that includes municipal government, councils on aging, academia and other organizations within the health and social services sector. Community-led Age-Friendly Plans that were preliminarily included in the consultants' external municipal scan have been excluded from detailed review. These include plans in which actions are not municipally focused, or where action plans have not yet been developed. (i.e., Haliburton County, the City of Kawartha Lakes, the City of Peterborough and County, and Greater Sudbury). **Appendix D** presents details regarding the municipal review.

C-1 Governance and Decision-Making Framework

Governance approaches and municipal decision-making framework to guide age-friendly vary among municipalities. Some municipalities do not have an internal decision-making framework to guide the development of future plans, projects and initiatives, including Sault Ste. Marie, and Thunder Bay.

The City of Windsor is an exception, as all departments are required to evaluate new policies, programs and projects through an age-friendly lens. Municipal staff training was undertaken by Windsor's Age-Friendly Network to raise awareness about age-friendly considerations. A departmental lead was then appointed to serve as a champion for age-friendly planning. This lead was also responsible for liaising with an overall City-appointed representative who serves as a liaison between the City and the Windsor Age-Friendly Network to sustain a consistent flow of information. Two-way communication was integral in ensuring that departmental initiatives support age-friendly community development.

Other communities have taken different approaches to implementing age-friendly programs. Some municipalities have developed older adult coalitions, alliances, and steering committees that includes external agencies and residents. These coalitions and alliances serve as a central decision-making body and provide input to municipal Council. In Ottawa and Kingston, external older adult advisory committees (i.e., Ottawa Seniors Roundtable, Kingston Age-Friendly Community Alliance) were established to provide feedback to staff during the implementation of their older adult plans. These committees also provide a secondary role for City staff to seek input regarding issues that affect older adults on corporate

programs, services and infrastructure, and to share older adult issues related to City services and budget decisions.

Municipalities may also draw upon internal resources (i.e., through an accessibility coordinator) to coordinate the implementation of municipal age-friendly decisions, while at the same time drawing upon an external age-friendly committee to inform decision-making. In Kingston, for example, new policies and projects are vetted through the Municipal Accessibility Advisory Committee due to the crossover between accessible and age-friendly considerations. In Niagara, an internal accessibility coordinator and community services staff work together to address age-friendly decision making, in collaboration with an external older adult working group.

Age-Friendly and Overlap with Other Initiatives

The WHO's age-friendly dimensions are broad and impact municipal decisions that affect the physical development of communities, transportation and mobility, safety, human services, and social well-being. As such, the City's advancement towards an age-friendly city would need to consider whether to equally address all eight WHO dimensions, or whether certain areas receive priority. At the same time, consideration of age-friendly policies, programs, and initiatives should be mindful not to compromise the needs of other age groups.

In a keynote address in Toronto, Dr. Stephen Golant, Gerontologist at the University of Florida, cautioned that broad reaching mandates lack focus and weaken service co-ordination, resulting in poor use of resources and duplication of efforts. Moreover, municipal programs that have too broad a mandate may be

at risk of being terminated when there is a constraint on municipal funds.[23] A literature review of other municipal practices found mixed perspectives regarding the potential overlap with other policy interests, which may encompass Active Communities, Walkability, Universal Design, and Universal Accessibility. "Age-Friendly Communities in Ontario: Multi-Level Governance, Coordination Challenges and Policy Implications" suggests that an age-friendly approach, particularly in the design and development of infrastructure and physical environments should benefit all ages, i.e., through Universal Accessibility, and 8-80 Cities.

Age-friendly considerations in relation to the built environment and outdoor spaces, and transportation overlap with AODA accessibility requirements. This will influence how the City coordinates these two programs, through staffing resources, budgets, and workflow integration. The City should also communicate the interdependent nature of its municipal initiatives and how they meet various objectives simultaneously, and which groups in the community are intended to benefit.

Age-friendly planning is one of many potential programs that compete for the attention of municipal councils. According to the International Federation on Aging, 'age-friendly' can be an integrated platform for many service areas. Municipalities provide public services comprise of layers that address different facets of prevention and intervention. As such, a city must be equipped to maintain or improve its service offerings and quality to be able to address the needs of older adults. This can be tackled in a range of ways including how

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[23] http://irpp.org/wp-content/uploads/assets/research/faces-of-aging/age-friendly/golant-feb-2014.pdf

municipal front-line staff engage with older adults, how municipalities design and build communities, the nature of programs and services they offer to older adults, and how they provide social supports.

Integrating age-friendly initiatives with other service initiatives will garner support from other groups in the community at-large that will also benefit from the outcomes of policies and infrastructure development intended for older adults. For example, the City of Sault Ste. Marie faced public challenges during the initial phases of developing their age-friendly initiative due to the plan's perceived purpose of serving "just older adults." Consequently, a media strategy is anticipated during the plan's implementation to communicate how the plan will improve quality of life for all residents, regardless of age. In Ottawa, recommended actions specify target groups that will benefit from the improvement, and identify whether each is intended to address the needs of older adults in general, those who are disabled, and/or those living on low income. In Niagara, the Age-Friendly Communities Project established a vision that addresses a caring Niagara community for "all ages" and enhances "quality of life" as people age.

C-2 Implementation

Building on Existing Strengths and Opportunities

The literature review found that success in implementing on recommended actions is dependent upon available municipal resources and capacities. For many of the age-friendly plans that were reviewed, a long list of actions was developed for each of the respective age-friendly dimensions. An exception to this was Sault Ste. Marie, where despite a rigorous consultation process with

over 2,500 residents, issues and recommendations were scoped according to the capacities and resource capabilities of the City to execute.

Among all the various municipal age-friendly plans that were developed, the City of Thunder Bay shares a scope that is similar to that of the City of Brantford. The City of Thunder Bay undertook an internal audit of its municipal services, programs and facilities based on the World Health Organization's Essential Features of an Age-Friendly City. The audit found that the City was already addressing many age-friendly interests and concerns. Recommendations included a continuation of infrastructure improvements and retrofits that are consistent with the WHO's checklist for age-friendly cities. Recommendations for new initiatives and programs address service delivery, program development, awareness building, or specific infrastructure improvements that responded to the gaps or barriers identified by the Thunder Bay Age-Friendly Steering Committee.

Putting Plans into Action

Age-friendly plans can be spearheaded as part of Council's external priorities (such as in Ottawa), or driven by an external organization, such as an older adult network. Establishing a Committee of Council, with the active endorsement and commitment of Council, and that includes external community and stakeholder representation, is critical to ensuring the long-term success of any age-friendly program. This is particularly critical for community plans developed by an external stakeholder, such as older adult committees. For example, in Windsor, the Age-Friendly Windsor Network works with a Committee of Council to promote, facilitate and oversee progress on actions.

Municipal departments may also be responsible for integrating age-friendly actions into their respective departmental plans (i.e., Sault Ste. Marie, Kingston,

and Niagara). In Kingston, Social Policy and Strategic Community Development lead coordination of the Age-Friendly Program. In Ottawa, Windsor, and Kingston, individual departments are assigned as leads in addressing each of the actions.

Financing

'**Age-Friendly Communities in Ontario: Multi-Level Governance, Coordination Challenges and Policy Implications**' acknowledged that challenges associated with funding age-friendly initiatives pose problems for municipalities.

For most municipalities, including Hamilton, Sault Ste. Marie, Kingston, Thunder Bay, Cambridge, and Windsor, many of the actions included in their age-friendly plans have minimal cost implications and departments are expected to achieve those actions within the existing staff complement, operating budget, and/or capital budget as needed. In Thunder Bay, Council approval is required to fund actions that require significant funds.

There are exceptions, in which larger municipalities such as the City of Ottawa dedicated $500k in the 2009 operating budget, which was rolled over in subsequent years to implement the initiatives contained in the Ottawa Aging Plan (OAP). Individual departments that require OAP funding are asked to submit a proposal for secure funds. Each action has a corresponding funding requirement identified, and identifies whether funds will be drawn from the OAP's operating budge.

Municipalities with councils on aging also provide support in exchange for annual funding grants, including Hamilton, and Windsor. For example, the Windsor Age-Friendly Network receives $4,000 in annual funding to work with the City in

coordinating the implementation of projects. The Windsor Age-Friendly Network provides input to the Windsor Seniors Advisory Committee to influence the City's selection of priority projects in the 5-year capital budget. In addition, the Windsor Age-Friendly Network works directly, as needed, with municipal Councillors to identify neighbourhood level improvements, and works with local Councillors to access ward funds.

Dependence on municipal funding alone is not recommended to sustainably finance age-friendly initiatives. Collaboration or the formation of an external network or committee is advantageous to secure funding that would otherwise not be available to the City, such as Trillium funds. In Windsor, the Windsor Age-Friendly Network has been instrumental in applying and receiving funds to support the implementation of age-friendly initiatives. In Mississauga, the Older Adult Plan completed in both 2009 and updated in 2012 led to securing over $250,000 in funding from Ministry of Health and Long Term Care (Elderly Persons Centre grant) to delivery activities, purchase new equipment, and hire staff and in community centres; and $15,000 from Human Resources Development Canada to deliver Junior Seniors Mentoring and Helping Seniors program. In Niagara, $70,000 in funding was awarded by the Ontario Trillium Foundation to hire a Coordinator to support the Niagara Age-Friendly Initiative.

Collaboration

There are multiple approaches to collaboration and partnerships when implementing age-friendly Initiatives, including intergovernmental partnerships, public-non-profit partnerships, and multi-partner arrangements. According to an Age-Friendly Communities Invitational Forum in March 2010, there are no best practices with regard to the best form of collaboration; as success depends upon the allocation of power and resources, and the decision-making process.

'**Age-Friendly Communities in Ontario: Multi-Level Governance, Coordination Challenges and Policy Implications**' identified lessons learned from the twelve municipalities across Ontario that have developed age-friendly plans. The research found that municipalities had greater success in implementing the actions proposed in age-friendly needs assessments and corresponding action plans that are part of a greater collaborative including non-government organizations, the private sector and other government agencies.

Collaboration is a common approach in municipalities that have completed age-friendly plans. In Hamilton, the Plan reflects shared responsibility and coordinated services delivery that involves all three levels of government, the private sector, and the non-profit sector. Municipal responsibility is assigned to the appropriate department's mandate in service delivery. In Niagara, the Age-Friendly Community initiative was undertaken in partnership between the Region and the City of Welland, through a Seniors Advisory Committee. In Cambridge, the Social Planning Council of Cambridge and North Dumfries undertook the Plan. It includes a recommendation for the City to dedicate a senior ombudsperson/ specialist to assess how the City can achieve the objectives of the recommendation with the existing staff complement and approved budget. In Mississauga, an Older Adult Advisory Panel (OOAP) formed in 2014 includes City staff and other Councillors, and residents. The mandate of the panel is to exchange information and advice on improving older adult services in the community. The OOAP also promotes innovative practices and addresses issues and concerns experienced by older adults that are within the City's mandate. A

similar proposal was brought to Brantford City Council in 2013, but deferred until such time as it could be better afforded.[24]

The City of Brantford is instituting a number of global initiatives - Healthy Brantford, Safe Brantford and Smart Brantford - that will be based on collaboration with various agencies and organizations in the community that have responsibility for services that fit within the mandate of each of these efforts (see Community Support and Health Services re: Healthy Brantford membership). Assuming each of these collaborations has representation from older adult-serving agencies and organizations, age-friendly objectives can be integrated with those for other groups in the community. Actions that involve advocacy, including lobbying provincial or federal levels of government, and raising awareness/participation among local businesses and the general public, are the responsibility of the Council of Aging and other community-based associations. It is important, therefore, to ensure advocacy activities are strategic pieces of these global initiatives to support their objectives.

From a practical perspective, lack of coordination results in silos, leading to duplication, mismanagement of resources, working at cross-purposes, and limited perspectives on broader issues in creating age-friendly communities. Through Healthy Brantford, Smart Brantford, and Safe Brantford, many of the WHO's and GRCOA's criteria for an age-friendly city can be effectively addressed through coordinated task forces.

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[24] Marion, M. (Feb. 6, 2013). No money for seniors ombudsman proposal. Brantford Expositor. www.brantfordexpositor.ca/2013/02/02/no-money-for-seniors-ombudsman-proposal

C-3 Evaluation

Developing the Process

Evaluation comprises several interdependent components that represent an iterative, cyclical process. Creating a seamless process requires that the following components be determined/designed together in service planning stages:

- **Setting Objectives:** identifying the intended end result/outcome of an action; a key consideration is framing objectives that relate directly to the criteria to be met or furthered through actions, in a way that can be monitored.
- **Monitoring:** tracking progress towards an identified target that activates an objective; a key consideration is monitoring the correct variables to allow a meaningful evaluation.
- **Evaluating:** applying the results of monitoring to assessing whether or not the objective has been achieved/furthered; a key consideration is framing objectives and targets that relate directly to the criteria to be met.

In Brantford, most of the objectives set and targets achieved (or almost achieved) relate to requirements legislated by the AODA, which also happen to dovetail with many of the needs of older adults. Other than vision statements and goals, the City has not established measurable objectives or targets against which progress can be monitored and evaluated. Corporate Services is currently undergoing a review of the Strategic Plan and developing corresponding measurements to evaluate the City's progress in meeting the Plan's goals. There may be an opportunity for the City to develop measures that mutually benefit evaluating age-friendly initiatives and relevant Strategic Plan goals.

Developing measurable targets is something the City will have to do before it can start monitoring, and so evaluating, progress toward specific ends. Some of these, especially in the areas of hard services, may be self-evident (e.g., 100% of bus stops will be accessible by a target year). Others will require some work to articulate a measurable objective/target and to determine the most appropriate measures to assess progress in achievement. Thunder Bay, Ottawa, and Windsor have established benchmarks that include qualitative and quantitative indicators to measure the municipalities' progress in each of the tasks. In Windsor, a program evaluation matrix has been developed by the Windsor Age-Friendly Network for each WHO dimension that includes actions, responsibilities, and desired outcomes. This matrix is presented to the WHO and the Seniors Secretariat. The Windsor Age-Friendly Network develops a questionnaire for the City to evaluate the progress of their projects. Although other municipal examples of benchmarks can be consulted, each community is different. Section E of this report, therefore, focuses on developing Brantford-specific benchmarks.

The following sections outline a number of broad considerations for developing an evaluation framework for the City that can be linked to the planning activities of all departments in age-friendly service provision.

Age Categories and Target Groups

In order to plan and evaluate services for older adults, this age group will have to be consistently separated from others across all municipal services. Currently, older adults are not always tracked and when they are, the age cohorts included are not comparable (e.g., Beckett Adult Leisure Centre is 50yrs+, the age for the Gretzky Centre senior discount is 65 years or government pensioned).

All departments will have to use the same definition of older adult (typically 55+ years old) and will have to specifically track planning/services for this age group.

Even if a service is offered to families, adults, disabled, low income persons, etc. those aged 55+ years would need to be tracked separately within these other population groups. Appropriate sub-categories within the whole older adult category will also need to be identified for planning and evaluating different types of services. Generally, the narrower the age category used, the more likely it will be that finer patterns of need/use across the age spectrum will emerge over time.

While internal departmental alignment on the definition of older adult, and the sub-groups of age categories used may be possible, there are external agencies (e.g., provincial, federal, other service providers) that the City's older adult services are tied to, and which use different age definitions. In these situations, the best possible alignment to the City's age groups should be used.

The GRCOA identified three primary target groups of older adults, which may or may not align with the age groups designated for certain City services or may be appropriate for some and not others.

- "well/fit seniors: These individuals are generally in good health and are able to live independently without assistance. The goal of services for this population of seniors is to help them maintain their health and independence for as long as possible.
- older adults who require some assistance with activities of daily living: This population requires some assistance with activities of daily living in order to allow them to stay in their own homes. Some of the members of this segment of the population receive help from family members and friends, while others require assistance from community agencies.

- older adults who require 24-hour assistance with activities of daily living: The majority of these individuals reside in long-term care homes. Quality of care is a priority issue for this segment of the older adult population".[25]

The GRCOA chose to work with these three distinct "target groups" of seniors defined in terms of their needs rather than age as it offered a meaningful way of focusing on needs, based on personal circumstances rather than arbitrary age distinctions" (MAP Booklet, p. 11). This approach works well when assessing needs by life-stage or function from the providers' side. When asking users to identify their needs and/or assess the services being provided, however, actual age is an objective category vs. one with which an individual needs to self-identify. Blending these two approaches would be possible, however, by aligning age categories (sub-divided as appropriate) with the three target groups, collecting information via age categories and grouping it appropriately for analysis.

Primary Research

The best way to determine if services are meeting expectations is to find out from users/non-users if they are, which means periodic community surveys for all services, structured in such a way as to be able to tell who among the various types of users is responding and in what way (e.g., older adults, families, disabled, low income persons), recognizing there is often overlap among these groups.

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[25] GRCOA. (2008). A Community for a Lifetime. A Master Aging Plan for Brantford & the County of Brant. Plan Booklet. pp. 11-12.

These types of surveys should be randomized to ensure the results are representative of the City's population. It is as important, if not more important, to gather input from non-users as it is to survey service users. Information from non-users can help determine if the reasons for non-use should and can be addressed. In addition to periodic community-wide surveys of age-friendly municipal services, evaluations of specific services should be done on an ongoing basis (e.g., recreation programs, communications campaigns, etc.) to learn if/how the services themselves are contributing to an age-friendly experience among residents. To whatever extent is possible, core questions should be repeated each time the surveys are administered to be able to allow direct comparisons and so identify longitudinal trends. This makes it particularly important to pilot test surveys, to ensure they are going generate relevant data for evaluation purposes over a number of years.

In service evaluation, it is important know what survey respondents mean in their feedback. A key drawback to a number of the checklist items in Appendix A is the subjectivity of terms or words within objectives, and a frequent example is the word 'affordable'. In applying the checklist to a given community, therefore, words and terms need to be defined for that particular purpose. The only way to determine if services are affordable is to find out from users/non-users if they think they are affordable, which means evaluation tools must structure inquiries about services for which there are fees in such a way as to be able to tell what price points older adults consider affordable, and how fees affect their use of services. While there are conflicting views about the need to provide blanket subsidies for all older adult services based on the assumption that they all have relatively small and limited incomes, policy on individual municipal responses can be better informed by data rooted in definitive terms. Some municipalities are moving toward need-based subsidy vs demographic-based subsidy. (i.e. subsidy isn't for a particular age group only, it is based on assessed need. The City

currently uses this model for youth recreation subsidies ("Can We Help" program).

Anywhere an undefined term or word is used, therefore, what it means in practice in Brantford needs to be clarified and explained if it is to be effectively evaluated. Defining it, however, may require working 'backwards', so to speak. Instead of asking only "Do you think transit fares in community XXX are affordable?" a series of questions based on actual use of transit in relation to fares, cross-referenced with profile variables (e.g., age, income, housing situation, neighbourhood, etc.), may need to be asked to 'zero' in on a price range (or ranges) considered affordable by various older adults in the community.

Primary research also includes tracking variables like number of registrants in programs to identify trends in participation over time. It is important, however, to ensure these types of numbers truly reflect what is being measured. If figures used are only those from the first session, they will likely be overinflated if they are used to represent participation that drops off as the program progresses. People who drop out of programs are also a potential resource for feedback on reasons for leaving.

Aligning Inquiries with Age-friendly Criteria

While it is assumed that objectives will be focused on meeting the age-friendly criteria identified by the WHO and GRCOA, evaluation inquiries should also be designed with this in mind. Since a single criterion might generate a number of objectives, and a single objective might relate to multiple criteria, these relationships need to remain linked in research directed at assessing impact/effectiveness.

Coordinating with Other Agencies

The purpose of coordination here is two-fold. On the one hand, the City and other service agencies might be able to piggyback survey research to serve the purposes of two or more organizations. Alternately, (and where appropriate) the City can seek advice from other agencies (e.g., Public Health) on the types of questions to ask that will help reveal the success of specific programs in contributing to age-friendly objectives. If, for example, the objectives of a physical activity program for older adults are to improve balance and stability and to reduce social isolation, the questions to be asked might be those that require the input/review of health professionals - particularly if 'getting at' effectiveness means asking specific and/or indirect questions. When partnering with others in research activities, however, the City must ensure that the tools are designed in such a way that the data it needs for evaluation purposes can be readily extracted from the whole.

Databases

Workable mechanisms for updating/adding to the information base on a regular basis are part of monitoring/evaluation function. To whatever extent is possible, databases should be consolidated so that a single resource is being used across all departments. This facilitates all staff working with the same information, and the need for adjustments/updates to be made in only one file.

Updating Documentation

While major plan updates typically only occur every five to ten years, updates to plans/strategies on progress towards objectives should be regularly documented in the intervening periods. The audit that was prepared for this project is intended to serve as a template for an ongoing, consolidated record of progress in age-

friendly planning in Brantford. As age-friendly objectives are further elaborated and processes are integrated, it is anticipated that the template and its content will change accordingly. It is also not being proposed as a substitute for departmental practices that involve more detailed documentation. At the same time, all departmental activities in age friendly planning should be reflected in this City-wide framework. As part of its communications efforts, the municipality could consider producing an annual report card on progress in age-friendly initiatives.

Responsible Parties

Some municipalities exclusively monitor the progress of age-friendly plans internally, such as Kingston, Niagara, and Thunder Bay. In Kingston, city staff from Social Policy and Strategic Community Development is responsible for undertaking annual progress reports, while in Niagara, an Accessibility Coordinator monitors the Region's age-friendly initiative. Monitoring is normally conducted on an annual basis while in Thunder Bay, the City's Action Plan is reviewed every 4 years to reconsider actions where there are challenges in implementation, to develop new priorities and adjust actions to the developing needs of older adults.

Collaboration among municipalities, older adult committees, and other stakeholders, are a common approach to monitoring plans. In Ottawa, the Seniors Roundtable (including external agencies and residents), Community and Protective Services Committee, Council, and Staff work group coordinate to monitor emerging trends and issues. In Windsor, the Windsor Age-Friendly Network keeps track of progress. They are part of a committee of the Seniors Advisory Committee that reports to Council. In Windsor, however, there are challenges in relying on an external network to provide progress reports to Council due to the volume of work and limited resources capabilities.

Responsibility for monitoring their own activities/programs within the larger framework can be delegated to various departments/agencies, assuming:

- the monitoring tasks are designed as part of the overall planning process;
- the results of monitoring tasks are fed back into an overarching evaluation program that consolidates the various inputs;

In terms of municipal services, the City would likely take responsibility for designing the components of the planning and evaluation process with input from other collaborating agencies, for directing monitoring activities, and for applying the results of these to updating the audit. The resulting division of responsibilities for developing objectives, designing measures and monitoring tools, and producing an evaluation will, of course, depend on the number of agencies/organizations involved in the process and their respective capacities.

Since the current study focuses on the City in relation to the GRCOA's Master Aging Plan, further exploration should be undertaken by the City and the GRCOA to identify to potential collaborative opportunities to advance the development of an age-friendly community. For example, the GRCOA may best be leveraged in supporting the City with best practices in age-friendly initiatives and leading resident consultation to support future community needs assessments.

D.   Membership in the Age-Friendly Network

Across Canada, 540 communities in eight provinces have participated in the age-friendly communities' movement, as of 2014[26]. Among them, only 21 Canadian municipalities are members of the WHO Global Network of Age-Friendly Cities and Communities, as of 2015.

