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**Official Report  
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(Hansard)**

**Wednesday 4 December 2013**

**Journal  
des débats  
(Hansard)**

**Mercredi 4 décembre 2013**

**Select Committee on  
Developmental Services**

Developmental services strategy

**Comité spécial sur les  
services aux personnes ayant  
une déficience intellectuelle**

Stratégie de services  
aux personnes ayant  
une déficience intellectuelle

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**SELECT COMMITTEE ON  
DEVELOPMENTAL SERVICES**

**COMITÉ SPÉCIAL SUR LES  
SERVICES AUX PERSONNES AYANT  
UNE DÉFICIENCE INTELLECTUELLE**

Wednesday 4 December 2013

Mercredi 4 décembre 2013

*The committee met at 1620 in committee room 1.*

**DEVELOPMENTAL SERVICES STRATEGY**

**The Chair (Mrs. Laura Albanese):** Good afternoon, ladies and gentlemen. We'll get right to business now that routine proceedings are over. First of all, Ms. Wong, I believe you have questions that you have tabled with the Clerk.

**Ms. Soo Wong:** I want to be on record that there is a series of questions that have been circulated among the members and that the matter will be referred to I think the legislative Clerk or researchers so they can review the questions, and they will follow up with me.

I also want to let the record show that I have checked with Mrs. Elliott and Ms. DiNovo to let them know in advance that I will have a series of questions after the presentation by the representative from the Ministry of Health and Long-Term Care, and from last week's presentation from the two doctors from CAMH, I have a series of additional questions, so that's why I have added these questions.

**The Chair (Mrs. Laura Albanese):** Thank you. All the members have a copy, and we will deal with that and the Clerk.

We also had a request from a member of the public for a definition of "intellectual disability." The subcommittee has agreed on a definition, and the Clerk will be distributing that to all the members.

**AUTISM ONTARIO**

**The Chair (Mrs. Laura Albanese):** Having said that, we welcome Autism Ontario. They're the first ones to make a deputation this afternoon. I would ask that, first of all, you state your name and your title before beginning your presentation, which will be followed by questions.

**Ms. Margaret Spoelstra:** Thank you very much, Madam Chair. My name is Margaret Spoelstra, and I'm the executive director of Autism Ontario. I would like to thank all the members of the select committee, honourable MPPs, for being here and for bringing this group together to listen to the voices of people who live with developmental disabilities and particularly those with autism spectrum disorders today.

We have lots of information to share with you, and I want to point out the two handouts that you received. One is a PowerPoint presentation that has the slides that you'll see that are up on the screen—also a second paper called *Navigating the System: Nine Stories of Real Families Living with Autism Spectrum Disorder in Ontario*. These really tell the stories of what we're going to just highlight today. We will also be submitting a second more lengthy document, but that will come at a later point in time. Today our slides will provide an outline of the key points that we'd like to make.

I'll allow my colleagues, who are also going to speak, to introduce themselves, each as we take a turn to say a few words.

If you follow the media at all, and I know you all do, you will not have missed seeing the series of articles in the *Toronto Star* last year called the Autism Project. That was a most excellent series and essentially summarizes everything that we're going to repeat here today. They did a very good job at it; they told the stories with excellent evidence and also connected them to real people and lives in our province. I hope that if you did have a chance to see them, you'll hear some of the things that we're saying today that will echo through that. Really, they described many of the issues faced by families, by researchers, educators, clinicians and public policy folks in responding to the realities and needs of people with ASD.

Our submission is a joint effort by the largest collective voices of people with ASD in the province and also service providers and researchers. There are many more whose names are not listed here yet, but who will also be listed on our paper. These are people who all share a common vision around the most important issues faced by people with ASD.

The next slide is a public service announcement that Autism Ontario produced a couple of years ago, but it's as relevant today as it was then. It's just 30 seconds, and I'd like to take you through it now.

*Audio-visual presentation.*

**Ms. Margaret Spoelstra:** That story captures exactly how we feel and how the families that we speak to every day, the thousands of families in the province, worry from the moment they know something is different about their child throughout their lives. The overriding question that comes to mind is, "What will happen when I'm

gone?" I think that fear drives every action that families take throughout the lives of their children and their fears for what will happen beyond their time to be able to support and help them.

What I want to point out is that you saw the couple that were behind the young man in the very last slide; in fact, the woman in that slide was a member of this committee. She passed away about a year ago and was worried about that very day, and they are struggling still to find supports for their son. Those realities continue to happen and will grow in our province.

The key things that we'd like to focus on, although there are many issues across the lifespan: Supports and services for autism spectrum disorders are really inadequate and fragmented and fail to address needs across the lifespan. Secondly, even though there have been some good efforts made—there are some services that are available to some individuals with ASD in our province—many people with ASD are living in dire circumstances, and their families often feel desperate in trying to support their children. Early intervention and services for children are critical, and we know it has long-term impacts for their lives, so those are necessary, but as a province, we need to be looking at a wide-ranging perspective and looking at the needs of older youth and adults with ASD, the time where they spend the majority of their lives.

I'm going to turn it over to my colleague Kevin, and he'll introduce himself in the next section.

**Dr. Kevin Stoddart:** Good afternoon. I'm Dr. Kevin Stoddart; I'm founding director of the Redpath Centre and adjunct professor at the Factor-Inwentash Faculty of Social Work, University of Toronto.

As a group, we want to acknowledge the important work that has occurred already in our province with respect to serving the needs of children, youth and adults with autism spectrum disorders and their families. We have the autism intervention program, ABA and IBI programs, PPM 140 clinical services provided through key autism organizations, the province-wide Potential Programme through Autism Ontario, Special Services at Home funding, which continues to be made available to children and youth with autism spectrum disorders, transition planning, Passport funding and registered disability saving plans.

