

# **Brief on Supportive Living in the Community**

## **Summary:**

Sustainable approaches to supportive living in the community are urgently needed for persons with complex physical and intellectual disabilities. The Ontario Government should therefore increase its investment in homecare in order to optimize overall care costs, reduce “hallway medicine”, and eliminate inappropriate placement of young adults in long term care homes. The needs of these young disabled adults are identical to the growing needs of frail seniors intending to age-in-place in the community. By addressing the needs in this brief, the Province will be addressing two critical emerging problems it is facing.

## **Issue**

There are insufficient supportive living options in Ontario with access to shared 24/7 personal care: wait times are in excess of 5 years; many younger adults with are at risk of being poorly served and involuntarily transferred from their homes; and others may be placed inappropriately in hospitals and long term care institutions (4,800 in LTC in Ontario today<sup>(5)</sup> ).

## **Background**

Everyone deserves a comfortable home with choices and control over their daily lives. Advocacy groups, care agencies and concerned families, even the UN Convention on the Rights of Persons with Disabilities (article 19), ratified by Canada, all have 3 common goals for persons living with complex physical and medical challenges:

- (1) adaptable and flexible person-centred care;
- (2) safe, secure housing of choice for life; and,
- (3) participation in community life.

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Yet, in Ontario today, vulnerable adults with disabilities end up on the endless waiting lists for affordable supportive living, while their parents age, sick with worry about the future for their sons and daughters. (2016 Ontario Ombudsman's report - "Nowhere to Turn"<sup>(3)</sup>).

Our group, *Voices & Choices* (<https://voicesandchoices.org/>), is a discussion group of dedicated families, friends and individuals living with complex physical, medical and intellectual challenges, with the goal of expanding the availability of supportive living options for persons with disabilities. *Voices and Choices* includes adult individuals still living at home with their parents and on the extensive wait list for care funding, including some families in crisis that have been recently reported upon in the social media ([https://www.joelharden.ca/mpp\\_update\\_for\\_january\\_6\\_2022](https://www.joelharden.ca/mpp_update_for_january_6_2022)). *Voices & Choices* has previously provided considered input to the Premiere's Councils, the Minister of Health, the Champlain LHIN and Ontario Health East, and eastern Ontario MPPs, available through its website.

It is very important to recognize that, as parents and individuals age, care needs change and arranging the best supportive living situations becomes extremely difficult and complicated. Recent CBC interviews and local news articles<sup>(1)</sup> regarding the lack of supportive living resources and "hallway medicine" only serve to underline our concerns. This solution (hospitals and long term care homes) is and would be devastating for our families and adult children physically, emotionally and socially, and is far more costly for the Province than neighbourhood community living.

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## Considerations

The Covid-19 pandemic has focused attention on the needs of our senior population wanting to age in place with appropriate neighbourhood supports. However, the needs of younger adults with complex physical, medical and intellectual disabilities are identical to those of the frail elderly, and they too are often kept in hospitals or in inappropriate long term care facilities.

For decades, non-profit Independent Living (IL) Service agencies have been developing innovative community living models that are now being successfully adapted across Ontario.

A 2017 brief by the Ontario Association of Independent Living Service Providers

(<https://www.oailsp.ca/files/OAILSP%20Building%20Capacity%20Brief%20April%202017%20FINAL.PDF>) acknowledges the gap in independent living supports and services, and if not addressed can only lead to more costly hospital and LTC admissions. The report concluded that IL services and supports are less costly than hospitals, and no more costly than LTC homes. The report also makes note of how renovating existing neighbourhood residences for accessibility, such as the Innes House run by PHSS (<https://voicesandchoices.org/wp-content/uploads/2021/02/Innes-House-Nov2020.pdf>), is much faster and less costly than building new multi-unit properties to meet these same needs.

A recent opinion piece by Senator Judith Seidman<sup>(2)</sup> also acknowledged the desire of many Canadians to “age in place”, and that Canada trails many other countries in home care and neighbourhood living. Senator Seidman urges greater public

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investments in home care and community services, citing recent studies and reports by Queen's University<sup>(10)</sup> and Deloitte and the Canadian Medical Association<sup>(7)</sup>

The Queen's University report also concludes that the majority of ageing seniors want to age in place, and that Canada places little emphasis on home care compared to most other developed countries. In addition to being the least desired, continuing care hospitals and alternative levels of care in hospitals are the most expensive care options available for seniors at almost \$1,000 per day.

The Deloitte-CMA report cited by Senator Seidman also recommends reducing reliance on Hospital and LTC care in favour of home care as a better match with care needs, resulting in health care system savings of \$2.2 billion in 2031.

The complex care needs of persons with complex physical, medical and intellectual disabilities should have the option of comfortable supportive living in neighbourhood homes just like everyone else.

By means of extensive consultations and field visits across the Province over the last several years, PHSS Medical & Complex Care in Community (<https://www.phsscommunity.com>) has been identified as an leading care partner able to meet the needs of both physically and intellectually disabled persons. PHSS employs a unique homesharing approach in comfortable neighbourhood housing accommodations. The PHSS approach to supportive living reduces “hallway medicine” and inappropriate LTC placement problems the Province is dealing with. PHSS receives funding from both Ontario Health and MCCSS, and as a result is uniquely qualified to support the entire spectrum of persons with disabilities, physical and intellectual. PHSS currently operates

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more than 60 neighbourhood homes in London and SW Ontario, and has recently opened 2 neighbourhood homes in Ottawa, including Innes House referred to above.

## **Conclusion and Recommendation**

Innovative new supportive living alternatives are available so that all persons with complex physical, medical, and intellectual disabilities and needs can have access to person-centered and adaptable care that meets their particular and changing needs over their lifetime. The Provincial Government should increase its investment in sustainable new approaches to supportive living in the community across the Province, at a cost of approximately \$500 million.

Alan Perks, Ottawa, 613-837-8944  
David Hoffman, Ottawa, 613-240-8558  
Voices & Choices Discussion Group  
1418 Bourcier Drive  
Ottawa, ON, K1E 3K8

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