Figure 4: WHO Global Network of Age-Friendly Cities and Communities Member Municipalities	
- Edmonton - Guelph - Hamilton - Hurst - Kingston - London - Moncton - Noelville - Ottawa - Port Colborne	- Portage La Prairie - Saanich - Sault Ste. Marie - St. Catherines - Summerside - Thunder Bay - Verner - Waterloo - Whitby - Windsor

The audit results presented in Section B of this report demonstrate the City of Brantford is well-advanced in becoming an age-friendly city, and well-positioned to join the WHO Global Network of Age-Friendly Cities. While the WHO does not require interested cities to have already achieved age-friendliness, the audit confirms that across all eight friendly dimensions, the City has already completed

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[26] http://irpp.org/wp-content/uploads/assets/research/faces-of-aging/age-friendly/golant-feb-2014.pdf

or is undergoing programs, practices, and infrastructure improvements that will advance Brantford towards becoming an age-friendly community.

The WHO invites communities and cities of all sizes to join the network. The WHO's requirements for cities and communities interested in joining the Network include a desire and commitment to create accessible physical and social environments that promote healthy and active aging and a good quality of life for their older residents. Member cities also have a role to share their learnings by contributing their local experience to a global response to population aging.

Advantages of WHO Global Network Membership

- Connect with a global network of ageing experts, including senior officials, programme managers, researchers and older people themselves.
- Stay informed about Age-friendly City and Community projects, meetings and events.
- Guidance on approaches for developing and implementing Age-friendly City and Community approaches.
- Access to good age-friendly practices
- Share own progress and learnings and support other to do the same
- Be inspired by what others have achieved

The City's interest in joining the Network rests with the municipality and Council's interest and commitment to becoming more age-friendly. Political commitment and leadership is a requirement of the WHO, as is the City's willingness to share their experiences with fellow members.

Considerations to seek membership in the Network would be dependent upon Council's position to commit the City to continual improvement to advance the development of an age-friendly city, as well as establishing age-friendliness as a core responsibility for all municipal departments. As such, resources and investment will need to be dedicated, through a dedicated staff resource, for the City of Brantford to maintain its membership in the Network. In addition, the WHO encourages partnership development between the municipality and other institutions, such as the GRCOA.

An application form to apply to the WHO Global Cities Network can be found in **Appendix E.** Applications are processed quarterly. Application requirements include the development of a baseline assessment of age-friendliness which this Custom Needs Assessment will satisfy, along with a city-wide action plan, such as the Master Aging Plan, the Custom Needs Assessment, as well as the findings from the GRCOA's current engagement summits. The application will also include an identification of indicators, if available, to monitor progress against the baseline assessment. Discussion regarding the evaluation framework and proposed indicators are presented in Section E of this report.

E. Planning and Evaluation for Age-Friendly Brantford

E-1 Highlights of Staff Survey on Service Evaluation

A questionnaire designed by the consultants was issued by the City to all municipal departments to solicit feedback on their current evaluation activities, and potential planning and evaluation procedures that might become part of the City's operations (see **Appendix F**). Twelve of 19 recipients responded to the survey: Building, Facilities, Parks and Recreation, Facilities and Asset Management, Housing, Sanderson Centre, Public Works Commission, Public Health, Safety and Social Services, John Noble House, Corporate Communications, and Human Resources. Three of these departments provide both infrastructure (e.g., roads, sewers, buildings) and programs/services. Nine provide one or the other, and primarily focus on programs and services. Some departments, such as Communications and Human Resources, support other departments in their work and so are not directly involved in providing community-based services to Brantford's older adult residents. Facilities and Asset Management is responsible for providing municipal infrastructure for City administration purposes, and so serves both City employees and residents in those buildings that are open to the public.

Five of the departments indicated they provide services specifically for older adults/seniors, while the others serve either a larger range in ages or the community as a whole (which does not preclude older adults from also using

their services). Most of the age-specific services reported were related to housing (including long-term care), and older adult recreation at the Beckett Adult Leisure Centre. The older adult age 'cutoff' varied across these departments or their specific services and included 50+ years, 60+ years and 65+ years. The Day and Stay program is mandated for those over 18 years of age with cognitive impairment. The youngest client is currently 53.

Eight departments currently evaluate their services, and the approach depends on the nature of the service (e.g., infrastructure must meet legislated standards, so completed compliance is the evaluative measure; formal and informal surveys of/meetings with service users; response to specific concerns; internal reviews; statistics and waitlists on program use; etc.). Each department reports evaluation results to a number of different bodies - both internally and externally - and according to various timetables (e.g., quarterly, semi-annually, annually, on a project basis, by length of program sessions, etc.). One department is in the process of purchasing software to manage work orders and report on their progress.

Most of the responses indicate that more can be done in the area of evaluating services, and there is interest in both more use of on-line communications with residents for this purpose, as well as more face-to-face interaction, especially with older adults/seniors. Most (9) partner with other City departments/agencies (7) and/or non-municipal organizations or agencies (4) in planning and evaluating services. The City department partners mentioned were those that had also completed the survey, with the exception of Tourism, Fire, Finance, and all departments. Non-municipal partners are CCAC, Accreditation Canada, Grand Erie District School Board, Brantford Police, Brant County Health Unit, GRCOA, St. Leonards, and ARTS, Active Grand, Wayne Gretzky SC, Brant County Health Unit, Local Health Integration Network, and Laurier Brantford.

Six departments indicated that 55+ years of age is a workable overarching definition of older adults for their Department, Three indicated that this definition would not work or is not desirable, for several reasons: department services are not offered to those under 60 years of age; department services are offered to those under 55 years of age; today's 55 year olds do not like to be called 'older' adults.

Eight departments indicated that: 1) measurable objectives be can established for their department's services over a specified planning period (e.g., 5 or 10 years); 2) their department could set specific targets for completion in regard to its programs/services for older adults; 3) their department could benefit from indicators/outcome measurements that would be effective in meeting service targets for older adults.[27] Required supports to move in this direction included information and education about evaluation measures, staff resources to determine indicators and targets; and legislative support (where applicable).

Additional resource or supports that the Departments would require to participate in developing a City-wide planning and evaluation framework for age-friendly objectives would include a coordinator, staff time to input information, education, ability to measure, in some cases tools or software, and reference materials.

Other City Departments or agencies, and non-municipal agencies or organizations that the Departments would like to work with to optimally plan and evaluate their services included:

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[27] On the questions about setting specific targets for completion, the benefit of indicators outcome measurements, and support for developing these, and a consolidated City-wide data base, there was some confusion on the part of respondents

- Municipal: Finance, perhaps from a cost recovery perspective; Social Services to determine possible need for new programs, and to see if we are reaching the vulnerable populations; Human Resources, IT, and the project lead for the initiative and any partners that can add value/input to the communication briefing process.
- Non-municipal: joint venture parties; other recreation service providers; LHIN, MOH, CCAC, etc.

The Departments indicated they could contribute a variety of supports/services to a City-wide, age-friendly planning and evaluation process include technical input, information on their various programs/services, grant application writing, communication links through existing communications channels, and hosting or planning sessions.

E-2 Planning and Evaluation Indicators and Measures

The City's current Strategic Plan includes an initiative to "Continue to implement Age Friendly initiatives identified in Master Aging Plan including consideration of applying to the World Health Organization as an age friendly community; creating benchmarks for municipal services to increase age friendly features".[28] This discussion contributes to supporting the Strategic Plan's intent.

The audit prepared for this assessment matches the WHO's goals and GROCA-developed criteria with the City's current position in terms of age-friendliness. As

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[28]https://mybrantford.ca/ShapingOurFuture201418/HQLCCAgeFriendly.aspx?tab=2

noted previously, the audit indicates that the City is well advanced in achieving an age-friendly community. While these achievements have occurred through the various planning processes of each of the responsible departments, and collectively are quite comprehensive in 'building' an age-friendly city, they are not part of a coordinated age-friendly planning framework that includes an evaluation component tied to specific objectives or targets - with the exception of AODA's legislated requirements that align with age-friendly goals. In these cases, the AODA standards and compliance dates in Customer Service, Information and Communication, Transportation, Employment and the Design of Public Spaces, are the targets, and progress towards meeting these has been/will continue to be evaluated against the legislation.

We have outlined an approach to developing a structured process for planning and evaluating progress towards articulated age-friendly targets across all areas of municipal service. Benchmarks specific to the City of Brantford will be identified through this planning and evaluation process by:

- determining the gaps to be filled/improvements to be made to meet the needs of the community's older adults in each of area of municipal service;
- determining what needs to be done to fill the gaps or make the improvements, and developing objectives and targets to address these over time;
- adopting the appropriate target as the City's benchmark for planning purposes.

For example, all Brantford Transit buses on conventional service routes are now accessible and equipped with audio-visual bus stop announcements and LCD displays (see Section B - Audit). These represent completed objectives as of today, based on OADA requirements. The planning 'benchmark' for Brantford

Transit buses, therefore, 100% accessibility (which at this point includes all of the features described above) against which future targets can be set and measured to ensure that each addition to the fleet is in keeping with the benchmark. The content of benchmark itself may change, however, if the features of accessible buses change over time.

Physical infrastructure and equipment is likely the easiest service for which to establish benchmarks and, given the AODA, to specify accessible features that will also meet many of the needs of an aging population. There was concern expressed in Brantford, however, about the walking distance for older adults to bus stops in some areas, which suggests that supportive infrastructure and equipment alone is not the complete answer and that some solutions are outside legislative requirements. These more nuanced issues need to be investigated with the community, and integrated into planning objectives with measures to evaluate their resolution over time. The resolution, which might (hypothetically) be decreasing the distance between bus stops in areas outside the city core could generate a benchmark of 'one bus stop at the closest intersection to every 250m' to replace a current 500m distance between stops.

Another consideration for many services is affordability. As discussed above, affordability must be judged by the community (by both service users and non-users) to determine the potential need for adjustments. Resident perceptions of accessibility, affordability, etc. are at least as important as the actuality of these - which non service-users often determine. Brantford-specific benchmarks for affordability of various services, therefore, can be established through a periodic evaluation of fees/fares in relation to what the community deems affordable.For each of the eight WHO domains, the following section outlines indicators of age-friendly communities and potential tools for measuring these. Section E-3 presents an overall approach to planning and evaluating for age-friendliness in

the City of Brantford, and some additional discussion on indicators and measurements.

Age-Friendly Communities Indicators and Measurements

This section presents age-friendly indicators and measurements, in a separate table for each of the eight WHO domains. All of the categories and related indicators presented here were developed by the Public Health Agency of Canada (PHAC), and published in the Age-Friendly Communities Evaluation Guide (December 2015).[29] The indicator measurements from the Guide are also reproduced here.

The information shown in the tables is by no means an exhaustive survey of potential measurements on Brantford's position with respect to age-friendliness. There are many resources available that propose ways to measure the characteristics of communities that are relevant to age-friendliness. It is reasonable to assume, however, that the PHAC document contains current developments in indicators that are relevant to Canadian communities. It also proposed a reasonable number of indicators with which to work.

At the same time, there is potential for users to expand/improve on the PHAC indicators, as appropriate. For example, Indicator no. 11, "Proportion of people age 65+ who have access to and use public transportation" does not define what access means in terms of distance, to be able to determine the proportion of those 'outside' the area of accessibility. Once a benchmark (or benchmarks for different areas) is established for Brantford, this indicator can be revised accordingly. Similarly, Indicator no. 13, "Parking lots and spaces are kept clear of snow and ice" does not include street snow clearance, which is important for safe

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[29] http://www.phac-aspc.gc.ca/seniors-aines/alt-formats/pdf/indicators-indicateurs-v2-eng.pdf

winter driving. If the City chooses, therefore, 'street snow clearance' can be added to this indicator.

In Brantford, the GRCOA is a key resource for the City to consult in developing and clarifying the indicators and measurements that will be most relevant to Brantford, and to help identify other assessment information that might be readily available. Most of the GRCOA criteria used to complete the audit are encompassed in the PHAC indicators, although possibly in a different form. There may be some criteria, however, that are different enough to be added to this list as new indicators. At the same time, the shorter the list of indicators, the easier it will be to investigate each in depth. In each domain discussion, we have identified potential additional indicators for Brantford that emerged from the audit. The need to develop measures to operationalize these, however, should be determined after the City reviews the tools recommended by the PHAC and selects the ones most suited to its requirements. The tools themselves may, in fact, measure the indicators that appear to be beyond the 39 provided in the PHAC Guide.

The tables do not refer to potential partnerships between the City and other service providers, which will be important to optimizing age-friendliness in certain domains. For the purposes of simplicity, we refer to the City of Brantford only. In some cases, and particularly for the public realm of the built environment, the City will be wholly responsible for setting objectives, implementing solutions, and evaluating progress. As noted by respondents to the staff survey, domains that involve services such as health, recreation, communication and information are those that will require collaboration among various internal and external agencies and organizations to ensure a coordinated approach to planning and evaluating services on a community-wide basis. Healthy Brantford, in particular, will be a collaborative platform for older adults services.

We have divided each domain table into three columns: the indicator, which is the characteristic being measured; 'provider-based measurements', which are largely inventory baselines using assessment tools and/or secondary sources (i.e., supply); 'examples of community based measurements', which focus on collecting information on the adequacy of 'supply' from residents perspectives (i.e., demand). In this column, we have added other potential measurements for Brantford that, based on our assessment, could be developed with information that is readily available or could be collected; was indicated as important or useful to service planning and evaluation in the staff survey; is suggested to enhance the usefulness of age-friendly planning efforts. These measurements are denoted by (CB) for City of Brantford, as required. The indicator and assessment tool numbers noted in the tables are consistent with those in the PHAC report, to facilitate ease of cross-referencing with the more detailed document.[30] Throughout the table, the term 'community survey questions' is meant to be broad, and incorporates various methods of investigation (e.g., randomized telephone surveys, facilitated focus groups, etc.).

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[30] We note that the City may already be using some of the data/information sources identified here in its operations.

Domain: Outdoor Spaces and Buildings

The Public Health Agency publication was developed at the national level, for use by all communities in all provinces. As such, its audience includes municipalities that are not, as yet, directed by provincial accessibility legislation. In Ontario, the Accessibility for Ontarians with Disabilities Act (AODA, 2005) addresses many of the built environment issues that are of concern to older adults. The City of Brantford also has FADS, and aspires to Universal Design principles in developing the built environment. The survey of staff indicated that although it is not designated age-friendly per se, the work undertaken by the Facilities and Asset Management "is cognizant of these considerations when designing the built environment including light levels, signage and climate control".

In developing indicator measures for Brantford, it was suggested in the survey that the City "review existing codes, bylaws, standards and legislation to, wherever possible, avoid measures that contradict or conflict with current legislation. Difficulties with non-legislated standards typically only arise when there are conflicting needs or in a built environment that is not conducive to change". Areas for which non-legislated standards might be developed could be identified in consultation with the community or in efforts to implement Universal Design principles (see Indicator no. 5) or the principles of Crime Prevention through Environmental Design (CPTED). CPTED uses techniques in architectural and landscape design to create 'natural' impediments to crime and anti-social behaviour and, in turn, increase the perceived and real safety of facility and space users. CPTED "is a proactive design philosophy built around a core set of principles that is based on the belief that the proper design and e!ective use of the built environment can lead to a reduction in the fear and incidence of crime as well as an improvement in the quality of life" (CPTED Ontario). It is based on three

principals that leverage integrated design solutions to promote natural surveillance, access control and territorial reinforcement. Universal Design and CPTED approaches to design and construction of built environments align more closely with the World Health Organization (WHO) Checklist of Essential Features of an Age-Friendly City',[31] since they embrace more than technical accessibility requirements for physical disabilities.

The survey also suggested developing "key phrases of text that can be universally used in purchasing documents and the like to ensure the desired planning standards are incorporated early into design and planning processes".As noted in the PHAC report **"To date, most walking assessments do not take into account seasonal issues, such as snow and ice clearing, which can have a large impact on seniors' mobility. This is an area for future development, especially for countries like Canada that experience a wide range of weather.

A new version of the NEWS (NEWS-North) for the Canadian context (to include winter weather considerations) is currently being pilot tested" (PHAC, 2015, p. 20 & 24). Potential additional indicators for Brantford, based on audit criteria, include those related to parks and open spaces, cycle paths, and co-located facilities and services. If added, some of these items could be incorporated in the PHAC indicators or combined in single new indicators. For example, "Services are situated together and are accessible", "Health and social services are conveniently located and accessible by all means of transport" and "Venues for events and activities are conveniently located" can be combined into a single

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[31] http://www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf

indicators such as, "Community facilities, spaces, programs/services are co-located/clustered and accessible by all means of transport".

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, surveys, etc.)
Domain: Outdoor Spaces and Buildings		
Walkability		
1. Number of rest places and distance between rest places. 2. Number of accessible washrooms. 3. Crosswalks are safe (e.g., with appropriate crossing times, mid-block crosswalks on long streets, median rest stops, good visibility). 4. Sidewalks, trails and walkways exist and are in safe condition (e.g., have smooth surfaces, curb cuts, separate bike lanes, are wide, well lit, clear of ice and snow).	Walking assessment tools: The Seniors Walking Environmental Assessment Tool-Revised (SWEAT-R) **(Tool 2,** PHAC report p.58). CDC-HAN Environmental Audit Tool **(Tool 3,** PHAC report p.58**).** AODA, where applicable, takes precedence as the minimum.	Perceived walkability assessment: Neighbourhood Environment Walkability Survey (NEWS) (**Tool 4**, PHAC report p. 58). Pilot testing of NEWS-North is discussed above. Community survey questions on users' experience of the built environment when they are out in terms of sufficient opportunities to rest, access public washrooms; feeling safe as a pedestrian; finding it easy to walk in the areas they frequent, by season; quality of public amenities, etc.; suggested improvements, by location, where dissatisfied (CB).
Actual and Perceived Accessibility		
5. Public buildings have adequate access and manoeuvrability around buildings (e.g., access at ground level, level entry,	AODA, where applicable, takes precedence as the minimum.	A number of measures of perceived accessibility are available, e.g., Facilitators and Barriers Survey (FABS)

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, surveys, etc.)
wheelchair ramps, automatic doors, wide aisles to accommodate scooters and wheelchairs).	Checklists, including examples of those for a province (Ontario), a community (Parksville, British Columbia), as well as for a larger city (Calgary, Alberta), which employ the concept of "universal design" as a way to approach accessibility **(Tool 6,** PHAC report p. 60**).**	**(Tool 7,** PHAC report p. 60**).** As above, community survey questions on users' experience of the built environment in the public buildings they frequent public buildings (by name/location) in terms of parking/transit location, ease of wayfinding to/through building, ease of movement within the building, etc.; suggested improvements, by name/location, where dissatisfied (CB).
Injuries		
6. Number of falls and other injuries of seniors (occurring in public places).	Brant County Health Unit may have injury statistics for the City of Brantford. Data on deaths due to falls are also collected by and available through the Canadian Vital Statistics Death Database. CANSIM table 102-0552 reports mortality due to falls. Canadian Institute for Health Information (CIHI) makes some general injury-related information available free of charge through its reports on falls and fall-related	Statistics Canada's CANSIM table 105-0502 provides general self-reported data on injuries **(Tool 8,** PHAC report p. 60**).** Additionally, more specific data on falls (and other injuries) are available from the Canadian Community Health Survey (CCHS), also conducted and reported on by Statistics Canada. CCHS data include self-reports of falls, and location and type of fall-related injuries. Community survey questions on

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, surveys, etc.)
	injuries. Local data (i.e., city or health region level) can be obtained through a custom tabulation from CIHI (for a fee).	incidence of falls/injuries in public places (e.g., how often, what and where they happened) (CB). Community survey questions on concerns about the potential for injuries/falls precluding trips out of the home; suggested improvements where dissatisfied (CB).
Crime Prevention		
7. Availability of crime prevention strategies, courses and programs for seniors (including focus on fraud and elder abuse).	Inventory of courses and programs available in City of Brantford (CB) **(Tool 10,** PHAC p. 62**).**	Community survey questions on use and/or awareness of courses and programs in the City of Brantford (by name); interest in participating in these types of programs; willingness to pay (CB).

Domain: Transportation

"In the context of transportation, accessibility refers to infrastructure and services necessary for users to move about; as well as the proximity of destinations" (Municipal Role FCM, 2014, p. 17). As noted elsewhere, Brantford's transit system is almost fully accessible, and these are areas where legislated requirements can be used to establish benchmarks for future evaluation, unless the City decides to go beyond these standards. Indicators and measurements should be used to identify any outstanding gaps/improvements in infrastructure/amenities, operations, and (as discussed above) related considerations such as affordability, and distance between bus stops outside the downtown core.

Potential additional indicators for Brantford, based on audit criteria, include those related to geographic coverage and frequency of service (which could be incorporated in no.11 below), information pertaining to transport services, priority drop-off and parking, and driver education.

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
Domain: Transportation		
Transportation Options and Public Transit		
8. Availability of a range of affordable options for transportation (e.g., public/private partnerships, volunteer driving program, park and go, shuttles). 9. Proportion (or number) of buses that are accessible, clean, and with destination and number clearly displayed. 10. Bus stops/shelters are safe and accessible (e.g., with seating, well lit, covered, snow removed, close to seniors' residences). 11. Proportion of people age 65+ who have access to and use public transportation.	City of Brantford Transit for ridership indicators by age. Resource inventory (**Tool 10,** PHAC p. 62) of the range of transportation options available to older adults in the City of Brantford. CDC-HAN Environmental Audit Tool (**Tool 3,** PHAC report p.58) includes indicators on transit stops (e.g., lighting and accessibility). AODA, where applicable, takes precedence as the minimum.	Community survey questions on use of various types of transportation; reasons for use; satisfaction with non-private modes (e.g., public, not-for-profit, volunteer) including transit stops/shelters and fleet; affordability of public transit fares; proximity of bus stops to home and to destinations; suggested improvements where dissatisfied (CB).
12. Streets have clear and appropriate street signage and lane markers. 13. Parking lots and spaces are kept clear of snow and ice.	City of Brantford ongoing audits and improvements/upgrades to signage and lane markings.The SWEAT-R includes items on signage (**Tool 2,** PHAC report p.58). AODA, where applicable, takes precedence as the minimum.	Community survey questions on the signage, etc., and satisfaction with parking area (and street) snow/ice clearance in winter; suggested improvements where dissatisfied (CB).

Domain: Housing

"According to the CMHC, **acceptable housing must be adequate in condition, suitable in size, and affordable**. A dwelling is **adequate** if it does not require major repairs. A dwelling with a sufficient number of bedrooms compared to household size is seen as **suitable**. A dwelling is **affordable** if it costs less than 30 per cent of before-tax household income. Shelter costs include the following:

- For renters: rent and any payments for electricity, fuel, water and other municipal services;
- For owners: mortgage payments (principal and interest), property taxes and any condominium fees, along with payments for electricity, fuel, water and other municipal services.

Individuals are in core housing need when their housing does not fit one or more of the criteria necessary for housing to be acceptable" (PHAC, 2014, p. 63; FCM, 2015, pp. 13-14).

The City of Brantford's Housing Department keeps detailed data on its holdings, which comprises a comprehensive baseline inventory of various types of social housing options. The staff survey noted that, "ideally and if funding allowed, the City would be able to support all seniors in aging-in-place, or support transitioning seniors at risk within their homes to supportive housing; however, the City is unsure of how many seniors within the community would benefit from affordable or supportive housing". These are items that can be investigated in age-friendly planning and evaluation activities. The findings on housing needs could also support local input to provincial policy on affordable housing for older adults to

enable more responsive municipal actions. It is very likely, however, that much of the need for housing an aging population will have to be met through aging-in-place initiatives. As such, the need to identify what is currently available, and what needs to be put in place, will be a key area to investigate in evaluating housing acceptability.

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
Domain: Housing		
Housing Availability		
14. Availability of affordable housing that is appropriately located, well built, well designed, secure, and for which waiting times are short. 15. Availability of affordable multi-purpose and aging in place housing options	City of Brantford Housing inventory by type, location, size, wait lists, etc. and plans for additions to inventory by year. City of Brantford data on housing audits and plans for upgrades/improvements. CMHC data on Housing Adequacy for Brantford CMA; also includes data on age of primary maintainer (senior/non-senior); tenure; household type, housing in core housing need (http://cmhc.beyond2020.com/HiCOMain_EN.html). AODA, where applicable, takes precedence as the minimum.	Community survey questions that probe variables in Indicator no. 14 and also those based on CHMC's definition of acceptable housing, as noted above (CB). Community survey questions on residents current place on, or potential interest in, housing types along CMHC's continuum of housing options: mainstream housing, independent living accommodation, assisted living accommodation, long-term care accommodation (Source: Federation of Canadian Municipalities, 2105, p. 14).

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
Housing Programs and Resources		
16. Availability of programs for increasing accessibility, safety and adaptability of housing (e.g., hand rails, ramps, smoke detectors). 17. Availability of a resource listing age-friendly home maintenance, support and caregiving services.	Inventory of programs and resources available to City of Brantford residents (**Tool 10**, PHAC p. 62), developed and disseminated as a guide for distribution in the community. Opportunities to partner with commercial suppliers of products and services could be considered in developing the inventory.	Community surveys on use of awareness of available housing programs and resources (by name) to support both indicators, and also no. 18 (CB).
Ability to Age in Place		
18. Proportion of people age 65+ who want to remain in their current residence and are confident they will be able to afford to do so.	The General Social Survey, 2007 (on Family, Social Support and Retirement) collected information, which could be useful in measuring local progress, and if these measures are used again in future (http://www23.statcan.gc.ca/imdb-bmdi/instrument/4502_Q2_V2-eng.pdf).	Community survey questions on intent/desire to remain in own home, concerns about being able to do so, and supports needed to allow it do happen (CB). Community survey questions on recent household moves (e.g., past 5 years), previous community of residence, and reasons for the move; intentions to move in the next 2 years, intended community, and reasons for the move. Examples of reasons: to provide or receive care; health (of self or spouse/partner); wanted larger

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
		home; wanted smaller home; too many stairs in previous home; wanted to own a home; wanted to rent; owner sold rental property; no longer able to afford home; other financial reasons; to be closer to public transit or community services; birth, death, marriage, separation, divorce; to be closer to family; retirement (of self or spouse/partner); job change/transfer (of self or spouse/partner) (Source: http://www23.statcan.gc.ca/imdb-bmdi/instrument/4502_Q2_V2-eng.pdf)
Housing Support Awareness		
19. Awareness of rent subsidy or other programs (e.g., home loans) among seniors.	Inventory of programs available to City of Brantford residents.	Community survey questions on use of specific programs identified in the inventory (i.e., by name) and/or awareness of availability, or more general questions such as: Are you aware of any subsidies or programs to help you with the cost of your housing? If yes, which one(s) (PHAC, p. 27).

Domain: Social Participation

Many experiences/activities offer or promote social participation, which is important to health and well-being. The challenge here will be identifying the many opportunities that 'fit' within this domain - structured, unstructured, recreation, volunteer, clubs, faith-based organizations, personal relationships, etc. In consultations involving City services alone, surveys can be structured to ask general questions on the wider range of connections in the community, and then pose more detailed questions on those offered by the municipality. This may be an area for development through Healthy Brantford as it will encompass many providers other than the municipality. At the same time, in order for it to be useful to the City, it should be aligned with its work in the other domains (e.g., comparable age cohorts, reporting periods, implementation timeframes, etc.).

Potential additional indicators for Brantford, based on audit criteria, include those related to access to information about the availability, cost, location, etc. of opportunities for social participation, especially as they relate to non-users of services, who may be isolated individuals; the success of the SKIP program in achieving greater intergenerational participation.

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
Domain: Social Participation		
Engagement in Social Activities		
20. Proportion of people age 65+ who engage in social activities at least once a week (e.g., meet with friends/neighbours; take part in civic, spiritual or cultural activities; volunteer or work).	Inventory of Brantford organizations/agencies that engage/solicit volunteers to determine how many of these people are within older age cohorts. Data on participation by older adults in City of Brantford recreation programs (both age-specific programs and intergenerational) The CCHS focus survey on Healthy Aging in 2008/2009 collected the following data on social participation for Canada and the provinces: nature of social participation (i.e., family and friend activities, religious activities, sports and physical activities, volunteer activities) and frequency (i.e., social participation at least once a month). Although several years old, and high level, it may provide comparison data and	Community survey questions examples: Are you a member of any voluntary organizations or associations, such as school groups, church social groups, community centres, ethnic associations or social, civic or fraternal clubs? How often did you participate in meetings or activities of these groups in the past 12 months? If you belong to many, just think of the ones in which you are most active. • At least once a week • At least once a month • At least 3 or 4 times a year • At least once a year • Not at all (PHAC, p. 29)

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
	questions for local surveys. (CANSIM table 105-1200 at http://www5.statcan.gc.ca/cansim/a26?lang=eng&id=1051200). CCHS data is made available annually, and may be useful for identifying trends and/or specific information over time on selected indicators. The General Social Survey 2013 on Giving, Volunteering, and Participating is available to order at: http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&Id=143876.	Does your volunteer work provide you with interesting things to do, and opportunities to socialize with others? (CB).
Opportunities for Participation		
21. Availability of recreation and learning programs specifically for seniors (e.g., computer courses, community gardens, crafts, games, exercise classes).	Inventory of City of Brantford sport, recreation, culture, social and learning programs that are specific to older adults, and those that are intergenerational and include older adults; identify no-cost, low-cost, and fees by program, and eligibility	Community survey questions on general participation/use of the types of programs noted in the indicators that are offered in Brantford, and rating of their affordability

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
22. Availability of intergenerational recreation and social programs.[32] 23. Availability of opportunities for social participation in leisure, social, cultural and spiritual activities with people of all ages. 24. Affordability of seniors' recreation programs.	for subsidy (**Tool 10,** PHAC p. 62**).**	(CB). Community survey questions on the types (names) of City programs/services used; whether they are seniors only, intergenerational, open to all ages, etc.; where they are located; frequency of use/participation; cost and rating of affordability; experience/benefits of participating; opportunities to improve the experience (CB). For sport and physical activity programs, questions on the reasons for participating and the health benefits, if any, experienced (CB).
Accessibility of Participation Opportunities		
25. Public venues for community-based activities are accessible (e.g., adapted washrooms, a ramp to enter the building,	See Domain 1, Indicator no. 5.	See Domain 1, Indicator no. 5.

[32] closely related to Indicator 26 in Domain 5 (PHAC, p. 29, footnote 19).

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
better lighting, temperature control).		

Domain: Respect and Social Inclusion

As the indicators here suggest, respect and social inclusion may be the most difficult domain to evaluate since it is a consequence of other factors, and is highly subjective. At the same time, it might be expected that higher values on respect and social inclusion will be positively related to increased levels of social participation, and improved access to service, better information/communication, etc., that are addressed in other domains.

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
Domain: Respect and Social Inclusion	No specific indicator; the PHAC Guide also includes tips (**Tool 13,** p. 31) on assessing attitudes in communication with older adults, which can influence feelings of respect and inclusion. Also related to OADA Customer Service Standard, which takes precedence as the minimum.	Community survey questions related to attitudes/treatment of older adults in interacting with those who provide services in Brantford; suggested improvements where dissatisfied (CB).
Availability of Intergenerational Activities		
26. Availability of intergenerational family activities.	See Domain 4, Indicator nos. 21- 24.	Community survey questions related to use and/or awareness of intergenerational programs, family activities/events in Brantford; other reasons for non-use,

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
		where appropriate (CB).
Sense of Belonging		
27. Level of sense of belonging in the community.	For Brant County Health Unit: In each of the years 2007/08, 2009/10, 2011/12, 2013/14, 70%, 77%, 67%, 76% of those 65+ years of age, respectively, reported a 'somewhat strong or very strong' sense of belonging to a local community. For those between the ages of 45 and 64 years, the comparable percentages were 69%, 62%, 71%, and 70%. (CANSIM table 105-0502: http://www5.statcan.gc.ca/cansim/a05?id=1050502)	Community survey questions related to community connection, such as, the Canadian Community Health Survey: How would you describe your sense of belonging to your local community? Would you say it is? 1. Very weak 2. Somewhat weak 3. Somewhat strong 4. Very strong (PHAC, p. 31).

Domain: Civic Participation and Employment

"One measure of civic engagement is the level of volunteerism. In fact, Canada's seniors tend to volunteer more hours on average than other age groups" (FMC, 2013, p. 16). The extent of volunteer engagement among residents, therefore, is an important question to investigate with the community, along with support and training. The PHAC indicators also refer to the need for a central resource for volunteer opportunities in the community that might be suitable for older adults, which is an area for future development in Brantford based on our audit.

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
Domain: Civic Participation and Employment		
Unemployment and Employment		
28. Level of unemployment and employment among seniors.	Inventory of programs/resources to support older adults entry/re-entry into the workforce (e.g., CV development, interview skills, etc.). Statistics for Ontario show that between 2011 and 2015, the labour force participation rates for those over 55 years of age, and those over 65 years of age increased. In the former age group, the participation rate increased from 37 to	Community survey questions on current employment status; interest vs. opportunities for/difficulties in getting paid work; history/trends in working life as an older adult (e.g., delayed retirement, re-entered workforce, etc.); reasons for remaining in/re-entering the workforce (CB).

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
	37.9; the figures for the latter group were 12.6 (2011) and 14.6 (2015). Unemployment rates in Ontario for those over 55 years of age, and those over 65 years of age declined over the same period. In the former age group, the unemployment rate decreased from 6.0 to 4.9; the figures for the latter group were 5.1 (2011) and 3.8 (2105) (CANSIM table 282-0002 at: http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=2820002).	
Training and Support		
29. Availability of support for volunteers (e.g., training, transportation, reimbursement of expenses, method of appreciation). 30. Availability of training opportunities related to the accommodation of seniors' needs in the workplace.	Inventory of programs that provide employment and volunteer training for older adults, and training programs for employers and volunteer coordinators to help them accommodate older adults at their workplace/volunteer location. Central resource/inventory of volunteer opportunities.	Community survey questions on extent of volunteer engagement (frequency and type); use and/or awareness of locally available programs and resources; interests in training/re-training for paid employment (CB).
Accessibility		
31. Municipal buildings/meetings are accessible.	See Domain 1, Indicator no. 5.	See Domain 1, Indicator no. 5.

Domain: Communication and Information

Brantford's efforts to improve age-friendly communication and information have been guided by the AODA and are well advanced, as indicated in the audit. Again, while the AODA is not directed specifically to older adults, many of its standards on customer service also benefit an aging population as well as the community at large. The PHAC Guide also includes tips (**Tool 13**, p. 31) on assessing attitudes in communication with older adults. Another PHAC publication, Age-Friendly Communication, is available to help make communication accessible to, and usable by, older adults (www.phac-aspc.gc.ca/seniors-aines/ alt-formats/pdf/publications/public/various-varies/afcomm-commavecaines/AFComm-Commavecaines-eng.pdf). In Ontario, however, the AODA standards take precedence in practice.

Potential additional indicators for Brantford, based on audit criteria, include general access to information in terms of availability and ease of use; access to information among those at risk of social isolation; those related to the use of digital communications among older adults. A review of data analytics capabilities in digital media currently (or in future) used by the City (e.g., Facebook, websites, etc.) may provide information on users' ages to determine if these media are useful in reaching older adults, and in tracking trends over time as younger age cohorts age. Similarly, community survey questions on the use of, and comfort in using, computers, smart phones, etc. can also be included in surveys.

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
Domain: Communication and Information		
Assistance Availability		
32. Availability of assistance to seniors for filling out forms. 33. Availability of a "live person" option on telephone calls.	Inventory of programs/resources for assistance with accessing, using information, and where to get help with forms. Audit of telephone protocols for seniors (**Tool 14**, PHAC p. 66). AODA, where applicable, takes precedence as the minimum.	Community survey questions on need for assistance with forms, etc., and ability to get help when needed/from whom (CB). Community survey questions on residents experience in making telephone inquiries, what works/doesn't work, and needs for 'live person' contact (CB).
Usability of Information Materials		
34. Materials for the public are produced in large print, plain language and/or with age-friendly considerations.	Usability Assessment of a representative sample range of materials to determine the proportion that are age friendly from a visual and readability standpoint, using formal checklist by CDC: Simply Put-A Guide for Creating Easy-To-Understand Material (**Tool 15**, PHAC p. 66 and full guide at: www.cdc.gov/healthliteracy/pdf/simply_put.pdf). AODA, where applicable, takes precedence as the minimum.	Community survey questions on usability of material produced by the City (CB).

Domain: Community Support and Health Services

This is a complex area for investigation, as it comprises a wide range of services offered by many different providers in the public, not-for-profit, commercial sectors and through personal relationships. These services may need to be evaluated separately through Healthy Brantford if the partnership extends beyond municipal departments and agencies. At the same time, in order for it to be useful to the City, it should be aligned with its work in the other domains (e.g., comparable age cohorts, reporting periods, implementation timeframes, etc.). Potential additional indicators for Brantford, based on audit criteria, include those related to information access and clarity, and coordination and simplicity of service administration/delivery.

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
Domain: Community Support and Health Services		
Primary Care Physician		
35. Proportion of seniors who have a primary care physician.	For Brant County Health Unit: In each of the years 2007/08, 2009/10, 2011/12, 2013/14, 97%, 99%, 97%, 95% of those 65+ years of age, respectively, had a regular medical doctor. For those between the ages of 45 and 64 years, the comparable percentages were 94%, 97%, 93%, and 92% (CANSIM table 105-0502:	Community survey questions on residents' with a family physician, where he/she is located (in/outside Brantford); reason for traveling outside, as appropriate; approximate number of visits in last six months or perception of frequency of visits; access to appointments when needed

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
	http://www5.statcan.gc.ca/cansim/a05?id=1050502). Ontario College of Physicians and Surgeons website shows 136 English-speaking (search requires language specification) family physicians practicing in the City of Brantford (http://www.cpso.on.ca). Canadian Institute of Health Information data show a 21% increase in family medicine physicians between 2010 and 2014 in the Hamilton Niagara Haldimand Brant health region, with a corresponding ratio of 98 physicians/100,000 population in 2014. The comparable figures for specialists were a 14% increase and 112 specialists/100,000 population. (Annual report on Supply, Distribution and Migration of Physicians: https://secure.cihi.ca/estore/productSeries.htm?pc=PCC34).	(CB). Community survey questions on approximate number of appointments with specialists in the past six months or perception of frequency of visits; where he/she is located (in/outside Brantford) (CB).

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
Supportive Health Services		
36. Availability of prevention programs related to health issues of high relevance to seniors. 37. Availability of end-of-life support for seniors, their families and caregivers.	Program inventories for each indicator for the City of Brantford, which may require inclusion of non-municipal providers, if not developed from secondary sources (**Tool 10,** PHAC p. 62**).** Online directory for end-of-life support, hosted by the Canadian Hospice Palliative Care Association, shows the following services in the City of Brantford: Leisureworld; Stedman Community Hospice; Victorian Order of Nurses - Brant-Norfolk-Haldimand (www.chpca.net/family-caregivers/directory-of-services.aspx).	Community survey questions on past or present need for these types of services (by name) and experience in accessing them and/or awareness of availability, or more general questions such as: Are you aware of any programs that help seniors with preventing health issues or provide end-of-life support? (CB).
Community Services		
38. Availability of low-cost food programs (e.g., meals on wheels, wheels to meals, food bank). 39. Availability of assistance for activities of daily living (e.g., yard work, shopping, snow removal, garbage collection).	Program inventories for each indicator for the City of Brantford. **(Tool 10,** PHAC p. 62**)**. Food insecurity may also be a useful indicator: For Brant County Health Unit, the too oldest age groups (45-64 years and 65 years and over) data on food	Community survey questions on eating patterns/habits; access to healthy low-cost food, with and without reliance on support programs; types of assistance/support currently used and perceptions of satisfaction (e.g., affordability, quality, etc.); types of assistance/support required, if needed, and related considerations on

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Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
	insecurity (moderate, severe) were noted as either 'use with caution' or 'too unreliable to be published' for both 20007-08 and 2011-12 (CANSIM 105-0547: http://www5.statcan.gc.ca/cansim/pick-choisir?lang=eng&p2=33&id=1050547). In 2009, almost 180,000 (4%) of seniors (65+ years old) reported at least one unmet need for professional home care services, at both the national and provincial levels (2009) (www.statcan.gc.ca/pub/82-003-x/2012004/article/11760-eng.htm). The General Social Survey 2012 on Caregiving and Care Receiving provides detailed information on care received, including home care services is available to order at: http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4502. CCHS collects data on home care services as optional content and the availability of data for whether data for	facilitating easy access to programs/assistance; awareness of existing programs/services (by name) (CB). Community survey questions on current management of activities of daily living; types of assistance/support currently used, including family and friends, and perceptions of satisfaction (e.g., affordability, quality, etc.); types of assistance/support required, if needed; awareness of existing programs/services (by name) (CB). Community survey questions on experiences of unmet demand for professional home care services; if/how the issue was eventually addressed; issues/distress it caused (CB).

Domain, Categories and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
	your province or regional health authority have been collected recently; call toll-free 1-800-263-1136 or email nfostats@statcan.gc.ca)[33].	

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[33] Correspondence with Statistics Canada (May 2016) indicated that the sample size for this geographic area is too small to allow for estimates of homecare utilization.

E-3 Approach to Planning and Evaluation for Age-Friendly Brantford

The tables in the previous section provide specific suggestions on building baseline inventories/audits of age-friendly facilities, programs and services in the City of Brantford and investigating residents' experience in using them and/or their awareness of them. Together, these two components of the 'demand-supply equation' should reveal Brantford-specific service gaps, and areas in which existing services can be improved or new ones introduced. While our audit did not reveal significant gaps or the need for major improvements on age-friendly projects to date, it is important to solicit feedback from the people that these initiatives are meant to serve and support, as they are the only ones who can say whether or not programs and services are achieving their intended purpose. It is also important to more carefully consider age-friendly needs/interests that are not addressed through existing legislation such as the AODA. While changes that are being implemented as a result of AODA legislation are certainly contributing to age-friendliness, it cannot be assumed that these standards are meeting all needs in this area.

The results of age-friendly specific investigations with the community will provide the City with the basis for developing objectives to work towards over time, which can be similarly evaluated for their efficacy in achieving an age-friendly community once acceptable benchmarks are established. In the survey, staff also noted interest in having an ongoing research function to keep current on trends in concerns and promising practices that respond to the service needs and interests of older adults. This function is important to both knowing what other communities are doing, and be able to adopt and/or adapt successful solutions in other places to Brantford, without having to "reinvent the wheel".

It is important to note that the approach to evaluation being discussed here is a logic-based model (as per the Guide), which is essentially an equation-based approach to service provision. There are other models (e.g., developmental evaluation), which could be more useful to evaluating the development of partnerships with non-municipal agencies and organizations. The Guide (p. 42) also recommends a concurrent evaluation of process in addition to products, which is important to consider as part of all planning/implementation activities. Our discussion, however, does not address process evaluation.

Age Categories for Community Consultation on Age-friendliness, and in Planning/evaluating Progress

Planning implies anticipating residents' needs and interests and developing optimal responses. The lag time between planning and implementing solutions - and particularly for infrastructure like housing - suggests the need to also consult those who will be using services 10+ years in the future. While Statistics Canada's definition of seniors is 65 years of age and older, we recommend including adults 55+ years of age in planning/evaluation activities, as they will be 65 years of age or older in 10+ years. The 2011 Census data for the City of Brantford[34] showed 6.9% (6,520) of its population occupied the 55 to 59 year age cohort. These individuals are now entering the 60 to 64 year age group, and are

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[34] Statistics Canada. 2012. Brantford, Ontario (Code 3529006) and Canada (Code 01) (table). Census Profile. 2011 Census. Statistics Canada Catalogue no. (number) 98-316-XWE. Ottawa. Released October 24, 2012.

http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E (accessed April 20, 2016).

being replaced by a larger proportion (7.5% or 7,145) of residents who are now between 55 and 59 years old. The 2011 age cohort comprising 45 to 49 years olds represents the peak of the baby boomers in terms of numbers and proportion of the City's population (7,190 or 7.7%). After that, each age cohort contains a smaller proportion of the population that will eventually move through the older age groups. Even if the City's population age distribution changes as it grows, the numbers of residents in these middle year age groups will generate considerable need for services as they age.

As Brantford's staff survey showed, different departments use different age categories or cut-offs to designate older adults or seniors. Moreover, some of the categories used are set by funding agencies, so cannot be adjusted at the municipal level. In addition to including older adults 55+ years of age in planning and evaluation activities, therefore, we recommend aligning other age groups used, to the extent possible, with consistent cohorts that cover all of the City's relevant services. Based on the survey results (which may not cover all variations in age grouping used by the City since not all departments responded), the following five-year older adult age categories may be workable for Brantford:

- 50 to 54 years (covers Beckett Adult Leisure Centre age cut-off of 50+ years)
- 55 to 59 years
- 60 to 64 years (covers age cut-off for provision of senior mandated housing, Partnership with Paramedicine Program in senior buildings, and seniors apartments)
- 65 to 69 years (covers age cut-off for affordable housing for seniors, and Trusteeship Program for seniors)
- 70 to 74 years
- 75 to 79 years, etc.

While the information from the survey did not suggest the need for separate age cohorts above 65 years of age, continuing with the same breakdown will maintain consistency. More importantly, there is likely merit in looking at needs and interests among smaller age cohorts 'across the board' to get a more refined picture of changing needs with advanced age. These cohorts also align with Statistics Canada age groupings and so offer the potential to compare Brantford against other places, if desired. Direct comparisons, however, should recognize the differences across communities that contribute to variations in indicator results. Indicators alone do not tell the whole story.

As discussed above, aligning age with the GRCOA's three categories - well/fit; some assistance required; 24-hour assistance required - is also a possibility but one that would likely have to be based on self-reports, with the exception of older adults who live in communities or facilities designed for partial or full assistance. In these cases, housing arrangements would indicate the group best suited to describing individuals needs along this 'continuum.'

Planning and Reporting Timeframes

The survey of staff revealed a variety of reporting timeframes used, ranging from project-by-project to yearly. Departments also variously report to both internal and external bodies. For City planning and evaluation purposes, however, it appears that an annual cycle might be amenable to all departments even if shorter reporting periods are also required. This would allow across-the-board comparisons and adjustments to be made where there are linkages to be considered in developing new/improving existing services for older adults. Planning timeframes are typically long, medium, short-term and immediate - regardless of how these terms are defined in years. Almost all of the departments noted that measurable objectives could be established for their department's services over a specified planning period (e.g., 5 or 10 years). It would appear,

therefore, that common timeframes/end dates for achieving objectives across various departments are possible. Determining what these timeframe should be, however, will be part of the detailed work in operationalizing this framework. If necessary, individual departments might work on different timeframes within larger blocks. For example, if an overall agreed-up short-term timeframe comprises 1 to 3 years, each department can apply whichever timeframe within that range best suits its planning and operations (e.g., 6 months, 1 year, 18 months, 3 years) with the collective goals that all initiatives identified for short-term completion be done by the end of year 3.

Inventories/Audit-based Measurements

Each indicator in each domain on the provider side should be fully developed. In addition to City-generated information, useful data from sources outside the municipality should be extracted (e.g., sources indicated in the tables). Ideally, these non-local data - unless they consistently provide information at the City of Brantford level - will serve as proxies only until a fulsome local database and collection process is in place. At that point, the City can reduce reliance on data from outside sources. Since all indicators will not likely be developed at the same time, selection should occur in relation to the extent of existing gaps in information coupled with what would be most useful in terms of a 'return on investment' of time/effort to do the work.

Inventories, audits and checklists essentially itemize existing assets, in terms of facilities, programs and services, as the basis for identifying and measuring gaps or areas for improvement in consultation with the community. The Guide provides two tools (**Tool 10**, PHAC p. 62; **Tool 14**, PHAC p. 66) on developing inventories. While simple inventories are easier to assemble, the sophistication of the ultimate assessment will be directly related to the detail of the base inventories. At the same time, they must be manageable in order to be able to

complete them in a reasonable amount of time. The Guide's key first step in preparing inventories is to determine their scope:

- Are we assessing municipal services/products only?
- Will we include other sources of information, such as those provided by specific non-profit or charitable organizations that work with seniors? (PHAC, p. 34)
- Which types of program are most aligned with your age-friendly goals (e.g., prevention programs such as colorectal screening, end-of-life and palliative care services) (PHAC, p. 38).

Considering the questions that will be asked of the community can help identify the types of information each inventory should contain in order to facilitate the questions and the subsequent assessment. If, for example, it will be important to ask older adults about their awareness of, and their thoughts on the affordability of, several home support programs the names and costs of each will need to be part of the inventory.

Community-based Measurements

Largely through the GRCOA, awareness and ongoing consultation about age-friendly needs, interests and initiatives are 'front and centre' in Brantford. What we are recommending here is a continuation of this work by the City, ideally in direct partnership with the GRCOA.

 The staff survey noted, "More direct contact with the public is required to properly assess if their needs are being met. Currently, feedback is received online through fillable forms that not all (especially older adults) are comfortable accessing. More meaningful input is received through public consultations where residents have an opportunity to voice their concerns/needs in person".

'In person' consultation can be achieved through meetings, focus groups, and telephone surveys. The GRCOA, and more recently, the CRCOA in partnership with Brant's MPP, has held a series of meetings on age-friendly issues and opportunities in the community. There is considerable documentation from these sessions on needs and interests among older adults in Brantford and area. This discussion, therefore, focuses on surveys as another way of soliciting input from older adult residents.

The PHAC Guide provides direction on creating simple surveys to gather information from residents on the age-friendliness of their communities (**Tool 12**, PHAC, p.64). The approach suggested here for the City of Brantford is considerably more detailed, for several reasons. Brantford is a large and growing community, with a municipal government that provides many services directly. As such, the scope of its age-friendly initiatives is wide and varied. Moreover, work to date in this area is well advanced, has pushed implementation of the AODA, and is supported by the presence of a strong advocate and partner in the GRCOA. The City of Brantford, therefore, is not 'starting from scratch' in its age-friendly endeavors and should continue developing its sophistication in this area. It is our view that high level or general consultation inquiries will not provide sufficiently detailed information to evaluate specific services and programs for Brantford's older adults.

At the same time, acquiring enough feedback to evaluate progress on all of the indicators in the eight WHO domains would translate into an unreasonably lengthy survey or focus group. It will be necessary, therefore, to 'break up' the research by, for example, surveying four domains in one survey and four in a second survey, with some time between the two. Alternately, all indicators related to the built environment across the eight domains could be addressed in one survey, and the remaining indicators in second or third round.

Surveys should be random telephone surveys of those in the age bracket being investigated (50+ profiled by the age cohorts noted above), to ensure that non-users of services are captured and that the results can be generalized to the City as a whole. This does not preclude a parallel on-line survey or focus groups with residents not selected for the random survey. Optimizing participation among older adults in telephone surveys (and other activities) can be supported by high profile promotion in the time leading up to its administration so that when residents get the call, they will be aware of the project and its legitimacy as a City initiative. Ideally, a notification should go to every household in the community, to help ensure complete coverage. An option to have a person-to-person interview to complete the survey could also be provided to those who are not able to participate by phone, either themselves or with the help of someone in their household.

Designing survey instruments should include consultation with each of the relevant departments to ensure questions are integrative and useful to all interests. For example, questions related to the accessibility of the built environment should be developed by Housing, Facilities and Asset Management, the Accessibility Coordinator in consultation with the Advisory Committee, Public Works, Parks, etc., and should go beyond legislative requirements to consider Universal Design and CPTED principles. This is important to both facilitating age-friendly beyond minimal accessibility requirements and, wherever possible, to making any improvements that are undertaken to also benefit the larger community (e.g., Universal Design features can also benefit children and families). In addition to working with the City in developing surveys, the GRCOA could provide assistance with piloting surveys. As noted above, partnerships with non-municipal agencies and organizations will require work in ensuring alignment of both the City's and other parties' objectives.

Target a year in which the community survey(s) will be conducted (e.g., 2017) and, in the meantime, work towards creating the questions to be asked in the domains to be covered, using the inventory/audit measurements to make them Brantford-specific. For all consultation activities, the value of their results for evaluating progress will be enhanced by the extent to which questions are directly related to, and solicit feedback on, the specifics of the inventory/audit measurements. Ideally, surveys should be designed to be re-administered periodically to provide a directly comparable perspective on progress.

E-4 Long-term Outcomes

The PHAC Guide (pp. 39-41) includes a separate section on measuring long-term progress to achieving goals and objectives in creating an age-friendly community. It notes that the outcome indicators presented for this purpose are influenced by many other variables in addition to those being addressed through age-friendly initiatives. They are, therefore, more global measures of the health and well-being of older adults in the community, to which the City's work in age-friendliness can certainly contribute. It is also important to note that measurable change in overall health and well-being will not likely be apparent for some time. This stresses the importance of continuing the short and medium term work that will eventually lead to global change, and evaluating it 'on route' to ensure it maintains the direction needed to produce desired results.

Although not the only measurements available, the four indicators the Guide recommends are based on data that are "currently available in Canada, [and] are aligned with work done by the WHO on age-friendly cities and indicators" (PHAC, p. 39). In the short-term, these types of indicators can be used to establish a baseline against which progress can be gauged, assuming the same indicators are used on an ongoing basis. The following table summarizes the four indicators presented in the Guide. The questions used by Statistics Canada in the CHSS surveys could be adopted directly or adapted to surveys of Brantford older adults to ask comparable questions.

Category and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
Health-Related Quality of Life		
40. Level of health-related quality of life.	Health Utilities Index is a more complex measure across various relevant factors related to functioning. It is called "Functional Health, good to full" in CANSIM table 105-0502)	"Perceived health" is investigated by CCHA in a single question. (CANSIM table 105-0502 at: http://www5.statcan.gc.ca/cansim/a05?id=1050502)
Satisfaction with Life		
41. Level of satisfaction with life in general		CCHS measures self-reported level of satisfaction with life in general CANSIM table 105-0502 at: http://www5.statcan.gc.ca/cansim/a05?id=1050502) Other CCHS indicators in the above report include self-reports on mental health, conditions such as arthritis and diabetes, and activity limitations.
Loneliness		
42. Level of loneliness	CCHS Healthy Aging (2009) reported the proportion of older people who indicated feeling lonely in the previous 12 months. (www.statcan.gc.ca/pub/82-003x/2012004/article/11720/tbl/tbl1-eng.htm) A custom tabulation for Brantford may be available	Community survey questions (from Statistics Canada CCHS survey): How often do you feel: • that you lack companionship? • left out? • isolated from others?

Category and Related Indicators	Provider-based Measurements (inventories, audits, checklists, secondary sources, etc.)	Suggestions for Community-based Measurements (perceptions, self-reports, opinions, etc.)
	(for a fee).	Response categories for each question are: • hardly ever • some of the time • often Responses to the three questions are summed to form a single score on level of loneliness (PHAC, p. 40).
Satisfaction with Social Relationships		
43. Level of satisfaction with social relationships	Proxy data on social support is available the CCHS Healthy Aging (2008/2009), and may be included in the annual update for Ontario, if it is chosen for inclusion Statistics Canada may have recent data for Ontario: call toll-free 1-800-263-1136 or email infostats@statcan.gc.ca	Community survey questions (from the Survey on Health, Ageing and Retirement in Europe): How satisfied are you with your social contacts (with family, friends, etc.)? • Very dissatisfied • Dissatisfied • Neither satisfied, nor dissatisfied • Satisfied • Very satisfied (PHAC, p. 41)

F.　　Resources Consulted

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Appendices

Appendix A: World Health Organization Criteria and Grand River Council of Aging Directions

Physical Infrastructure/Services: Outdoor spaces and buildings	
WHO Criteria	GRCOA[1]
Public areas are clean and pleasant.	Community is clean, with enforced regulations limiting noise levels and unpleasant or harmful odours in public places; seating is available, spaced at regular intervals, well-maintained and patrolled to ensure safe access for all.
Green spaces and outdoor seating are sufficient in number, well-maintained and safe.	Well-maintained and safe green spaces, with adequate shelter, toilet facilities and seating is provided in parks that can be easily accessed, is well-maintained and patrolled.
Pavements are well-maintained, free of obstructions and reserved for pedestrians.	Pedestrian friendly walkways are free from obstructions, have a smooth surface, have public toilets and can be easily accessed.
Pavements are non-slip, are wide enough for wheelchairs and have dropped curbs to road level.	Pavements are well-maintained, smooth, level, non-slip and wide enough to accommodate wheelchairs with low curbs that taper off to the road.

Physical Infrastructure/Services: Outdoor spaces and buildings	
WHO Criteria	**GRCOA[1]**
Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with nonslip markings, visual and audio cues and adequate crossing times.	Roads have adequate non-slip, regularly spaced pedestrian crossings ensuring that it is safe for pedestrians to cross the road. Roads have well-designed and appropriately spaces physical structures (e.g. traffic islands) to assist pedestrians to cross busy roads. Pedestrian crossing lights allow sufficient time for older people to cross the road and have visual and audio signals.
Drivers give way to pedestrians at intersections and pedestrian crossings.	
Cycle paths are separate from pavements and other pedestrian walkways.	There are separate cycle paths for cyclists
Outdoor safety is promoted by good street lighting, police patrols and community education.	Public safety in all open spaces and buildings is a priority and is promoted by, for example, measures to reduce the risk from natural disasters, good street lighting, police patrols, enforcement of by-laws, and support for community and personal safety initiatives.
Services are situated together and are accessible.	Services are clustered, located in close proximity to where older people live and can be easily accessed (e.g., located on

Physical Infrastructure/Services: Outdoor spaces and buildings	
WHO Criteria	**GRCOA[1]**
	ground floor).
Special customer service arrangements are provided, such as separate queues or service counters for older people.	There are special customer service arrangements such as separate queues or service counters for older people.
Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors.	Buildings are accessible and have the following features: elevators, ramps, adequate signage, railings on stairs, stairs that are not too high or too steep, non-slip flooring, rest areas with comfortable chairs, sufficient number of public toilets.
Public toilets outdoors and indoors are sufficient in number, clean, well-maintained and accessible.	Public toilets are clean, well maintained, and easily accessible for people with varying abilities, well-signed and placed in convenient locations.
Workplaces are adapted to meet the needs of disabled people.	
Health and social services are conveniently located and accessible by all means of transport.	

Physical Infrastructure/Services: Outdoor spaces and buildings	
WHO Criteria	GRCOA[1]
Residential care facilities and designated older people's housing are located close to services and the rest of the community.	
Health and community service facilities are safely constructed and fully accessible	
Venues for events and activities are conveniently located, accessible, well-lit and easily reached by public transport.	

Physical Infrastructure/Services: Housing

WHO Criteria	GRCOA[1]
Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community.	Affordable housing is available for all older people. Essential services are provided that are affordable to all.
Sufficient and affordable home maintenance and support services are available.	Maintenance services are affordable for older people. There are appropriately qualified and reliable service providers to undertake maintenance work.
Housing is well-constructed and provides safe and comfortable shelter from the weather.	Housing is made of appropriate materials and well-structured; is appropriately equipped to meet environmental conditions (e.g., heating or air conditioning).
Interior spaces and level surfaces allow freedom of movement in all rooms and passageways.	There is sufficient space to enable people to move around freely; is adapted for people, with even surfaces, passages wide enough for wheelchairs and appropriately designed bathrooms, toilets and kitchens.
Home modification options and supplies are available and affordable, and providers understand the needs of older people.	Housing is modified for older people as needed. Housing modifications are affordable. Equipment for housing modifications is readily available. Financial assistance is provided for home modifications. There is a good understanding of how housing can be modified to meet the needs of older people.

Physical Infrastructure/Services: Housing

WHO Criteria	GRCOA[1]
Public and commercial rental housing is clean, well-maintained and safe.	Public housing, rented accommodation and common areas are well-maintained.
Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.	Community integration – a range of appropriate and affordable housing options is available to older people, including frail and disabled older people in the local area. Older people are well-informed of the available housing options. Sufficient and affordable housing dedicated to older people is provided in the local area. There is a range of appropriate services, amenities and activities in older people's housing facilities. Older people's housing is integrated in the surrounding community.
	Aging in place: Housing is located close to services and facilities; Affordable services are provided to enable older people to remain at home, to 'age in place.'
	Living environment: housing is not overcrowded. Older people are comfortable in their housing environment. Housing is not located in areas prone to natural disasters. Older people feel safe in the environment they live in. Financial assistance is provided for housing security measures.

Physical Infrastructure/Services: Transportation

WHO Criteria	GRCOA[1]
Public transportation costs are consistent, clearly displayed and affordable.	Public transportation is affordable to all older people. Consistent and well-displayed transportation rates are charged.
Public transportation is reliable and frequent, including at night and on weekends and holidays.	Public transport is reliable and frequent including services at night and at weekends.
All city areas and services are accessible by public transport, with good connections and well-marked routes and vehicles.	Public transport is available for older people to reach key destinations such as hospitals, health centres, public parks, shopping centres, banks and seniors' centres; vehicles have clear signage indicating the vehicle number and destination.
Vehicles are clean, well-maintained, accessible, not overcrowded and have priority seating that is respected.	Vehicles are accessible, with floors that lower, low steps and wide and high seats; are clean and well-maintained; priority seating for older people is provided and respected by other passengers.
Specialized transportation is available for disabled people.	Sufficient specialized transport services are available for people with disabilities.

Physical Infrastructure/Services: Transportation

WHO Criteria	GRCOA[1]
Drivers stop at designated stops and beside the curb to facilitate boarding and wait for passengers to be seated before driving off.	Transport drivers are courteous, obey traffic rules, stop at designated transport stops, wait for passengers to be seated before driving off and park alongside the curb so that it is easier for older people to step off the vehicle.
Transport stops and stations are conveniently located, accessible, safe, clean, well lit and well-marked, with adequate seating and shelter.	Seating is available, well-maintained and patrolled to ensure safe access by all. Designated transport stops located in close proximity to where older people live, are provided with seating and with shelter from the weather, are clean and safe, and are adequately lit. Transport stops and stations are easy to access and located conveniently. Stations are accessible, with ramps, escalators, appropriate platforms, public toilets and legible and well-placed signage. Station staff are courteous and helpful.
Complete and accessible information is provided to users about routes, schedules and special needs facilities.	Information is provided to older people on how to use public transport and about the range of transport options available. Timetables are legible and easy to access. Timetables clearly indicate the routes of buses accessible to disabled people.

Physical Infrastructure/Services: Transportation

WHO Criteria	GRCOA[1]
A voluntary transport service is available where public transportation is too limited.	Community transport services, including volunteer drivers and shuttle services are available to take older people to specific events and places.
Taxis are accessible and affordable, and drivers are courteous and helpful.	Taxis are affordable, with discounts or subsidized taxi fares provided for older people with low incomes. Taxis are comfortable and accessible with room for wheelchairs, and/or walking frames. Taxi drivers are courteous and helpful.
Roads are well-maintained, with covered drains and good lighting.	Roads are well-maintained, wide and well-lit, have appropriately designed and placed traffic calming devices, have traffic signals and lights at intersections, have intersections that are clearly marked, have covered drains.
Traffic flow is well-regulated.	There is strict enforcement of traffic rules and regulations, with drivers giving way to pedestrians.
Roadways are free of obstructions that block drivers' vision	Roads are free of obstructions that might block a drivers' vision. Pavements are clear of any obstructions (e.g., street vendors, parked cars, trees, dog droppings and snow) and pedestrians have priority of use.

Physical Infrastructure/Services: Transportation

WHO Criteria	GRCOA[1]
Traffic signs and intersections are visible and well-placed	Roads have consistent, clearly visible and well-placed signage.
Driver education and refresher courses are promoted for all drivers.	Refresher driving courses are provided and promoted.
Parking and drop-off areas are safe, sufficient in number and conveniently located.	Affordable parking is available. Drop-off and pick-up bays close to buildings and transport stops are provided for handicapped and older people.
Priority parking and drop-off spots for people with special needs are available and respected.	Priority parking bays are provided for older people close to buildings and transport stops. Priority parking bays for disabled people are provided close to buildings and transport stops, the use of which are monitored.

Programs/Services and Delivery: Social Participation

WHO Criteria	GRCOA[1]
Venues for events and activities are conveniently located, accessible, well-lit and easily reached by public transport.	The location is convenient to older people in their neighbourhoods with affordable, flexible transportation.
Events are held at times convenient for older people.	Times of events are convenient for older people during the day.
Activities and events can be attended alone or with a companion.	Older adults have the option of participating with a friend or caregiver.
Activities and attractions are affordable, with no hidden or additional participation costs.	Events and activities and local attractions are affordable for older participants, with no hidden costs (such as transportation costs). Admission to an event is open (e.g., no membership required) and admission, such as ticket purchasing, is a quick one-stop process that does not require older people to queue for a long time.
Good information about activities and events is provided, including details about accessibility of facilities and transportation options for older people	Activities and events are well-communicated to older people, including information about the activity, its accessibility and transportation options.

Programs/Services and Delivery: Social Participation

WHO Criteria	GRCOA[1]
A wide variety of activities is offered to appeal to a diverse population of older people.	A wide variety of activities is available to appeal to a diverse population of older people, each of whom has many potential interests. Community activities encourage the participation of people of different ages and cultural backgrounds.
Gatherings including older people are held in various local community spots, such as recreation centres, schools, libraries, community centres and parks.	Gatherings including older people occur in a variety of community locations, such as recreation centres, schools, libraries, community centres in residential neighbourhoods, parks and gardens. Facilities are accessible and equipped to enable participation by people with disabilities or by those who require care.
There is consistent outreach to include people at risk of social isolation.	Personal invitations are sent to promote activities and encourage participation. Events are easy to attend, and no special skills (including literacy) are required. A club member who no longer attends activities is kept on the club's mailing and telephone lists unless the member asks to be removed. Organizations make efforts to engage isolated seniors through, for example, personal visits or phone calls.
	Community facilities promote shared and multipurpose use by people of different ages and interests and foster interaction among user groups. Local gathering places promote familiarity and exchange among neighbourhood residents.
	Voluntary organizations are supported by the public and private sectors to keep the costs of activities for older people affordable.

Programs/Services and Delivery: Communication and Information

WHO Criteria	GRCOA[1]
A basic, effective communication system reaches community residents of all ages.	A basic, universal communications system of written and broadcast media and telephone reaches every resident.
Regular and widespread distribution of information is assured and a coordinated, centralized access is provided.	Regular and reliable distribution of information is assured by government or voluntary organizatons. Information is disseminated to reach older people close to their homes and where they conduct their usual activities of daily life. Information dissemination is coordinated in an accessible community service that is well-publicized, a 'one-stop' information centre.
Regular information and broadcasts of interest to older people are offered.	Regular information and program broadcasts of interest to older people are offered in both regular and targeted media.
Oral communication accessible to older people is promoted.	Oral communication accessible to older people is preferred, for instance through public meetings, community centres, clubs and broadcast media, and through individuals responsible for spreading the word one-to-one.
People at risk of social isolation get one-to-one information from trusted individuals.	People at risk for social isolation get information from trusted individuals with whom they may interact, such as volunteer callers and visitors, home support workers, hairdressers, doormen or caretakers. Individuals in public offices and businesses provide friendly, person-to-person service on request.

Programs/Services and Delivery: Communication and Information

WHO Criteria	GRCOA[1]
Public and commercial services provide friendly, person-to-person service on request.	
Printed information - including official forms, television captions and text on visual displays - has large lettering and the main ideas are shown by clear headings and bold-face type	Printed information - including official forms, television captions and text on visual displays - has large lettering and the main ideas are shown by clear headings and bold-face type.
Print and spoken communication uses simple, familiar words in short, straightforward sentences.	Print and spoken communication uses simple, familiar words in short, straight-forward sentences.
Telephone answering services give instructions slowly and clearly and tell callers how to repeat the message at any time.	Telephone answering services give instructions slowly and clearly and tell callers how to repeat the message any time. Users have a choice of speaking to a person or of leaving a message for someone to call back.
Electronic equipment, such as mobile telephones, radios, televisions, and bank and ticket machines, has large buttons and big lettering.	Electronic equipment, such as mobile telephones, radios, televisions, and bank and ticket machines, has large buttons and big lettering. The display panels of bank, postal and other service machines are well-illuminated and can be reached by people of different heights.

Programs/Services and Delivery: Communication and Information	
WHO Criteria	**GRCOA[1]**
There is wide public access to computers and the Internet, at no or minimal charge, in public places such as government offices, community centres and libraries.	There is wide public access to computers and the Internet at no or minimal charge, in public spaces such as government offices, community centres and libraries. Tailored instructions and individual assistance for users are readily available.

Programs/Services and Delivery: Civic Participation and Employment

WHO Criteria	GRCOA[1]
A range of flexible options for older volunteers is available, with training, recognition, guidance and compensation for personal costs.	There is a range of options for older adults to participate. Voluntary organizations are well-developed, with infrastructure, training programs and a workforce of volunteers. The skills and interests are matched to positions (e.g., register or database). Volunteers are supported in their voluntary work for example, by being provided with transportation or having the cost of parking reimbursed. Voluntary organizations provide training for their positions. Volunteers are reimbursed for expenses they incur while working.
The qualities of older employees are well promoted.	Older people are respected and acknowledged for their contributions. Employers and organizations are sensitive to the needs of older workers. The benefits of employing older workers are promoted among employers.
A range of flexible and appropriately paid opportunities for older people to work is promoted.	There is a range of opportunities for older people to work. There are flexible opportunities, with options for part-time or seasonal employment for older people. There are employment programs and agencies for older workers. Employee organizations (e.g., trade unions) support flexible options, such as part-time and voluntary work, to enable more participation by older workers. Employers are encouraged to employ and retain older workers. Older workers are fairly remunerated for their work. Older workers' earnings are not deducted from pensions and other forms of income support to which they are entitled.

Programs/Services and Delivery: Civic Participation and Employment

WHO Criteria	GRCOA[1]
Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion and training of employees.	Policy and legislation prevent discrimination on the basis of age. Retirement is not mandatory.
Workplaces are adapted to meet the needs of disabled people.	
Self-employment options for older people are promoted and supported.	There is support for older entrepreneurs and opportunities for self-employment (e.g, markets to sell farm produce and crafts, small business training, and micro-financing for older workers). Information designed to support small and home-based business is in a format suitable for older workers.

Programs/Services and Delivery: Civic Participation and Employment	
WHO Criteria	**GRCOA[1]**

Programs/Services and Delivery: Civic Participation and Employment

WHO Criteria	GRCOA[1]
Training in post-retirement options is provided for older workers.	Training in post-retirement opportunities is provided for older workers. Retraining opportunities, such as training in new technologies, is available to older workers.
Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of older people.	Advisory councils, boards of organizations, etc. include older people. Supports exist to enable older people to participate in meetings and civic events such as reserved seating, support for people with disabilities, aids for the hard of hearing, and transportation. Policies, programs and plans for older people include contributions from older people. Older people are encouraged to participate.

Programs/Services and Delivery: Civic Participation and Employment	
WHO Criteria	**GRCOA[1]**

Programs/Services and Delivery: Respect and Social Inclusion

WHO Criteria	GRCOA[1]
Older people are regularly consulted by public, voluntary and commercial services on how to serve them better.	Older people are consulted by public, voluntary and commercial services in ways to serve them better. Older people are included as full partners in community decision-making affecting them.
Services and products to suit varying needs and preferences are provided by public and commercial services.	Public and commercial services provide services and products adapted to older people's needs and preferences.
Service staff are courteous and helpful.	Services have helpful and courteous staff trained to respond to older people.
Older people are visible in the media, and are depicted positively and without stereotyping.	The media include older people in public imagery, depicting them positively and without stereotypes.
Community-wide settings, activities and events attract all generations by accommodating age-specific needs and preferences.	Community-wide settings, activities and events attract people of all ages by accommodating age-specific needs and preferences.
Older people are specifically included in community activities for "families".	Older adults are specifically included in community activities for 'families'. Activities that bring generations together for mutual enjoyment and enrichment are regularly held.

Programs/Services and Delivery: Respect and Social Inclusion

WHO Criteria	GRCOA[1]
Schools provide opportunities to learn about ageing and older people, and involve older people in school activities.	Learning about ageing and older people is included in primary and secondary school curricula. Older people are actively and reguarly involved in local school activities with children and teachers. Older people are provided with opportunities to share their knowledge, history and expertise with other generations.
Older people are recognized by the community for their past as well as their present contributions.	Older people are recognized by the community for their past as well as their present contributions.
Older people who are less well-off have good access to public, voluntary and private services.	Economically disadvantaged older people enjoy access to public, voluntary and private services and events.
	Community action to strengthen neighbourhood ties and support older residents as key informants, advisers, actors and beneficiaries.

Programs/Services and Delivery: Community and Health Services

WHO Criteria	GRCOA[1]
An adequate range of health and community support services is offered for promoting, maintaining and restoring health.	Consistent with WHO criteria. In addition, health and social services offered address the needs and concerns of older people.
Home care services include health and personal care and housekeeping.	Home care services include health and personal care and housekeeping.
Health and social services are conveniently located and accessible by all means of transport.	Health and social services are well-distributed throughout the city, are conveniently co-located, and can be reached readily by all means of transportation.
Residential care facilities and designated older people's housing are located close to services and the rest of the community.	Residential care facilities, such as retirement homes and nursing homes are located close to services and residential areas so that residents remain integrated in the larger community.
Health and community service facilities are safely constructed and fully accessible.	Service facilities are safely constructed and are fully accessible for people with disabilities.
Clear and accessible information is provided about health and social services for older people.	Clear and accessible information is provided about health and social services for older people.
Delivery of services is coordinated and administratively simple.	Delivery of services is coordinated and administratively simple.
All staff are respectful, helpful and trained to serve older people.	Administrative and service personnel treat older people with respect and sensitivity. Service professionals have appropriate skills and training to communicate with and effectively serve older people.

Programs/Services and Delivery: Community and Health Services	
WHO Criteria	**GRCOA[1]**
Economic barriers impeding access to health and community support services are minimized.	Economic barriers impeding access to health and community support services are minimized.
Voluntary services by people of all ages are encouraged and supported.	Voluntary services by people of all ages are encouraged and supported.
There are sufficient and accessible burial sites.	There is adequate access to burial sites
Community emergency planning takes into account the vulnerabilities and capacities of older people.	Emergency planning includes older people, taking into account their needs and capacities in preparing for and responding to emergencies.

Appendix B: Supplementary Technical Information 2016

Current Status Audit

Physical Infrastructure/Services: Outdoor Spaces and Buildings

WHO Criteria	GRCOA Criteria (1)	Brantford's Policy, Initiatives and/or Objectives	Implementing Departments	Status (Legend on last page)	
Pavements are well-maintained, free of obstructions and reserved for pedestrians.	Pedestrian friendly walkways are free from obstructions, have a smooth surface, have public toilets and can be easily accessed.	Continue to repair/replace sidewalks based on priority basis, ensuring accessible cut outs of curbs (Accessibility Plan 2014).\n\nCity's new Urban Design Guidelines (2015) identifies sidewalks are to be barrier free and should remain clear of obstructions at all times. A Transition Zone, which includes signage, landscaping, art, and bus shelters, is to be located between the sidewalk and vehicle building entrance, while a Street Furniture and Landscape Zone can include street trees, furnishings, art, bus shelters, and located between the sidewalk and vehicle traffic.	Public Works; Planning (site plan review)	This is an on-going capital program. Future capital projects include Lorne Bridge to Waterworks Park; link between Canning Street and McGuiness Dr.; partial trail Wayne Gretzky Sports Complex football field; Waterworks Park (Morrell St.) to main entrance; link between mutli-use trail along Gilkinson St. to the Lions Park red baseball diamond; and multi-use trails at Turtle Pond Park Brier Park. (Accessibility Plan 2015 Status Update draft. 5.0 re: trail paving with hard surfaces).	

Physical Infrastructure/Services: Outdoor Spaces and Buildings

WHO Criteria	GRCOA Criteria (1)	Brantford's Policy, Initiatives and/or Objectives	Implementing Departments	Status (Legend on last page)	
Pavements are non-slip, are wide enough for wheelchairs and have dropped curbs to road level.	Pavements are well-maintained, smooth, level, non-slip and wide enough to accommodate wheelchairs with low curbs that taper off to the road.	City's new Urban Design Guidelines (2015) identifies specifications for sidewalks to be at least 3 metres wide with an open walking zone of 2.1 metres. Sidewalk is to be constructed of brushed concrete for barrier free accessibility. Ongoing inspections to priorize maintenance according to need (e.g., curb cuts with vertical discontinuity of more than 2cm are priorized for repair; parks and trails inspected monthly) (Accessibility Plan 2015 Status Update draft 4.3 re: maintenance); the removal of interlocking brick in the downtown core area will be an ongoing process; implement the Provincial Minimum Maintenance Standards for sidewalks (Accessibility Plan 2014). FADS compliant sidewalks and curbs in 7 locations Tactile surfaces have been installed in high traffic areas to provide cues for people who are blind or who have low vision; intended to help warn people who are blind or visually impaired of the approaching street. (http://www.brantford.ca/residents/accessibility/Pages/default.aspx).In 2016, the City will install tactile surfaces at all intersections. Tactile surfaces cannot be painted and are not snow-plow friendly. Shellard Lane got new curb cuts, colored concrete sidewalk at intersection corner, new wider sidewalk, multi-use trail, audible pedestrian signal crossing (Accessibility Plan 2015 Status Update draft. 5.0 re: engineering services).	Public Works	No gaps noted in policies or service provision.	

Physical Infrastructure/Services: Outdoor Spaces and Buildings

WHO Criteria	GRCOA Criteria (1)	Brantford's Policy, Initiatives and/or Objectives	Implementing Departments	Status (Legend on last page)	
Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with nonslip markings, visual and audio cues and adequate crossing times.	Roads have adequate non-slip, regularly spaced pedestrian crossings ensuring that it is safe for pedestrians to cross the road. Roads have well-designed and appropriately spaces physical structures (e.g. traffic islands) to assist pedestrians to cross busy roads. Pedestrian crossing lights allow sufficient time for older people to cross the road and have visual and audio signals.	Provision in 10-year capital budget for program to update all existing audible pedestrian crossing signals by 2025 (Accessibility Plan 2015 Status Update draft. 5.0 re: public works). City installed audible pedestrian crossing signals at all new and retrofitted intersections as per AODA Standard; curb cuts during sidewalk repair; temporarily ramped corners for wheelchairs (Accessibility Plan 2015 Status Update draft. 5.0 re: public works)	Public Works	No gaps noted in policies or service provision.	🟩
Drivers give way to pedestrians at intersections and pedestrian crossings			Not a City mandate.	Outside municipal mandate and project scope.	⬜
Cycle paths are separate from pavements and other pedestrian walkways.	There are separate cycle paths for cyclists	Pedestrian walkways do no permit cycling. Muti-use paths are marked to distinguish between walking and cycling areas to minimize conflict (Urban Design Guidelines)	Parks	No gaps noted in policies or service provision.	🟩

Physical Infrastructure/Services: Outdoor Spaces and Buildings

WHO Criteria	GRCOA Criteria (1)	Brantford's Policy, Initiatives and/or Objectives	Implementing Departments	Status (Legend on last page)	
Outdoor safety is promoted by good street lighting, police patrols and community education.	Public safety in all open spaces and buildings is a priority and is promoted by, for example, measures to reduce the risk from natural disasters, good street lighting, police patrols, enforcement of by-laws, and support for community and personal safety initiatives.	Site Plan approval addresses safety and accessibility. OP supports implementation of Crime Prevention through Environmental Design (CPTED) principales as part of the Site Plan Approvals process to ensure development and redevelopment has regard for safety and security. Developers may be required to submit a CPTED Report in accordance with CPTED principles. Site Plan Manual addresses lighting in accordance with CPTED fundamentals.	Planning	Physical standards are addressed through municipal Site Plan review. Police patrols outside City's mandate and is the responsibility of Brantford Police	
Services are situated together and are accessible.	Services are clustered, located in close proximity to where older people live and can be easily accessed (e.g., located on ground floor).	Official Plan includes policies that encourages joint use sites and multiple use buildings. Policies support non-residential supporting uses such as neighbourhood commercial uses, community facilities, services and open spaces to be clustered in neighbourhoods so that they are accessible by all forms of transportation. Non-residential supporting uses are also to be integrated with residential uses in mixed use buildings.	Planning	No gaps noted in policies or service provision.	

| Special customer service arrangements are provided, such as separate queues or service counters for older people. | There are special customer service arrangements such as separate queues or service counters for older people. | Accessible service kiosk (Accessibility Plan 2014); Installed hearing assisted device in Council Chambers to assist persons with hearing aids (Clerks Department Report No. PHSS2010-45 June 2010) | Clerk's Department | No gaps noted in policies or service provision. | |

Physical Infrastructure/Services: Outdoor Spaces and Buildings

WHO Criteria	GRCOA Criteria (1)	Brantford's Policy, Initiatives and/or Objectives	Implementing Departments	Status (Legend on last page)	
Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors.	Buildings are accessible and have the following features: elevators, ramps, adequate signage, railings on stairs, stairs that are not too high or too steep, non-slip flooring, rest areas with comfortable chairs, sufficient number of public toilets.	FADS: Brantford Facility Accessibility Design Standards 2010 (FADS) ensure a higher and more consistent level of accessibility throughout the City, and apply to all new construction and applicable renovations of all City of Brantford owned, operated or leased facilities. All new and renovated City-owned facilities shall be designed to meet or exceed City's FADS and comply with legislation. The Standards are a set of standardized measurements that will allow the same level of accessibility for all individuals, regardless of level of ability, in all barrier free construction and renovations. (e.g., the Wayne Gretzky Sports Centre's gymnasium, weight room, fitness studio, indoor track, pools and rinks are all fully accessible). (http://www.brantford.ca/residents/accessibility/Pages/default.aspx); signage with International and Universal symbols as well as tactile signs are used and appropriately placed (Accessibility Plan 2014).	Facilities and Asset Management	This is an ongoing capital program. Retrofits for improved accessibility: Bellview Community Centre; Civic Centre; Cockschutt Park; Woodman Community Centre (Accessibility Plan 2015 Status Update draft. 5.0 re: retrofits); ongoing review of signage will continue as projects come forward; new signage needs will be assessed with each capital project (Accessibility Plan 2014).	
Public toilets outdoors and indoors are sufficient in number, clean, well-maintained and accessible.	Public toilets are clean, well maintained, and easily accessible for people with varying abilities, well-signed and placed in convenient locations.	FADS (see above). Restrooms are already present at some parks. Interview with Brian Hughes has not identified any issues with existing washrooms or requests for additional washrooms.		No gaps noted in policies or service provision.	

Physical Infrastructure/Services: Outdoor Spaces and Buildings

WHO Criteria	GRCOA Criteria (1)	Brantford's Policy, Initiatives and/or Objectives	Implementing Departments	Status (Legend on last page)	
Workplaces are adapted to meet the needs of disabled people.		FADS (see above)	Facilities and Asset Management	Municipal facilities receiving accessibility accommodations included Civic Centre, 2 community centres, 1 park, 3 fire halls and social housing tenant agencies (Accessibility Plan 2015 Status Update draft. 5.0 re: facilities and asset management and social housing)	
Health and social services are conveniently located and accessible by all means of transport.		Official Plan Policies support non-residential supporting uses such as neighbourhood commercial uses, community facilities, services and open spaces to be clustered in neighbourhoods so that they are accessible by all forms of transportation.	Planning	No gaps noted in policies or service provision.	
Residential care facilities and designated older people's housing are located close to services and the rest of the community.		Special Needs Housing (residential care facilities) and Housing for Seniors permitted within the Major Institutional Designation. Other complementary uses are permitted within an institutional use to provide access to services.	Planning	No gaps noted in policies or service provision.	

Health and community service facilities are safely constructed and fully accessible		FADS (see above)		No gaps noted in policies or service provision.	

Physical Infrastructure/Services: Outdoor Spaces and Buildings

WHO Criteria	GRCOA Criteria (1)	Brantford's Policy, Initiatives and/or Objectives	Implementing Departments	Status (Legend on last page)	
Venues for events and activities are conveniently located, accessible, well-lit and easily reached by public transport.		Improvements to the trail network to enhance accessibility (hard surfacing, inclusive access points, signage, etc.) are considered as part of all scheduled upgrades; continue to modify parks, park buildings (where possible) and trails throughout the City to allow for more inclusive (Accessibility Plan 2014).	Parks	No gaps noted in policies or service provision.	🟩
City of Brantford-specific		Ensure accessibility of municipal elections (Accessibility Plan 2014)	Corporate Services	This will be addressed in the next municipal election 2018	🟧

[1] Grand River Council on Aging. Senior Summit Background Paper. November 14, 2014.

Status Legend:

Ongoing/Completed Planned Gap	🟩
Outside City Mandate	🟧
	🟥
	⬜

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Physical Infrastructure/Services: Housing

WHO Criteria	GRCOA[1]	Brantford's Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community.	Affordable housing is available for all older people. Essential services are provided that are affordable to all.	Housing Services supports investment in affordable housing. Housing and Homelessness Plan identifies need for 180 units to be built per year. John Noble Home is a municipally owned long term care facility that consists of 156 beds. Facility incorporates a Campus of Care with different housing, care and services options. Bell Lane Terrace supports independent living.	Housing Services John Noble Home	There is a waiting list for access to affordable housing by older adults. The City will build 180 units per year based on population forecasts (Brantford-Brant Housing Stability Plan: 2014 to 2024) (interview with M. E. McLellan). As mortgages and debentures for developing social housing for older adults are paid off over the next 5 to 15 years, the City will work with housing providers to expand the supply of units through on-site expansions.	
Sufficient and affordable home maintenance and support services are available.	Maintenance services are affordable for older people. There are appropriately qualified and reliable service providers to undertake maintenance work.		Applicable to housing for City properties only.	Outside City-owned housing, this consideration is not a municipal mandate	

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Physical Infrastructure/Services: Housing

WHO Criteria	GRCOAI[1]	Brantford's Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Housing is well-constructed and provides safe and comfortable shelter from the weather.	Housing is made of appropriate materials and well-structured; is appropriately equipped to meet environmental conditions (e.g., heating or air conditioning)	Developments must comply with Ontario Building Code	Applicable to housing for City properties only.	Outside City-owned housing, this consideration is not a municipal mandate	
Interior spaces and level surfaces allow freedom of movement in all rooms and passageways.	There is sufficient space to enable people to move around freely; is adapted for people, with even surfaces, passages wide enough for wheelchairs and appropriately designed bathrooms, toilets and kitchens	FADS (see above) covers all new construction and renovations; City's social housing portfolio currently provides 130 accessible/modified units for individuals with physical disabilities who are also living independently; of accessible units, 55% are one-bedroom and 19% (25) are dedicated to seniors (Brantford-Brant Housing Stability Plan: 2014 to 2024. p. 58. 2013); 3 of 40 new units at John Noble expansion will be fully accessible.	Housing Services	As part of John Noble Home build-out, Brantford is in the process of getting approvals for new seniors building comprising 40 self-contained apartment units to support independent living. This is expected to be completed 2016; designed for older adults (e.g. not carpeted; easy to open levers; colour specifications/design; scooter parking; balconies for get easy access to outdoors).	

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Physical Infrastructure/Services: Housing

WHO Criteria	GRCOA[1]	Brantford's Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Home modification options and supplies are available and affordable, and providers understand the needs of older people.	Housing is modified for older people as needed. Housing modifications are affordable. Equipment for housing modifications is readily available. Financial assistance is provided for home modifications. There is a good understanding of how housing can be modified to meet the needs of older people.		Applicable to housing for City properties only.	Outside municipal mandate and project scope.	
Public and commercial rental housing is clean, well-maintained and safe.	Public housing, rented accommodation and common areas are well-maintained.		Applicable to housing for City properties only.	Outside municipal mandate and project scope.	

Physical Infrastructure/Services: Housing

WHO Criteria	GRCOA[1]	Brantford's Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.	Community integration – a range of appropriate and affordable housing options is available to older people, including frail and disabled older people in the local area. Older people are well-informed of the available housing options. Sufficient and affordable housing dedicated to older people is provided in the local area. There is a range of appropriate services, amenities and activities in older people's housing facilities. Older people's housing is integrated in the surrounding community.	City is interested in Niagara's Wellness Hub model, which provides on-site amenities for independent older adults, allowing them to age in place longer, and freeing up space for those who are frail to access long term care services and who need the full spectrum of care (interview with M.E. McLelland)	Housing	This service is provided on-going.	

	Aging in place: Housing is located close to services and facilities; Affordable services are provided to enable older people to remain at home, to 'age in place.'	Snow Windrow Removal for seniors and persons with disabilities (Brantford Accessibility Plan 2014. 8.4) Onsite services provided by agencies, such as LHIN funded agencies are located in social housing, helping seniors age in place. This will help reduce the need for seniors to leave the facility and move into long term care.	Public Works, Planning, Housing Services	This service is provided on-going.	

Physical Infrastructure/Services: Housing

WHO Criteria	GRCOA[1]	Brantford's Policy, Initiatives and/or Objectives	Implementing Departments	Status	
	Living environment: housing is not overcrowded. Older people are comfortable in their housing environment. Housing is not located in areas prone to natural disasters. Older people feel safe in the environment they live in. Financial assistance is provided for housing security measures.	Official Plan guides land use development that safeguards the safety of residents by identifying appropriate locations for housing.	Public Works, Planning, Housing Services	This service is provided on-going.	
City of Brantford-specific		Housing Services assists homeless individuals secure safe and affordable housing. This City service is not covered by WHO with regards to needs of older adults who are homeless or in transitional housing.	Housing Services	WHO does not address full spectrum of housing.	

Status Legend:

Ongoing/Completed Planned Gap
Outside City Mandate

Physical Infrastructure/Services: Transportation

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Public transportation costs are consistent, clearly displayed and affordable.	Public transportation is affordable to all older people. Consistent and well-displayed transportation rates are charged.	A support person accompanying a person with a disability is not charged a fare where a person with a disability has demonstrated a need for a support person (AODA Self-Certified Accessibility Report 2015); fare parity between specialized and conventional transit (Accessibility Plan 2014). Through the Eco Service Review, Brantford Transit has identified the need to grow ridership among seniors and has included in its plan the development of materials in large print, maintaining an outreach demonstration program, providing driver notification laminated cards, launching a transit buddy program and partnering with malls to create senior friendly promotions.	Transit	Fare parity ongoing; monthy Brantford Transit smart fare cards are discounted for seniors, youth, disabled ($53.00 vs. $70.00 regular); CNIB fare is $37.00 for 3 months http://www.brantfordlift.ca. Transit review is being undertaken (M. Bradley).	🟩
Public transportation is reliable and frequent, including at night and on weekends and holidays.	Public transport is reliable and frequent including services at night and at weekends.	Separate evenings and Sundays route network was eliminated in 2012 following Eco Service Review. This saw a 60 minute frequency on evenings and Sundays. Saturday service follows weekday frequency. Transit service was expanded by half an hour on Saturdays. Sunday service expansion was subject to approval in 2011.	Transit	Transit operating at 78,000 hours of service per year. Operational review being undertaken by IBI and will address hours of service to assess whether an expansion of services are needed. Study will be completed in 2016.	🟧

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Physical Infrastructure/Services: Transportation

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
All city areas and services are accessible by public transport, with good connections and well-marked routes and vehicles.	Public transport is available for older people to reach key destinations such as hospitals, health centres, public parks, shopping centres, banks and seniors' centres; vehicles have clear signage indicating the vehicle number and destination.	Expanded service areas in 2012 include west Brantford, east Brantford, northwest Industrial Area and future residential developments.	Transit	Review of transit routes and stops being undertaken by IBI. Study will be completed in early 2016.	
Vehicles are clean, well-maintained, accessible, not overcrowded and have priority seating that is respected.	Vehicles are accessible, with floors that lower, low steps and wide and high seats; are clean and well-maintained; priority seating for older people is provided and respected by other passengers.	Full accessibility on Brantford Transit conventional service routes, meaning every scheduled bus on each route will be a low-floor accessible vehicle. Transit staff is also available to assist. (http://www.brantford.ca/residents/accessibility/Pages/default.aspx); vehicles provide clearly marked seating for people with disabilities and a communications strategy exists to inform the public about the purpose of the seating (AODA Self-Certified Accessibility Report, 2014). All Brantford Transit buses are now accessible and equipped with audio-visual bus stop announcements and LCD displays (Transportation Services Report June 2010; interview M. Bradley).	Fleet and Transit; Communication	All buses are accessible; 2 specialized vehicles and 3 conventional buses added to fleet (Accessibility Plan 2015 Status Update draft. 4.3 re: transportation standards). City will be taking over shelters with advertisements to make them accessible over the next few years.	

Physical Infrastructure/Services: Transportation

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Specialized transportation is available for disabled people.	Sufficient specialized transport services are available for people with disabilities.	The City will provide access to transportation services offered directly or contracted to all citizens (Corporate Accessibility Policy, November 2013); specialized booking services are provided (AODA Self-Certified Accessibility Report, 2015); provides, at minimum, the same hours and days of service as conventional transportation services (AODA Self-Certified Accessibility Report, 2014); no trip restrictions (Accessibility Plan 2014).	Transit	Ongoing; clients of Brantford Lift are able to e-mail to book a ride or provide feedback (Accessibility Plan 2015 Status Update draft). Brantford Lift has experienced an increase in registered users (2,000) and provided 65,000 rides per year. There are no charges for rides missed.	
Drivers stop at designated stops and beside the curb to facilitate boarding and wait for passengers to be seated before driving off.	Transport drivers are courteous, obey traffic rules, stop at designated transport stops, wait for passengers to be seated before driving off and park alongside the curb so that it is easier for older people to step off the vehicle.	Operators of vehicles provide assistance to people with disabilities to board and deboard, and ensure the safe storage of their mobility aids and assistive devices (AODA Self-Certified Accessibility Report, 2014); boarding and deboarding occurs at the closest available safe location, as determined by the operator, that is not an offical stop, if the official stop is not accessible (Accessibility Plan 2014). Municipal licensing and by-laws are responsible for ensuring that taxi services are in compliance with AODA legislation.	Transit; Human Resources	This service is ongoing. No gaps noted in policies or service provision.	

Physical Infrastructure/Services: Transportation

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Transport stops and stations are conveniently located, accessible, safe, clean, well lit and well-marked, with adequate seating and shelter.	Seating is available, well-maintained and patrolled to ensure safe access by all. Designated transport stops located in close proximity to where older people live, are provided with seating and with shelter from the weather, are clean and safe, and are adequately lit. Transport stops and stations are easy to access and located conveniently. Stations are accessible, with ramps, escalators, appropriate platforms, public toilets and legible and well-placed signage. Station staff are courteous and helpful.	Landing pads at 100% of bus stops, however, retrofits are still needed to install landing pads at shelters. Some bus shelters still have steps (interview with Transit); bus stops connected to sidewalks where possible (Accessibility Plan 2015 Status Update draft. 5.0 re: engineering services),	Fleet and Transit	Installation of cement landing pads will continue with the assistance of the Public Works Department at bus stop locations and at bus shelters (interview with M. Bradley) with prior consultation with BAAC (Accessibility Plan 2014).	

Complete and accessible information is provided to users about routes, schedules and special needs facilities.	Information is provided to older people on how to use public transport and about the range of transport options available. Timetables are legible and easy to access. Timetables clearly indicate the routes of buses accessible to disabled people.	Accessible formats and communication supports for persons with disabilities are provided at no extra cost (AODA Self-Certified Accessibility Report, 2015); information is available on equipment and features of vehicles, routes and services for all transit buses (Accessibility Plan, 2014).	Transit	No gaps noted in policies or service provision. Purchase and use of Brantford Transit smart fare cards is explained on transit websites. http://www.brantfordlift.ca	

Physical Infrastructure/Services: Transportation

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
A voluntary transport service is available where public transportation is too limited.	Community transport services, including volunteer drivers and shuttle services are available to take older people to specific events and places.	Non-municipal transportation is provided by non-profits, housing providers, and through volunteer drivers: Comfort Keepers of Brantford, Canadian Red Cross Society, Canadian Cancer Society Community Services Transportation (volunteer driver). Specialty services provided by Driving Miss Daisy transportation service.		This falls outside of the City's mandate.	
Taxis are accessible and affordable, and drivers are courteous and helpful.	Taxis are affordable, with discounts or subsidized taxi fares provided for older people with low incomes. Taxis are comfortable and accessible with room for wheelchairs, and/or walking frames. Taxi drivers are courteous and helpful.	Taxicabs are prohibited from: charging a higher fare or an additional fare for persons with disabilities; charging a fee for storage of mobility aids (Accessibility Plan, 2014).		Supply and demand assessment of accessible taxicabs will be undertaken in 2018 (Accessibility Plan 2014). A 2013 accessible community survey did not identify unmet community needs regarding the demand and supply of accessible taxis.	

Roads are well-maintained, with covered drains and good lighting.	Roads are well-maintained, wide and well lit, have appropriately designed and placed traffic calming devices, have traffic signals and lights at intersections, have intersections that are clearly marked, have covered drains.	Accessible pedestrian crossing signals and timers are being installed at every intersection, pedestrian signal crossing as well as every intersection that is new or being rebuilt (Accessibility Plan 2014).	Engineering Services	Installation of pedestrian crossing signals are ongoing. No gaps noted in policies or service provision.	

Physical Infrastructure/Services: Transportation

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Traffic flow is well-regulated.	There is strict enforcement of traffic rules and regulations, with drivers giving way to pedestrians.		Brantford Police	Traffic enforcement responsibility of the Brantford Police Department.	
Roadways are free of obstructions that block drivers' vision	Roads are free of obstructions that might block a drivers' vision. Pavements are clear of any obstructions (e.g., street vendors, parked cars, trees, dog droppings and snow) and pedestrians have priority of use.	The City's 2016 Urban Design Guidelines serve to minimize/eleminate obstructions along boulevards to support a positive pedestrian streetscape. Snow clearance is undertaken as per municipal standards.	Planning Public Works	No gaps noted in policies or service provision.	
Traffic signs and intersections are visible and well-placed	Roads have consistent, clearly visible and well-placed signage.	Signage will be replaced as needed (Accessibility Plan 2014).	Engineering Services	Signage replacement is on-going. No gaps noted in policies or service provision.	
Driver education and refresher courses are promoted for all drivers.	Refresher driving courses are provided and promoted.	Through Senior Driver Renewal Program, seniors receive a form and a letter to undergo an appointment to take a vision test, undergo driver record review, attend group education session, complete an in-class assignment, and road test to renew their license.	Brantford Police (promotion), administration by Government of Ontario.	Outside municipal mandate and project scope.	

Parking and drop-off areas are safe, sufficient in number and conveniently located.	Affordable parking is available. Drop-off and pick-up bays close to buildings and transport stops are provided for handicapped and older people.	While, accessible parking spaces are provided in accordance with AODA legislation, the provision of affordable parking is subject to the municipality's downtown parking strategy. Seniors designated parking is already established at Market Square, however, they have not been well utilized.	Enginering Services	City may wish to explore establishment of affordable older adult parking in the future, subject to community need and interest.	

Physical Infrastructure/Services: Transportation

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Priority parking and drop-off spots for people with special needs are available and respected.	Priority parking bays are provided for older people close to buildings and transport stops. Priority parking bays for disabled people are provided close to buildings and transport stops, the use of which are monitored.	Accessible parking spaces are provided in accordance with AODA legislation.	Engineering Services	There are 37+ by-lawed parking spaces in Brantford and non by-lawed 'limited mobility' spaces (Accessbility Plan 2015 Status Update draft. 5.0 engineering services). No gaps noted in policies or service provision.	
Brantford-specific		Conventional transport vehicles provide pre-boarding verbal (on request) announcements and audible on-board verbal announcements of all destination points or available routes stops (AODA Self-Certified Accessibility Report, 2014).	Transit	Electronic pre-boarding and deboarding announcements on buses already in place. No gaps noted in policies or service provision.	
Brantford-specific		Conventional transport vehicles are equipped with features and fixtures to aid mobility and safe transport (e.g., grab bars, floor surfaces, lighting etc.) (Accessibility Plan 2014).	Transit	Initiative completed. No gaps noted in policies or service provision.	

Status Legend:

Ongoing/Completed Planned Gap

Outside City Mandate

Programs/Services and Delivery: Social Participation

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Venues for events and activities are conveniently located, accessible, well-lit and easily reached by public transport.	The location is convenient to older people in their neighbourhoods with affordable, flexible transportation.		Recreation	Potential additional needs/improvements will be assessed in Recreation Master Plan to be completed in 2016	
Events are held at times convenient for older people.	Times of events are convenient for older people during the day.		Recreation	Potential additional needs/improvements will be assessed in Recreation Master Plan to be completed in 2016	
Activities and events can be attended alone or with a companion.	Older adults have the option of participating with a friend or caregiver.	The City is committed to welcoming persons with disabilities who are accompanied by a Support Person and Service Animals onto all City owned and operated facilities open to the public (Corporate Accessibility Policy, November 2013).	All departments	Potential additional needs/improvements will be assessed in Recreation Master Plan to be completed in 2016	

Activities and attractions are affordable, with no hidden or additional participation costs.	Events and activities and local attractions are affordable for older participants, with no hidden costs (such as transportation costs). Admission to an event is open (e.g., no membership required) and admission, such as ticket purchasing, is a quick one-stop process that does not require older people to queue for a long time.	City is working with Active Grand to develop an Access to Recreation Policy supported by Council that will address affordability for all target populations; some adult programming - particularly at the Gretzky Centre - is instrumental in generating revenue that offsets senior programming which is often heavily subsidized; continue to offer numerous payment plans for memberships that are more affordable such as monthly and 3 month passes and 10 visit punch cards.	Recreation	This policy is being developed; new RBC Get Active Fund is funding older adults for swimming and water therapy programs and to assist with older adults who are unable to afford services.	

Programs/Services and Delivery: Social Participation

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Good information about activities and events is provided, including details about accessibility of facilities and transportation options for older people	Activities and events are well-communicated to older people, including information about the activity, its accessibility and transportation options.	For the most part, City organizes its Leisure Activities Guide by target market served including pre-schoolers, children, youth, adults and seniors; some are organized by facility, as per public requests.	Recreation	Potential additional needs/improvements will be assessed in Recreation Master Plan to be completed in 2016	

Programs/Services and Delivery: Social Participation

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
A wide variety of activities is offered to appeal to a diverse population of older people.	A wide variety of activities is available to appeal to a diverse population of older people, each of whom has many potential interests. Community activities encourage the participation of people of different ages and cultural backgrounds.	Leisure Activity Guide has a section dedicated to older adult fitness, sport programs and some social activities; many programs are targeted specifically to seniors. Programming for seniors being offered, including golf operations, aquatics. Leisure Activities Guide promotes over 50 programs for seniors, and programs are adjusted based on needs and requests.	Recreation	Service is ongoing; with the construction of the new Gretzky Centre, an additional focus on affordable fitness programs and equipment was a high priority from the community and was built into the design. This has proven to serve many new and returning older adults through therapeutic water classes, yoga and pilates, weight room programs, pickle ball, etc.; Beckett Adult Leisure Centre is 50 yrs+, the age for the Gretzky Centre senior discount is 65 or government pensioned. An indoor walking track in the Gretzky Centre is free for patrons.	

Programs/Services and Delivery: Social Participation

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Gatherings including older people are held in various local community spots, such as recreation centres, schools, libraries, community centres and parks.	Gatherings including older people occur in a variety of community locations, such as recreation centres, schools, libraries, community centres in residential neighbourhoods, parks and gardens. Facilities are accessible and equipped to enable participation by people with disabilities or by those who require care.	Funds set aside annually for accessibility improvements. There are 19 Neighbourhood Associations and 8 Seniors Clubs in the City that offer seniors wellness programming	Recreation, Parks Services, Facilities and Asset Management (see also Outdoor Spaces and Buildings)	Most facilities are now fully accessible, however additional improvements are made as required.	

There is consistent outreach to include people at risk of social isolation.	Personal invitations are sent to promote activities and encourage participation. Events are easy to attend, and no special skills (including literacy) are required. A club member who no longer attends activities is kept on the club's mailing and telephone lists unless the member asks to be removed. Organizations make efforts to engage isolated seniors through, for example, personal visits or phone calls.	The City provides annual funding to the Brantford Seniors Resource Centre, which provides programming and resources for older adults and persons with disabilities. Services provided at the Brantford Seniors Resource Centre include referrals to community programs and services, support in completing government forms, computer classes, and life skills training.		No gaps noted in policies or service provision.

Programs/Services and Delivery: Social Participation

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
	Community facilities promote shared and multipurpose use by people of different ages and interests and foster interaction among user groups. Local gathering places promote familiarity and exchange among neighbourhood residents.	A 10 year capital plan has been established with the goal of improving program spaces and making them more suitable to the populations using them	Facilities and Asset Management, Parks Services	Ongoing initiative, as construction of YMCA in downtown Brantford will be completed by 2017, allowing space to be used by students and the community at large.	
	Voluntary organizations are supported by the public and private sectors to keep the costs of activities for older people affordable.			Outside of City Mandate	

Legend

Ongiong/Completed Planned Gap
Outside City Mandate

Programs/Services and Delivery: Communication and Information

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
A basic, effective communication system reaches community residents of all ages.	A basic, universal communications system of written and broadcast media and telephone reaches every resident.	City's communications activities have changed to a strategic approach; information is disseminated through a range of channels, including tax bill inserts, community centres, through neighbourhods associations, boards and advisory committees, and door to door canvassing. City's Digital Inclusion Program started in 2014 and has since established digital lab programs within seniors housing and the Seniors Resource Centre (interview with A. Wallace).	Communications	No gaps noted in policies or service provision. Recent changes have been effective in increasing participation in City consultation processes from 20-60 persons to 1200-2000 persons.	
Regular and widespread distribution of information is assured and a coordinated, centralized access is provided.	Regular and reliable distribution of information is assured by government or voluntary organizations. Information is disseminated to reach older people close to their homes and where they conduct their usual activities of daily life. Information dissemination is coordinated in an accessible community service that is well-publicized, a 'one-stop' information centre.	Community Involvement Framework provides both targeted and general communications for the public to be engaged in consultation programs. Program offers comprehensive and flexible consultation program where meetings are offered at various times a day and accommodates accessibility.	Communications	No gaps noted in policies or service provision.	

Programs/Services and Delivery: Communication and Information

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Regular information and broadcasts of interest to older people are offered.	Regular information and program broadcasts of interest to older people are offered in both regular and targeted media.	Information about municipal events and initiatives are now included in Brant News and Brant Expositor, channels of communications that are read by older adults. Information to local newspapers are now consistent in tone, communications, amount of information etc. Digital screens advertise services for seniors.	Communications	No gaps noted in policies or service provision.	
Oral communication accessible to older people is promoted.	Oral communication accessible to older people is preferred, for instance through public meetings, community centres, clubs and broadcast media, and through individuals responsible for spreading the word one-to-one.	The City will ensure when communicating with persons with disabilities, to do so in a manner that takes into account each person's individual needs (Corporate Accessibility Policy, November 2013). City's communications activities have changed to a strategic approach; information is disseminated through a range of channels, including tax bill inserts, community centres, through neighbourhods associations, boards and advisory committees, and door to door canvassing.	Communications	No gaps noted in policies or service provision.	

Programs/Services and Delivery: Communication and Information

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
People at risk of social isolation get one-to-one information from trusted individuals.	People at risk for social isolation get information from trusted individuals with whom they may interact, such as volunteer callers and visitors, home support workers, hairdressers, doormen or caretakers. Individuals in public offices and businesses provide friendly, person-to-person service on request.	Healthy Brantford, Safe Brantford	CAO's Office	Communications with those who are vulnerable and/or socially isolated may best be undertaken by service providers who provide direct client services, including those who undertake home visits. Potential for the City to support agencies through Healthy Brantford.	
Public and commercial services provide friendly, person-to-person service on request.		City will ensure when communicating with persons with disabilities, to do so in a manner that takes into account each person's individual needs (Corporate Accessibility Policy, November 2013); Customer service involving commercial operators are outside City mandate	Communications	No gaps noted in policies or service provision.	

Programs/Services and Delivery: Communication and Information

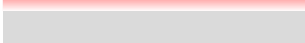| WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Printed information - including official forms, television captions and text on visual displays - has large lettering and the main ideas are shown by clear headings and bold-face type	Printed information - including official forms, television captions and text on visual displays - has large lettering and the main ideas are shown by clear headings and bold-face type.	The City is committed to creating an accessible online environment for all visitors to its web site; working towards reducing dependence on PDFs for use on web site; instances where City is unable to provide information in an accessible format (for example, mapping information, some RSS feeds, etc.) are being monitored for opportunities to develop accessible solutions as technology improves (Web Accessibility Statement); City website section related to the Facility and Events Directories will identify the level of accessibility for each facility or event through the placement of the specified icons on each directory (Accessibility Plan 2014). 2016 Communications Budget will accommodate all materials to be available online including feedback forms, as well as hard copies to be available at municipal facilities.	Communications	Services are ongoing; website makes use of industry standard-standard techniques and best practices to provide the highest possible level of web site accessibility for users. (see Accessibility Features http://www.brantford.ca/residents/accessibility/Pages/WebAccessibilityStatement.aspx); comprehensive training on creating accessible documents; website template redesigned; (Accessibility Plan 2015 Update draft. 4.3 re: integrated accessibility standard)	
Print and spoken communication uses simple, familiar words in short, straightforward sentences.	Print and spoken communication uses simple, familiar words in short, straight-forward sentences.		Communications	No gaps noted in policies or service provision.	

Programs/Services and Delivery: Communication and Information

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Telephone answering services give instructions slowly and clearly and tell callers how to repeat the message at any time.	Telephone answering services give instructions slowly and clearly and tell callers how to repeat the message any time. Users have a choice of speaking to a person or of leaving a message for someone to call back.	A live operator responds to resident calls during business hours.	Communications	No gaps noted in policies or service provision.	
Electronic equipment, such as mobile telephones, radios, televisions, and bank and ticket machines, has large buttons and big lettering.	Electronic equipment, such as mobile telephones, radios, televisions, and bank and ticket machines, has large buttons and big lettering. The display panels of bank, postal and other service machines are well-illuminated and can be reached by people of different heights.	City will continue use of technology to make internal communications accessible.	Communications	No gaps noted in policies or service provision.	

Programs/Services and Delivery: Communication and Information

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
There is wide public access to computers and the Internet, at no or minimal charge, in public places such as government offices, community centres and libraries.	There is wide public access to computers and the Internet at no or minimal charge, in public spaces such as government offices, community centres and libraries. Tailored instructions and individual assistance for users are readily available.	Tthe City will continue to make its collections accessible (i.e. audio books; large print books; downloadable books; text speech translation; zoom-in technology; etc.) and notify public of available accessible materials (Accessibility Plan 2014).	Brantford Public Library	No gaps noted in policies or service provision.	
		City will provide notice to citizens when access to services and facilities are temporarily disrupted (Corporate Accessibility Policy, November 2013 as per AODA requirement).		No gaps noted in policies or service provision.	

Legend

Ongiong/Completed Planned Gap
Outside City Mandate

Programs/Services and Delivery: Civic Participation and Employment

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
A range of flexible options for older volunteers is available, with training, recognition, guidance and compensation for personal costs.	There is a range of options for older adults to participate. Voluntary organizations are well-developed, with infrastructure, training programs and a workforce of volunteers. The skills and interests are matched to positions (e.g., register or database). Volunteers are supported in their voluntary work for example, by being provided with transportation or having the cost of parking reimbursed. Voluntary organizations provide training for their positions. Volunteers are reimbursed for expenses they incur while working.	Strategic action identified as a top priority of Council for 2010-2014 is to maintain and enhance a strong volunteer base, including strengthening relationships with Neighbourhood Associations. Additionally, a long-term desired outcome of Goal 2 of Brantford's Community Strategic Plan (High Quality of Life & Caring for All Citizens) is that Brantford will have a strong volunteer sector participating across a broad spectrum of community activities (Staff REPORT NO. CS2013-142); volunteers are appointed to City Boards and Advisory Committees, the Executive of the City's Neighbourhood Associations, and are involved in the provision of municipal recreation programming; local volunteer opportunities are posted on municipal website for "Volunteer Brantford", which lists opportunities across Brantford for range of services providers	Communications (to promote volunteer recruitment/develop-ment initiatives)	Scope of work needs to provide direction regarding City's work in volunteer development. There is an absence of a Volunteer Centre in Brantford. In 2011, the Mayor formed a steering committee to explore the need for a volunteer centre. This centre would provide training and resources on all aspects of the volunteer sector and include collaboration with partners. (http://www.brantford.ca/PDFS/2.1%20Volunteer%20Centre%20Proposal.pdf)	

Programs/Services and Delivery: Civic Participation and Employment

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
The qualities of older employees are well promoted.	Older people are respected and acknowledged for their contributions. Employers and organizations are sensitive to the needs of older workers. The benefits of employing older workers are promoted among employers.	The City is an equal opportunity employer and adheres to Human Resources standards.	Corporate	See also Respect and Social Inclusion	

Programs/Services and Delivery: Civic Participation and Employment

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
A range of flexible and appropriately paid opportunities for older people to work is promoted.	There is a range of opportunities for older people to work. There are flexible opportunities, with options for part-time or seasonal employment for older people. There are employment programs and agencies for older workers. Employee organizations (e.g., trade unions) support flexible options, such as part-time and voluntary work, to enable more participation by older workers. Employers are encouraged to employ and retain older workers. Older workers are fairly remunerated for their work. Older workers' earnings are not deducted from pensions and other forms of income support to which they are entitled.	Brant Jobs is an initiative of the City of Brantford and Brant County that includes listings for paid, unpaid, volunteer, and mentorship opportunities.	Human Resources for City; other is non-municipal mandate	No gaps noted in policies or service provision.	

Programs/Services and Delivery: Civic Participation and Employment

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion and training of employees.	Policy and legislation prevent discrimination on the basis of age. Retirement is not mandatory.	The City is an equal opportunity employer.	NA	Outside municipal mandate and project scope for non-municipal employees.	
Workplaces are adapted to meet the needs of disabled people.		City is dedicated to providing equal opportunity employment to all people and will take into account the accommodations for applicants and employees with disabilities Corporate Accessibility Policy, November 2013).		This initiative is ongoing.	
Self-employment options for older people are promoted and supported.	There is support for older entrepreneurs and opportunities for self-employment (e.g, markets to sell farm produce and crafts, small business training, and micro-financing for older workers). Information designed to support small and home-based business is in a format suitable for older workers.	Brantford Brant Business Resource Centre offers free appointments for older adults seeking self-employment options and provides a business startup kit. http://www.brantford.ca/business/SmallBusinessAssistance/Pages/BusinessStartupKit.aspx	Economic Development	This initiative is ongoing.	

Training in post-retirement options is provided for older workers.	Training in post-retirement opportunities is provided for older workers. Retraining opportunities, such as training in new technologies, is available to older workers.	City mandate does not include for post-retirement training.	Human Resources for City; other is non-municipal mandate	Consider expanding the role of Smart Brantford to include mentorship and facilitate cross-generational skills development.	

Programs/Services and Delivery: Civic Participation and Employment

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of older people.	Advisory councils, boards of organizations, etc. include older people. Supports exist to enable older people to participate in meetings and civic events such as reserved seating, support for people with disabilities, aids for the hard of hearing, and transportation. Policies, programs and plans for older people include contributions from older people. Older people are encouraged to participate.	The City's policies, procedures and standards will take into consideration citizens who require assistive devices will have the same ability to obtain, use or benefit from goods and services and provided measure to enable them to do so (Accessibility Plan 2014); AODA requirements to consult with public, including disabled, in developing accessibility policies/plans/initiatives (Accessibility Plan 2014); City maintains database of seniors interested in participating on committees on City Boards and Advisory Committees (Clerk Department Report June 2010); City maintains a roster of people who are interested in serving in a municipal capacity and advertises these opportunities.		This initiative is ongoing; portable assistive listening devices purchased for use by public as meeting/events upon request (Accessibility Plan 2015 Update draft. 4.3 re: integrated accessibility standard); Brantford Lift.	

Legend

Ongoing/Completed Planned Gap
Outside City Mandate

Programs/Services and Delivery: Respect and Social Inclusion

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Older people are regularly consulted by public, voluntary and commercial services on how to serve them better.	Older people are consulted by public, voluntary and commercial services in ways to serve them better. Older people are included as full partners in community decision-making affecting them.	AODA requirements to consult with public, including disabled, in developing accessibility policies/plans/initiatives (Accessibility Plan 2014); the City is committed to ensuring that the City's transportation services, both conventional and specialized, as well as all other City departments have a process to allow for customer feedback (Accessibility Policy 2013).	all departments, as required by project	Community Involvement Framework intends to strategically engages sectors of the community, including older adults, in appropriate ways. The development of a Community Involvement Plan is required for any municipal projects that include public consultation.	

Services and products to suit varying needs and preferences are provided by public and commercial services.	Public and commercial services provide services and products adapted to older people's needs and preferences.	The City's policies, procedures and standards will take into consideration citizens who require assistive devices and will ensure they have the same ability to obtain, use or benefit from goods and services by providing measures to enable them to do so (Corporate Accessibility Policy, November 2013).	all departments, with respect to municipal procurement of products and services, through City's procurement process	Smart boards and other social inclusion equipment installed at various locations (Accessibility Plan 2015 Update draft. 5.0 re: parks and recreation); comprehensive training on creating accessible documents; website template redesigned; portable assistive listening devices purchased for use by public as meeting/events upon request (Accessibility Plan 2015 Update draft. 4.3 re: integrated accessibility standard)	

Programs/Services and Delivery: Respect and Social Inclusion

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Service staff are courteous and helpful.	Services have helpful and courteous staff trained to respond to older people.	Customer Service Training policy is mandatory for all staff (OADA Self-Certified Accessibility Report 2014).	Human Resources	Update of sensitivity training for staff and volunteers (Accessibility Plan 2015 Update draft. 4.3 re: integrated accessibility standard); comprehensive, ongoing corporate wide accessibility training in place (Accessibility Plan 2015 Update draft. 4.2 re: customer service standard)	
Older people are visible in the media, and are depicted positively and without stereotyping.	The media include older people in public imagery, depicting them positively and without stereotypes.	Not applicable	This is a non-municipal responsibility, with the exception of any depictions of older adults used by the City	Outside municipal mandate and project scope.	
Community-wide settings, activities and events attract all generations by accommodating age-specific needs and preferences.	Community-wide settings, activities and events attract people of all ages by accommodating age-specific needs and preferences.	municipal events are held at publicly accessible spaces where there is seating provided (interview with B. Hughes).	Corporate, Parks	This initiative is on-going.	

Programs/Services and Delivery: Respect and Social Inclusion

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Older people are specifically included in community activities for "families".	Older adults are specifically included in community activities for 'families'. Activities that bring generations together for mutual enjoyment and enrichment are regularly held.	Inter-generational and family programming, activities and special events are developed and operated as part of municipal supply	Recreation	Potential additional needs/improvements will be assessed in Recreation Master Plan to be completed in 2016	
Schools provide opportunities to learn about ageing and older people, and involve older people in school activities.	Learning about ageing and older people is included in primary and secondary school curricula. Older people are actively and reguarly involved in local school activities with children and teachers. Older people are provided with opportunities to share their knowledge, history and expertise with other generations.	Not applicable	This falls outside the City's mandate	Outside municipal mandate and project scope.	

Older people are recognized by the community for their past as well as their present contributions.	Older people are recognized by the community for their past as well as their present contributions.	City of Brantford Volunteer Recognition program is an annual event hosted by City Council to recognize the valuable contributions made by the many citizen member appointees to its various Boards and Advisory Committees, which may include older adults.	Corporate	No gap noted in meeting WHO criteria.	

Programs/Services and Delivery: Respect and Social Inclusion

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Older people who are less well-off have good access to public, voluntary and private services.	Economically disadvantaged older people enjoy access to public, voluntary and private services and events.	City subsidizes costs of programs/services for older adults; certain programs/activities are provided at no cost City is working with GRCOA to develop an Access to Recreation Policy to address affordability and to provide funding for older adult programs.

RBC Get Active Fund has been secured to fund swimming and water therapy programs for older adults. City otherwise offers payment plans for memberships that includes punch cards, monthly and 3 month passes, which have increased participation. | Recreation for municipal responsiblities; City is not responsible for voluntary and private service affordable access, but does support sport and recreation volunteer sector; Communications can inform community about other affordable opportunities in Brantford | City is providing ongoing subsidies and no-cost services, as appropriate. Access to Recreation policy and RBC Get Active being developed/implemented; potential additional needs/improvements will be assessed in Recreation Master Plan to be completed in 2016. | |
| | Community action to strengthen neighbourhood ties and support older residents as key informants, advisers, actors and beneficiaries. | Existing and potential structures for integration include civic committees, advisory bodies, Neighbourhood Hubs | all departments, as required by project/service/neighbourhood | This initiative is on-going. | |

Legend

Ongoing/Completed Planned Gap
Outside City Mandate

Programs/Services and Delivery: Community and Health Services

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
An adequate range of health and community support services is offered for promoting, maintaining and restoring health.	consistent with WHO criteria. In addition, health and social services offered address the needs and concerns of older people.	There is a shortage of family physicians in the County. In 2001, a Community Health Care Task Force was formed to identify issues and make recommendations to address physician shortage (http://www.brantford.ca/pdfs/6.1.1%20PHSSS2015-77%20Physician%20Recruitment%20Committee%20Update.pdf). Since 2002, the City has been providing an annual funding allocation to support the Community Physician Recruitment Committee, at an amount of $110,000 per year from the Casino Reserve account. This annual allocation is sustained through approval in the 2015 City of Brantford Operating Budget. Physician recruitment undertaken through Brant Community Healthcare System. Brant Community Healthcare System developed a recruitment committee in 2008. Recent opening of Grand River Community Health Centre and Brantford Medical Centre has also provided opportunities for more family physicians (http://www.brantfordexpositor.ca/2010/11/02/physic-ian-recruitment-it-takes-a-city). However there is still a shortage of family physicians. Walk-in clinics recently opened in 2014 is helping to alleviate demand for family physicians (http://www.brantfordexpositor.ca/2015/08/10/brantf ord-area-doctor-shortage-could-last-years). Through Healthy Brantford, community partners will be brought together to identify and address issues	CAO's Office	Outside City mandate. However, Healthy Brantford is an emerging initiative that seeks to bring together community partners to identify and address issues of health equity. Those needs are expected to be presented to other Task Force members responsible for direct services delivery.	

Programs/Services and Delivery: Community and Health Services

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Home care services include health and personal care and housekeeping.	consistent with WHO criteria	Healthy Brantford Task Force to identify health and wellness issues. Healthy Brantford initiative will engage people with lived experience.	Corporate (Strategic Planning)	Outside City mandate. However, Healthy Brantford is an emerging initiative that seeks to bring together community partners to identify and address issues of health equity that may include identification of specific community and health service needs of older adults. Those needs are expected to be presented to other Task Force members responsible for direct services delivery	
Health and social services are conveniently located and accessible by all means of transport.	Health and social services are well-distributed throughout the city, are conveniently co-located, and can be reached readily by all means of transportation.	See Outdoor Public Spaces and Buildings In addition, Neighbourhood Hubs are established in Brantford and includes seniors programming as well as other services.	Planning	This initiative is ongoing.	

Programs/Services and Delivery: Community and Health Services

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Residential care facilities and designated older people's housing are located close to services and the rest of the community.	Residential care facilities, such as retirement homes and nursing homes are located close to services and residential areas so that residents remain integrated in the larger community.	See Outdoor Public Spaces and Buildings	Planning	This initiative is ongoing.	
Health and community service facilities are safely constructed and fully accessible.	Service facilities are safely constructed and are fully accessible for people with disabilities.	see Outdoor Public Spaces and Buildings - consistent with FADS		This initiative is ongoing.	
Clear and accessible information is provided about health and social services for older people.	Consistent with WHO criteria	Healthy Brantford may include communications and promotions activities that should provide information about services, capacities, and supports available to residents. Collaboration among services providers will serve to improve communications among different sectors and between sectors.	CAO's Office	City services addresses Communications standards.	
Delivery of services is coordinated and administratively simple.	consistent with WHO criteria	Healthy Brantford is an emerging initiative that seeks to bring together community partners to identify and address issues of health equity. Paramedicine programs are located within seniors housing.	CAO's Office	Area to be addressed by Healthy Brantford	

Programs/Services and Delivery: Community and Health Services

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
All staff are respectful, helpful and trained to serve older people.	Administrative and service personnel treat older people with respect and sensitivity. Service professionals have appropriate skills and training to communicate with and effectively serve older people.	Customer Service Training policy is mandatory for all staff (OADA Self-Certified Accessibility Report 2014).	Human Resources for AODA customer service training; professional training for health and social services delivery outside City mandate.	City undertakes on-going AODA customer service training. Professional training for health and social services delivery outside City mandate.	
Economic barriers impeding access to health and community support services are minimized.	consistent with WHO criteria	Healthy Brantford initiative supports a social determinants of health lens to assess whether economic barriers are creating challenges for people to access health and community support services.	Healthy Brantford - corporate initiative of Strategic Planning	Outside City mandate. However, Healthy Brantford is an emerging initiative that seeks to bring together community partners to identify and address issues of health equity.	
Voluntary services by people of all ages are encouraged and supported.	consistent with WHO criteria			Outside City mandate	

Programs/Services and Delivery: Community and Health Services

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
There are sufficient and accessible burial sites.	There is adequate access to burial sites	City operates and maintains five cemeteries: Mount Hope Cemetery, Oakhill Cemetery (opened in 1993), Greenwood Cemetery, Batson and Tranquility Cemetery (http://www.brantford.ca/pdfs/5.1.4%20CD2014-016%20Revisions%20to%20Cemetery%20Bylaw%20Full%20Rerport%20and%20All%20Appendices.pdf). **New Cemeteries:** Official Plan permits Cemeteries under the Parks and Open Space Designation (8.3.3). Section 8.3.3.x includes policies addressing the expansion of existing cemeteries and the establishments of new cemeteries to have regard for impacts on adjacent land uses, access to road system, provision of onsite parking, and screening and landscaping. No future or planned cemeteries have been identified in Brantford.	Parks Services	This initiative is ongoing.	

Programs/Services and Delivery: Community and Health Services

WHO Criteria	GRCOA[1]	Policy, Initiatives and/or Objectives	Implementing Departments	Status	
Community emergency planning takes into account the vulnerabilities and capacities of older people.	Emergency planning includes older people, taking into account their needs and capacities in preparing for and responding to emergencies.	2013 Brantford Emergency Management Program and Emergency Plan adopted by by-law. Emergency Management Program is managed by Committee that includes the CAO, General Manager of Public Health, Safety and Social Services, General Manager of Public Works Commission, Brantford Police Chief, Brantford Fire Chief, City Clerk, Emergency Information Officer, and Community Emergency Management Coordinator. Committee is responsible for state of emergency management and provides advice to Council regarding the development and implementation of the Program and Plan. Communications and Emergency Management addresses all residents equally.	Brantford Fire Department Emergency Management	No specific actions address the specific capacities of older adults.	

Legend

Ongoing/Completed Planned Gap
Outside City Mandate

Appendix C: Social Housing Accommodating Older Adults

| Name and type of building | Address | Ownership | | Location within City | Total Assisted Units/Total Units | Type | | Form of Assistance |
		City	Other			No. of Bedrooms	No. Accessible	
Seniors 60 years +								
Beckett Building Aapartments (w. seniors centre 50+)	7 Bain St. (e)	X		central	43/63	6B	0	43 RGI
						52 1B	0	
						5 2B	0	20 market rent
Brant Towers Apartments	5 Fordview Crt.(e)	X		west	201/201	200 1B	0	RGI
						1 2B	0	
Lorne Towers Apartments	24 Colborne St Lorne Towers (e)	X		west	159/159	158 1B	0	RGI
						1 2B	0	
Albion Towers Apartments	45 Albion St (e)	X		central	69/70	69 1B	4	69 1B RGI
						1 2B	0	2B market rent
John Noble Home Bell Lane Apartments	6 Bell Lane (e)	X		west	18/26	1B		rent supplement:
						17 1B	6	
						4 2B		1B

Name and type	Address	Ownership		Location	Total	Type		Form of
								17 1B
Counsel Park Road Apartments	575 Park Road North		private	north	19/39?	39 2B	19	rent supplement
Robertson Ave semi-detached units	9-27 Robertson Ave for singles or couples who are 60+ years and on pensions	?	private?	?	16/16	16 1B	1	market rent
Dornia Manor	321 Fairview Dr.		private		92/92	1, 2 & 3 bedroom units; 1 penthouse	?	market rent
Brant Manor	291 Brant Ave.(e)		private		68/68	1 and 2 bedroom units	?	market rent
Brierwood Gardens Seniors' Community*	425 Park Rd N		private			seniors retirement apartments; independent living; assisted living	?	market rent
Total City					**490**			
Total Private					**195**			
Total Senior					**685**			

| Name and type of building | Address | Ownership | | Location within City | Total Assisted Units/Total Units | Type | | Form of Assistance |
		City	Other			No. of Bedrooms	No. Accessible	
Adult								
Brant Native Homes Inc. Apartments	312-314 Colborne St. (w)		non-profit	central	4/4	4 1B	0	RGI
Northern Gate Apartments	255 Colborne St. (e)		private	central	18/40	18 1B	18	Rent supplement
Uptown Downtown Apartments	251 Colborne St. (w)		private	central	10/?	5B	0	Rent supplement
						5 1B	0	
City Centre Apartments	24 Harris Ave. (e)		private	central	?	22 1B	1	Rent supplement
						1 2B	1	
Heritage House Apartments	40 Queen St.(e)	X	Sir Wilfred Laurier	central	14/27	27 1B	5	14 RGI 13 market
Winston Court	124 Ontario St. (1967), 22 Gladstone Ave, 18 Aberdeen Ave (w)	X		south	124/124	80B	0	RGI
						44 1B	0	

| Name and type of building | Address | Ownership | | Location within City | Total Assisted Units/Total Units | Type | | Form of Assistance |
		City	Other			No. of Bedrooms	No. Accessible	
Duplex (one floor)	7 Joseph Str.		private	central	2/?	2 1B	0	Rent supplement
Southwick Apartments	47 Memorial Dr. (e)		private	north	27/119	27 1B	0	Rent supplement
Westgate Apartments	661 West St.(e)		private	north	5/?	5 1B	0	Rent supplement
Dunsdon Street Apartments	241 Dunsdon St (w)		private	north	10/?	10 1B	0	Rent supplement
West Centre Apartments	11 West St.		private	central	17/?	17 1B	17	Rent supplement
Centennial Towers	150 Darling St.		private	central	9/?	9 1B	0	Rent supplement
Phoenix Place Apartments	175 Dalhousie St.(e)		private	central	10/?	8 1B	8	Rent supplement
						2 2B	2	
Total City/Partnership					**138**			
Total Non-profit					**4**			
Total Private					**108**			
Total					**250**			

Name and type of building	Address	Ownership City	Ownership Other	Location within city	Total Assisted Units/ Total Units	Type No. of Bedrooms	Type No. Accessible	Form of Assistance
Mix								
Brant Native Homes Inc.	309 Campbell St. (w)		non-profit	central	4/4	4 2B	0	RGI
Chatham Street Apartments	109 Chatham St. (w)		private	central	2/?	1 1B	0	Rent supplement
						1 2B	0	
Nelson Heights Apartments	104 Nelson Street (e)	X		central	58/58	16 1B	2	RGI
						30 2B	1	
						12 3B	0	
Colborne Street East Apartments	994 Colborne St. East (w)		private	east	3/?	2 1B	0	Rent supplement
						1 2B	0	
Graham Bell Estates	24, 26, 28 Helen Ave. (e)		private	west	17/?	17 1B	0	Rent supplement
Lyndsay Street	20 Lyndsay Ave.		private	west	2/?	1 1B	0	Rent supplement
						1 2B	0	
Saorsie Co-op Apartments & Town houses	183-185 Pearl St. (w)		non-profit	central	70/	2 1B	0	Rent supplement
						40 2B	0	
						28 3B	4	
St. Basil's Community Homes	73-77 Pearl St. (w; lift for accessible units)		non-profit	central	32/?	1 1B	0	Rent supplement
						10 2B	2	
						19 3B	2	
						2 4B	0	
Slovak Village	144 Fifth Av. (e)		non-	south	150/?	33 1B	2	Rent

apartments		profit			84 2B	3	supplement
					33 3B	0	
Bedrooms							
Total City				58			
Total Non-profit				256			
Total Private				24			
Total				338			

Notes: (e): elevator; (w): walk-up does not include private stock that is not geared, but available to, older adults depending

on their level of independence

Sources:
http://www.brantford.ca/Housing%20%20Social%20Services%20%20Documents/RGI%20APPLICATION%20HSA%202015.pdf
http://www.brantford.ca/residents/support_services/housing/HousingPrograms/AffordableHousingProgram/Pages/AffordableHousing
Projects.aspx
http://www.brantford.ca/residents/support_services/housing/Applicants/Pages/CityofBrantfordProperties.aspx
http://www.brantford.ca/Housing%20%20Social%20Services%20%20Documents/Where%20am%20I%20on%20the%20waiting%20li
st%20July%202014.pdf
http://www.brantford.ca/Housing%20%20Social%20Services%20%20Documents/Modified%20Housing%20Listings%20-
%20July%202015.pdf
http://www.brantford.ca/Housing%20%20Social%20Services%20%20Documents/Internal%20transfer%20Request%20Form.pdf

Appendix D: Examples of Age-Friendly Practices

Municipality	Scope	Implementation	Municipal Budget Impacts	Integration in Decision-Making	Monitoring and Evaluation
Hamilton's Plan for an Age-Friendly City	Plan developed in partnership between the City's Neighbourhood and Community Initiatives Division and Hamilton Council on Aging (HCOA). The Plan reflects shared responsibility and coordinated services delivery that involves all three levels of government, the private sector, and the non-profit sector.	Municipal responsibility is appropriately assigned to the respective department's mandate and scope of services delivery. Actions that involve advocacy, including provincial or federal levels of government, private sector, businesses, and the general public, are the responsibility of the Council of Aging and other local associations.	City provides funding to HCOA to support the development of a Senior Strategy. Many of the departmental actions included in Hamilton's Plan for an Age-Friendly City have minimal cost implications. Departments are expected to achieve the plan's actions within the existing staff complement and operating budget.	Actions executed based on the recommendations identified in Plan. No age-friendly decision-making framework to guide future plans, projects, and initiatives.	Implementation Plans will still need to be developed by the City that will include specific timeframes for actions, funding requirements, monitoring indicators, and reporting updates.

Municipality	Scope	Implementation	Municipal Budget Impacts	Integration in Decision-Making	Monitoring and Evaluation
Waterloo's Age-Friendly Plan	A Community Age-Friendly Action Plan was developed by the Age-Friendly Committee in 2013 and presented to City Council as a tool to engage community partners in the operationalization of the recommendations contained in the report. The Action Plan include recommendations that extended beyond the City's mandate to include other community groups and organizations. A subsequent report was developed by City staff that identified the role of the City as related to the Age-Friendly recommendations, along with implementation impacts.	Recommendations to Council focused on housing, health and community support services, respect and isolation, and social participation. Many of the actions identified in the Action Plan were delegated to the Region, other community stakeholders, and academia. Actions deferred to the Region include community and stakeholder consultation and engagement, and advocacy. Actions that were recommended for the City to implement were selective and implementation was dependent upon staff workload considerations.	Budget considerations related to the Age-Friendly Committee was brought forward through the municipal 2015 budget process, which resulted in an approval of $10, 0000 for Community & Neighbourhood Services Department to implement the Age-Friendly Recommendations. A request for an amount of $20,000 to support implementation was deferred to the 2016 operating budget.	The Mayor's Advisory Committee guides and coordinates the process of Waterloo becoming an age-friendly city. They include the Mayor, city staff, an older adult's advisory group, and representatives from health, social services, education, and social planning sectors.	Community engagement is undertaken by the Mayor's Advisory Committee to determine priorities to make Waterloo more age-friendly and by developing an action plan. They also identify potential partnerships to implement the action plan and secure funding to support project implementation.

Municipality	Scope	Implementation	Municipal Budget Impacts	Integration in Decision-Making	Monitoring and Evaluation
Ottawa – Age-Friendly Ottawa Action Plan and Municipal Older Adult Plan	Older Adult Plans (OAP) were developed in collaboration with the City and the Council on Aging of Ottawa and incudes the Older Adult Plan 2012-2014 and the Older Adult Plan 2015-2018. Actions specify target groups that will benefit from the improvement, which includes older adults in general, those with disabilities, or those living on low income.	The OAP is a strategic initiative in Council's priorities. Individual departments are assigned as leads to address each of the actions. Other departments are noted where applicable providing assistance to lead implementing department.	There is a dedicated City staff resource who is responsible for coordination. Council allocated $500k in the operational budget in 2009 which was rolled over in subsequent years to implement the initiatives contained in the OAP. Each action has a corresponding funding requirement identified, whether it will be drawn from the OAP's operating budget or whether no funds are needed. Individual departments that require OAP funding are asked to submit a proposal for secure funds.	Seniors Roundtable is an advisory committee that was established to provide feedback to staff during the implementation of the OAP. Seniors Roundtable also provides secondary role for City staff to seek input regarding issues that affect older adults on corporate programs services and infrastructure, and for them to share older adult issues that relate to City services and budget decisions. The Roundtable meets quarterly and includes a municipal Councillor.	Reporting indicators are established for each of the City's actions that includes quantifiable benchmarks for the City to record progress. Seniors Roundtable, Community and Protective Services Committee, Council, and Staff work group will coordinate the implementation of Older Adult Plan and monitor emerging trends and issues.
Sault Ste. Marie	The Eight WHO	Mayor and Council	No dedicated budget	Actions will be executed	City faced public

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Municipality	Scope	Implementation	Municipal Budget Impacts	Integration in Decision-Making	Monitoring and Evaluation
– Age-Friendly Sault Ste. Marie	dimensions were examined through four different phases over a 5 year program.	spearheaded the Age-Friendly initiative.Municipal departments integrate the Age-Friendly actions into their perspective departmental action plans. Consultation included input from over 2500 residents, recommendations were scoped accordingly reflective of the capacities and resource capabilities of the City to execute. Action items were specific, eliminating ambiguity regarding where features are to be implemented.	to support implementation. Departments are expected to achieve the plan's actions within the existing staff complement and operating budget.	by corresponding departments into the community planning process. No age-friendly decision-making framework was developed to guide future plans, projects, and initiatives.	scrutiny regarding the initiative in its potential to benefit all ages, not just older adults. A media strategy will be developed during implementation to communicate that the plan will improve quality of life for all residents, regardless of age.
City of Kingston's Age-Friendly Program	Two-stage process, including Stage One baseline assessment and Stage Two Municipal Action Plan. The recommendations	Municipality to lead Age-Friendly program. Led by Social Policy and Strategic Community Development. Implementation of	No dedicated budget to support implementation. Departments are expected to achieve the plan's actions	Actions executed based on the recommendations identified in the Stage Two Action Plan Report. New policies and projects are vetted	Age-Friendly Advisory Committee disbanded following the approval of the Stage Two Action Plan Report. City staff from Social

Municipality	Scope	Implementation	Municipal Budget Impacts	Integration in Decision-Making	Monitoring and Evaluation
	focused around four key themes, including: staying in homes, staying active in the community, knowing what is going on, and where to get help.	municipal actions are done through each individual department.	within the existing staff complement, operating budget and capital budget as needed.	through the Municipal Accessibility Advisory Committee due to the crossover between accessible and age-friendly. A newly formed Kingston Age-Friendly Community Alliance is available for consultation when asked by the City to provide feedback from an age-friendly perspective.	Policy and Strategic Community Development is responsible for undertaking annual progress reports on the status of all recommended actions.
Mississauga's Older Adult Plan **2012 Report on the Older Adult Plan**	Plan focuses on the responsibilities of the City's Community Services department, but also extends to include Corporate Services, Planning and Building, and Transportation and Works. Actions were developed based on a range of topics not consistent with WHO. This includes	2009 Older Adult Plan will be reviewed and updated based on the WHO framework. Action teams will be established for each of the WHO dimensions.	OAP led to securement of over $250,000 in funding from Ministry of Health and Long Term Care (Elderly Persons Centre grant) to delivery activities, purchase new equipment, and hire staff and in community centres; and $15,000 from HRDC to deliver Junior Seniors Mentoring and Helping Seniors program.	Older Adult Advisory Panel (OOAP) formed in 2014 that includes City staff and other Councillors, and residents. Mandate of the panel is to exchange information and advice on improving older adult services in the community. OOAP promotes innovative practices and addresses issues and concerns experienced by	In 2015, City received a grant to do an Age-Friendly Plan that will build on and update the previous OAP.

Municipality	Scope	Implementation	Municipal Budget Impacts	Integration in Decision-Making	Monitoring and Evaluation
	organization and management, subsidies, policy, procedure and guidelines, collaboration and partnership, marketing and communication, and older adult programs and services.			oldera adults that are within the City's mandate. Meetings are held bimonthly.	

CITY OF BRANTFORD AGE-FRIENDLY CUSTOM NEEDS ASSESSMENT

Municipality	Scope	Implementation	Municipal Budget Impacts	Integration in Decision-Making	Monitoring and Evaluation
City of Thunder Bay Age-Friendly City Services Action Plan	City undertook an internal audit of municipal services programs and facilities and developed actions in accordance with the City's responsibility to achieve an age-friendly community. Action plan was developed in response to the barriers gaps identified developed by the Age Friendly Stakeholder Committee.	Action Plan only reflects the roles and responsibilities of the City. Other sector responsibilities will be addressed in a separate Community-Wide Action Plan to be developed by the Age-Friendly Steering Committee. The Plan also includes supports that the City may provide to other community organizations.	Actions have varying cost implications. Departments are expected to achieve the plan's actions within the existing staff complement, operating budget and capital budget as needed. Council approval will be required to fund actions that require significant funds.	No age-friendly decision-making framework was developed to guide future plans, projects, and initiatives. However, where actions are in alignment with other municipal plans or policies, reference was made. Many of the City's actions reflect continuation for the City to implement changes that are already underway to improve accessibility, walkability, connectivity etc.	Reporting indicators are established for each of the City's actions that includes quantifiable benchmarks for the City to record progress. Progress reports will be issued on an annual basis. The City's Action Plan will be reviewed every 4 years to reconsider actions where there are challenges in implementation, to develop new priorities and adjust actions to the developing needs of older adults.
Cambridge – Age-Friendly Cambridge	Plan was undertaken by the Social Planning Council of Cambridge and North Dumfries, however includes a recommendation for the City to dedicate a senior ombudsperson/	Report identified potential champions to execute on the actions, which includes the City. Since 2013, the City has received funding in January 2015 to	Departments are expected to achieve the plan's actions within the existing staff complement and operating budget.	Age-Friendly Plan in development.	Age-Friendly Plan in development.

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Municipality	Scope	Implementation	Municipal Budget Impacts	Integration in Decision-Making	Monitoring and Evaluation
	specialist to assess how the City can achieve the objectives of the recommendation with the existing staff complement and approved budget.	undertake a municipal Age-Friendly Action Plan.			
Niagara Region – Age-Friendly Communities Initiative	Age-Friendly Community initiative was undertaken in partnership between the Region and the City of Welland, through a Seniors Advisory Committee.	Regional Age-Friendly staff provided through in-kind support acts as an administrator for the steering committee. Steve Murphy, Accessibility Coordinator Carol Rudel, Manager of Seniors Community Programs.	None	To be determined	Under development
Windsor – Age-Friendly Windsor **Age-Friendly Windsor Community Report**	Plan was developed by Age-Friendly Windsor Network.	Age-Friendly Windsor Network will promote, facilitate and oversee progress regarding actions. Corporate Strategic Plan was used as a guide to align the Age-Friendly Windsor Plan with the	An annual operating budget is provided by the City to the Windsor Seniors Advisory Committee	Windsor Seniors Advisory Committee includes residents, representatives of seniors groups and agencies, City staff, and Councillors who act as a liaison for seniors and will report and provide advice to City council	Age-Friendly Windsor Network will provide progress updates to City Council on an annual basis.

Municipality	Scope	Implementation	Municipal Budget Impacts	Integration in Decision-Making	Monitoring and Evaluation
		City's operational activities.		regarding interests and concerns affecting older adults.	

Appendix E: Application Form for the WHO Global Network of Age-Friendly Cities and Communities

1) City/Community details

1) Name of city or community *

2) Region or state

3) Country *

4) Your city or community's population size *

The input is of type "number"

5) Percentage of residents above the age of 60 *

The input is of type "number" with 2 decimals

6) Are you applying through one of the Network's Affiliated Programmes? *

☐ AARP Network of Age-friendly Communities, United States

☐ Age-friendly Ireland, Ireland

☐ Municipalité Amie des Aînés, Québec, Canada

☐ Pan-Canadian Age-Friendly Communities Network, Canada

☐ Regional Programme Bashkortostan, Russian Federation

☐ Réseau Francophone des Villes Amies des Aînés

☐ Slovene Network of Age-friendly Cities, Slovenia

☐ Spanish National Programme of Age-friendly Cities, Spain

☐ UK Network of Age-friendly Cities, UK

☐ Vida Cidades, Portugal

☐ I am not a member of any of these affiliated programmes

2) Commitment towards becoming an age-friendly city or community

1) Letter of commitment from the Mayor * — Please upload your Mayor's letter of commitment in either PDF or Microsoft Word format.

[Browse...]

File size is limited to 5MB. [?]

2) Mayor's name and title *

3) Address of the Mayor's office *

3) Designation of contact person for the Global Network

Please appoint a contact person in your local administration for all correspondence and collaboration with the WHO and other Global Network members.

1) Title *

2) Name *

3) Position *

4) Role in city or community's age-friendly initiative *

5) E-mail address *

The e-mail format is "xxxx@yyyy.zzz"

6) Telephone number (including international dialling code) *

4) Description of your age-friendly activities to date

1) Please provide a brief summary (250-300 words) of your city or community's policies, programmes and services targeted at older people and how you are planning to make your community more age-friendly. If your application is successful, this summary will be published on the Network's website www.agefriendlyworld.org. *

2) Please choose a picture (skyline or logo) to be published on the profile page of your city or community on the Network's website *

A good quality picture in horizontal format (size: 100kb-800kb)

[   ] Browse...

File size is limited to 5MB. [?]

3) If you have already conducted an age-friendly baseline assessment of your city or community, please upload it.

Age-friendly Assessment

[   ] Browse...

File size is limited to 5MB. [?]

4) If you have already developed a strategy or action plan to make your city or community more age-friendly, please upload it

Strategy or action plan

[   ] Browse...

File size is limited to 5MB. [?]

5) If you have a dedicated web page on your age-friendly activities, please include it here. If not, indicate your city or community website

Website

[http://   ]

The URL format is "http://xxxxx". 👁

5) Engagement of older people

1) How are you engaging and involving older people in the process of becoming a more age-friendly city or community?

6) Cross-sectoral collaboration

1) What mechanisms have you/are you planning to put in place to facilitate collaborative planning and implementation between different departments of the local administration and across sectors?

7) Participation in the WHO Global Network of Age-friendly Cities and Communities

1) How do you hope to contribute to the Global Network?

2) What motivated your city or community to become a member of the Global Network?

Appendix F: Survey of City of Brantford Staff on Age-Friendly Planning and Evaluation

1. Nineteen (19) departments/divisions were invited to participate in the staff survey. Twelve (12) responded, including:

Building Department

Facilities

Parks and Recreation (2 respondents)

Facilities and Asset Management

Housing Services

Sanderson Centre

Public Works Commission

Public Health, Safety and Social Services

John Noble Home

Corporate Communications

Human Resources

2. Please indicate your Department's service area (check all that apply). (12 respondents)

- Delivers physical infrastructure (i.e., roads, sewers, buildings): 6 (43%)
- Delivers services and programs: 10 (86%)

Three departments provide both infrastructure and programs/services.

3. Does your Department currently provide services specifically for older adults/seniors? (12 respondents)

- Yes: 5
- No, department provides services for residents of all ages: 8

4. If yes to number 3, please list each service (major categories only) and identify the age cohort used to define older adults/seniors. (4 respondents)

Department Service	Age cohort (e.g., 60+ years; 55+ years etc.)
Beckett Adult Leisure Centre	50
Provision of senior mandated housing	60+ years
Affordable Housing for Seniors	65
Long Term Care	mandate 18 years and over average age 82
Partnership with Paramedicine Program in senior buildings	60
Day and Stay Program	mandate over 18 with cognitive impairment, current youngest at 53
Trusteeship Program (seniors)	65
Seniors Apartments	60+
Collaboration with behavioural supports Ontario	Older adults

5. If your Department provides services to older adults (in Question 4 above), briefly describe the process your Department uses to determine the type and volume of services. (4 respondents)

- Beckett Adult Leisure Centre: The BALC focus and purpose it to provide programming / services for seniors
- Provision of senior mandated housing: The services within the buildings are available to all residents. Additonally, New Horizon grant provided to seniors at Brant and Lorne Towers for social inclusion activities.   Victims Services has provided seniors resource kit which has been distributed to senior buildings.

- Affordable Housing for Seniors: The number of units of affordable housing available in the Community is dictated by the Housing Services Act (Ministry of Municipal Affairs and Housing), however local offices have some discretion regarding type of units and how they are implemented (new builds vs. rent supplements).   There is not currently funding to support the number of families who would be financially eligible, therefore the City monitors waitlists to determine where the investment in more units would have the most impact.
- Long Term Care: Long Term Care and Day and Stay must meet criteria set up by CCAC, CCAC fills our vacancies. Programs and services are set up according to the LTC Homes Act 2010 for LTC and by the LHIN for the Day program. We also involve clients in surveys and meetings to assist us in identifying other areas of need.

6. Does your Department currently evaluates its services? (11 respondents)

- Yes: 8 (73%)
- No: 3 (27%)

Comments:

- With respect to infrastructure, somewhat in terms of accessibility rather than age friendly though both are not necessarily independent of one another. We do provide project planning and development details to the Brantford Accessibility Advisory Committee. Through Asset Management we are reviewing work order systems that will have the capability to assess moving forward. Anticipate this will take place in 2017.
- Some evaluations are completed for various programs. There is room for improvement, however.
- Capital projects are prioritized, budgeted and delivered. Evaluation of projects are basically compliance with applicable codes and financial in nature.
- We do programming evaluations throughout the year. We have a suggestion box at the centre and have an Advisory Board with members that liaise with staff and members of the centre.
- Annual program evaluations as well as waiting list evaluations.
- Surveys to residents.
- Survey, follow up on concerns, meetings, etc.
- Services are evaluated based on internal and external feedback received through quantitative and qualitative analysis.

7. To whom does your Department report its evaluation results? (7 respondents)

- Internally only and sometimes to City Council where applicable; Municipal Performance Measures were used to collect these numbers for the province but that was eliminated two years ago or so.
- We have monthly meeting with an opportunity to share and network
- Council, ONPHA (wait list), Ministry of Municipal Affairs and Housing as well as Service Canada
- Engineering Services
- Ministry of Municipal Affairs and Housing
- Administrator, Quality Improvement teams, MOH, LHIN, Health Quality Ontario, Accreditation Canada, Committee of Management, etc.
- Externally through strategic action progress reports

8. Does/could your Department coordinate its evaluation to coincide with a quarterly, semi-annual or annual schedule (check all that may apply). (10 respondents)

- Quarterly: 4
- Semi-annual: 1
- Annual: 5
- No/other, please explain: 5
- This has not yet been determined as we have not selected a vendor for the software as of yet. I expect the program will have the capabilities to meet any of the provided reporting options.
- Based on sessions. Some are 8 weeks. Some are 10 -12 weeks, depending on the program.
- Individual projects are reviewed during delivery and at completion.
- Per project
- Annual and other

9. Do your evaluation findings provide you the information required to ensure that residents' needs are planned for, or met (if applicable, for older adults)? (8 respondents)

- Yes: 5
- No: 3

Please explain if there is information that would be more useful to you in evaluating your services.

- Though not evaluating now, I expect once we have a work order management system in place we could tailor data to suit planned guidelines. Generally speaking, the services we provider are to internal clients though I appreciate a certain portion of our staff would meet your age friendly category and many of the facilities we manage are open to the public.
- More for children and youth programs. Some programs at Beckett Adult Leisure Center are also evaluated at least twice per year for regular programs.
- Great tool to use to assist in providing members with programs from the interest of members or within the community.
- The answer is both yes and no depending on the specific program. Program evaluation focuses on the intent of the program. In some cases it is used to evaluate service, in others it is used to determine future needs.
- For all ages
- Ideally, if funding allowed, we would be able to support all seniors in aging-in-place, or support transitioning seniors at risk within their homes to supportive housing, however we are unsure of how many seniors within the community would benefit from affordable or supportive housing.
- More direct contact with the public is required to properly assess if their needs are being met. Currently, feedback is received online through fillable forms that not all (especially older adults) are comfortable accessing. More meaningful input is received through public consultations where residents have an opportunity to voice their concerns/needs in person.

10. If your Department evaluates its programs and services (if applicable, for older adults), please briefly describe how this process works and how the findings of the evaluation are fed back into service planning. (7 respondents)

- Typically evaluations are handed out and can be anonymous if they like. We would like to move more of this online as opportunities arise.
- Program evaluation very effective and used to provide ways to offer new programs, improve existing services/programs, etc.

- We look at output statistics year over year. We compare projections to our actuals and we use waiting lists numbers to numbers to determine future needs.
- Through letters, sometimes public information sessions, surveys, face to face
- Housing waitlists are the primary driver of service planning
- Quality Improvement Plan that is submitted to Health Quality Ontario, Accreditation Plans, Reports to Committee of Management, etc.
- Corporate Communications is an internal service group, in that we provide communication support services to individual departments/commissions across the organization. In terms of interaction with the public, our role is to keep residents informed of programs and services through optimizing the City's communication channels (website, social media, media relations). We also help departments promote and structure opportunities for public engagement/consultation.

11. Does your Department partner with other City Departments, agencies, non-municipal agencies or organizations in service delivery planning and evaluation? (11 respondents)

- Yes, our Department partners with other City departments/agencies: 7
- Yes, our Department partners with non-municipal agencies/organizations: 4
- No: 3

12. If your Department partners with other City Departments, and agencies please name them and describe your joint planning/evaluation efforts.

Name of City Department/Agency	Description of joint planning/evaluation activities
Human Resources	Building environment and security
Social Services	Hub programs
Tourism	Shared promotional activity
Parks and Recreation	On-site Recreation activities
Housing	

All departments	Based on their requirements for communications support; evaluation process includes collection of feedback or questions submitted through the City's online channels (i.e. web and social media)
Sanderson Centre	Opportunities for larger events at arenas
Parks & Recreation	Major community events (Canada Day, Rogers, Hometown Hockey)
Fire	Ongoing audits, drills etc
Finance	Audits, etc.
Human Resources	

Name of non-municipal agency/organization	Description of joint planning/evaluation activities
CCAC	Quarterly meetings etc.
Accreditation Canada	Accreditation Standards and surveys, etc.
Grand Erie District School Board	Joint media releases/events - i.e. Kiwanis Field project
Brantford Police Department	Safe Brantford / evaluation based on media mentions, reduction in crime rates
Brant County Health Unit	Programs for seniors / community
Grand River Council on Aging	Any displays / programming ideas
St. Leonards	Any senior programs/displays
ARTS Adult Recreation Therapy Centre	Safe zone exercise programming
Active Grand (with various local service	Access to Recreation opportunities through

providers)	website
Wayne Gretzky SC	Shared programming ideas / events
Brant County Health Unit	Cooking Classes, food security activities
Local Health Integration Network	Long Term Care Accountability Agreement, etc., MSAA etc.
Laurier Brantford	Joint media releases/events related to joint initiatives (i.e. YMCA Laurier)

13. Is 55+ years of age a workable over-aching definition of older adults for your Department? Older adults are defined as "age 55+"

in literature advancing the development of age-friendly cities. (9 respondents)

- Yes: 6
- No: 3

Please provide any comments you may have. If 55+ is not a workable definition, what do you think could work?

- I answered yes although today's 55 year olds do not like to be called older adults. I think the issue isn't the age, rather the reference to older adult.
- We have the 50 plus, offering people in the community an opportunity to join if not fully retired, still working part-time.
- Currently providing mandated services to individual 60+
- Many of us are over 55 so not considered older just senior

14. Can measurable objectives be established for your Department's services over a specified planning horizon (e.g., 5 or 10 years)? (9 respondents)

- Yes: 8
- No: 1

Please provide any comments you may have.

- Not certain if much or our work plan is or would be considered geared to age friendly but we are cognizant of these considerations when designing our built environment including light levels, signage and climate control. Such things can be measured.
- Attendance numbers, revenues are measurable. Satisfaction can also be measured through surveys.
- Not really already employee over 55

15. Could your Department set specific targets for completion in regard to its programs/services for older adults? (9 respondents)

- Yes: 8
- No: 1

What supports would your Department need to set specific targets?

- Though as noted most of our work pertains to our internal clients which includes a population segment over the age of 55.
- I'm not sure what this question means…completion of what? Sorry.
- Services are client centred and we respond to individual needs. Additionally, much of our funding for services (new development) are from external sources i.e., Provincial and Federal governments.
- Developing baselines measurements and determining appropriate indicators to measure.
- Perhaps
- Would need to be within our current legislation
- Would need to work closely with project manager in social services to define goals and achievable targets.

16. Could your Department benefit from indicators/outcome measurements that would be effective in meeting service targets for older adults (9 respondents)?

- Yes: 8
- No: 1

Please provide any comments you may have.

- We typically work to provide the working environment using legislated standards or best practices. Having indicators would be helpful.
- Outcome measurements of health would be helpful to promote to other older adults.
- Yes, and information regarding trends information is a good tool/source.
- We can evaluate outcomes on a client-by-client basis.
- Not sure
- Would assist in providing context for how communication could support program goals.

17. What supports would your Department need to be able to develop indicators/measurements? (8 respondents)

- Education, the ability to measure, in some cases tools or software, reference materials.
- Not sure – likely none but samples would be helpful.
- Research, networking, finding the time and money/resources for someone to complete
- Assistance in determining relevant and achievable targets
- Not sure
- None at this time - we set metrics for other programs / services currently
- Would need support if we were to measure outside of current measuring capabilities. We already measure hundreds of indicators.
- Clarity on objectives of the program and supports required from communication to achieve defined objectives/targets.

18. How could the development of a consolidated City-wide planning and evaluation database be helpful to your Department? The database would contain information that could be applied to various services. (9 respondents)

- Yes: 7
- No: 2

Please provide any comments you may have.

- Not sure you are asking a yes or no question
- We are accustomed to working to meet specific standards with respect to climate control, building code, TSSA, ESA, accessibility and the like. These are applied regardless of the location. I would expect if age friendly guidelines or standards were established we would incorporate these into our project and service delivery in the same matter as we do with other requirements.
- I'm unsure about this approach. Having one location to store evaluation information might be helpful but I'm no sure for whom or how info would be useful. I would need more info before deciding.
- Easy to access and would provide a complete database for programming/health.
- Reviewing gaps and program performance assessment.
- I don't understand.
- I am not sure at this time.
- Would help us provide context to better inform the communication, improving the quality of message delivered to the core audience.

19. How could the development of a consolidated City-wide planning and evaluation database be helpful to your Department? The database would contain information that could be applied to various services. (6 respondents)

- Working with standards provides a level of expectation that tends to be defensible and consistent. The only time we tend to have difficulty with non-legislated standards is when there is conflicting needs or in a built environment that is not conducive to change.
- See answer above.
- Help plan programs. Provide locations/resources where to call or send the general public when inquiring. Avoid duplication/work together.
- ?
- Again I am not sure at this time.
- Would help us define demographics to prepare targeted media plans for specific audiences.

20. Thinking about the development of an City-wide planning and evaluation framework for age-friendly objectives, are there additional resources or supports that your Department would need in order to participate? If so, please describe. (7 respondents)

- Education, the ability to measure, in some cases tools or software, reference materials.
- Without understanding the logic behind this kind of approach, I'm unsure as to the benefits and therefore not able to identify additional resources. The likely issue is staff time to input information, however we are doing that now in a different in a different format so it shouldn't be a big concern.
- Coordinator, someone to put it all together.
- As noted above.
- NA
- Not sure at this time. It depends on how and what we would need to address.
- Briefs that specify key messages to be delivered to clearly defined audience.

21. Are there other City Departments or agencies that your Department would like to work with to optimally plan and evaluate your Department's services. If so, please describe. (7 respondents)

- Generally we are meeting with our internal clients when developing scopes of work for projects. I would expected addressing age friendly objectives would become part of the criteria discussed in the planning and scoping of a project.
- Finance perhaps from a cost recovery perspective. Social services to see if we are reaching the under privileged populations.
- Social services – determining possibilities or need for new programs.
- NA
- Not at this time.
- Housing, Finance, HR, IT
- Project lead responsible for the initiative and any partners that can add value/input to the communication briefing process.

22. Are the non-municipal agencies or organizations that your Department would like to work with to optimally plan and evaluate your Department's services? If so, please describe. (6 respondents)

- No. Unless we have a specific client or project that involves a joint venture or third party. In those cases we would tend to apply the same criteria as we would with an internal project.

- Other recreation service providers.
- No
- Not at this time.
- LHIN, MOH, CCAC, etc.
- Only if they can add value to the communication briefing process. Our experience is that is it more effective to work with the project lead directly. Ideally he/she would have gathered all necessary input from partners before brief to communications takes place.

23. What, if anything, do you think your Department could contribute to a City-wide age-friendly planning and evaluation process (e.g., communications links, facilitation services, organize planning sessions, grant applications, etc.). (8 respondents)

- Input on facilities, built environment, building and site security, climate control, lighting, accessibility, etc.
- Participation at decision-making meeting (I believe staff are already at the table)
- Yes the BALC is the centre where 800 members plus enjoy a variety of programs, etc.; can offer a variety of support, information, etc.
- Including cultural activities as part of the discussion. Well-established client list of aging citizens.
- What is available in the city for residents.
- Grant application writing, support evaluation of partner departments.
- Communication, hosting or planning sessions.
- Communication links through the City's existing communications channels (web, social media); media planning – paid media campaign, media relations – stories pitched to media regarding programs/services/success stories; input to grant applications – in kind services for communications support.

24. Please provide any additional comments you have on developing a planning and evaluation framework to make Brantford more age-friendly. (5 respondents)

- My recommendation would be to review existing codes, bylaws, standards and legislation to avoid where possible proposing measures that contradict or conflict with current legislation. Develop key phrases of text that can be universally used in purchasing documents and the like to

ensure the desired planning standards are incorporated early into design and planning processes.

- I think the concept is good – planning collaboratively is always helpful for a community overall and evaluation is a necessary step to measure effectiveness.
- Work together, ask to be included to participate
- NA
- A clearly defined plan including a communication strategy to meet engagement targets with core audience.