You'll notice in our PowerPoint that, although we've highlighted these as progressive programs, the needs continue, across these programs, to mount. In particular, I'd like to focus, as an active clinician and researcher in the field of autism spectrum disorders, on the clinical services which are required for our population. Increasingly, we're seeing individuals with autism spectrum disorders, including Asperger's syndrome, feeling alienated and marginalized from clinical services. Families and individuals on the spectrum commonly report that they're turned away from generic service providers because of their inexperience in serving youth and adults with autism spectrum disorders.

We need to make much greater strides in the area of transition planning. We recently received some encourag-

ing news from the Ministry of Education about a project which is looking at transition planning from high school to post-secondary education. That is really encouraging for our community, but the vast numbers of adults with higher-functioning autism spectrum disorders coming into post-secondary education require a focused and clear mandate addressing the specific needs of individual learners with autism spectrum disorders.

Autism spectrum disorders present us, the province and our community with a unique challenge, and that is the nature of the autism spectrum. It's a complex developmental disorder that affects communication and social interaction. We may also see repetitive behaviours and restricted interests. The complexity also comes in that autism spectrum disorders are highly heterogeneous in nature: No two people with ASD present similarly in clinical settings with respect to their social skills and their learning skills or needs.

### 1630

We also know, though, that social interaction and social understanding continue to present individuals and their families with complex needs despite early intervention and despite excellent intervention in schools. Problems with social interaction may lead to aggressive outbursts in the community, interactions with the legal system and certainly, chronic difficult-to-treat patients in the emergency units of our general hospitals and our mental health in-patient settings.

Autism spectrum disorders can coexist with many other neurodevelopmental disorders, including learning disabilities, attention deficit disorder and other mental health disorders. As I've mentioned, we can see self-injurious behaviour, aggression and serious addictions which our addiction services are now trying to address.

The severity of symptoms that we see in our community in co-occurring disorders changes over time. Autism is not a static disorder. The presentation of autism changes in response to environmental stressors, family stressors and unanticipated challenges and issues in families' lives.

These challenges require responsive, integrated and informed services and supports for the individuals and their family. We as a province have the promise of accessibility and integration through our policies that we've listed on this slide. However, the reality is that individuals on this spectrum face marginalization and ostracization and are increasingly reporting that they're marginalized in our services and our communities. In a recent report that I was lead author on at the Redpath Centre, we found that daily, individuals with autism spectrum disorders are sitting at home, post-high school, with no regular, meaningful daily activities. In that setting, they're bored. Behaviour problems can occur, and families are faced with caring for their daily needs 24 hours a day, seven days a week.

**Mr. Howard Weinroth:** I guess it's my turn. My name is Howard Weinroth. I'm a parent of a 41-year-old adult with autism. Over the last 35 years, I have been involved in advocacy for people with developmental

disabilities, especially people with autism and within the autism spectrum disorder. I've been involved with Autism Ontario, Kerry's Place and Autism Society Canada boards.

The handout that Marg mentioned, including the nine stories involving people on the spectrum and their families, details the emotional levels of the individuals and their families as they go through various life cycles. There's fear, there's terror, and there's upheaval: "What's going to happen to my child after I'm not here?" Only we're not talking about a child; we're talking about adults. There's a story of an 81-year-old mother who worries about her 50-year-old individual on the spectrum, "What's going to happen to him?"

One of the areas of concern has to do with housing. I draw your attention to a recent paper called Ending the Wait—An Action Agenda to Address the Housing Crisis Confronting Ontario Adults with Developmental Disabilities. There's a copy here, and more can be made available from Marg Spoelstra.

Dr. Peter Szatmari, from the Offord Center in Hamilton, is now involved with CAMH. He came up with a statement that a child with autism becomes an adult with autism. So it's something that, at the moment, offers no cure. But once the individual becomes an adult, we have no idea what will be available for that individual.

In terms of numbers, we can play the numbers game, but we're looking at approximately between 1% and 2% of the population. Within the educational sphere in 2007, we were looking at between 7,000 and 11,000 students with ASD in the system; we're now up to 14,000. As these individuals grow into adulthood and as they age, we're looking at phenomenal numbers. Are we prepared?

Recently, with the new social inclusion act and the development of the DSOs, eligibility becomes a concern. Even though the social inclusion act didn't include IQ as a criterion, the regulations did. If you've achieved an IQ over 70, ability to access services is not available. The regulation-introduced criteria are too narrow. They're complex, subtle and often very simplistic.

So if eligibility is an issue, what door do individuals with ASD go through if they're not able to access services and dollars with the DSOs? What are the challenges for funding? The challenges for people with these disabilities become exacerbated once they reach 18 and over.

Moving on, in terms of the services gap, there are not enough funded services. It's difficult to plan for the future if services, programs and funding are not available. Quite often, there's inconsistency in the application of the social inclusion act, depending on where you are, the language you speak and the culture to which you belong. Quite often, there are fees for services available, and these are often not communicated to the people applying for DSO services.

I also want to mention that the cookie-cutter approach, as evidenced quite often in the DSO process, is definitely not the way to go. People on the spectrum have a variety of difficulties and challenges, and a cookie-cutter ap-

proach does not work. We have to be driven by the individual's needs, and it has to be seamless as it goes through different parts of their life cycle. We should not wait for the crisis. Let's nip it in the bud now, because the numbers are only going to grow.

I would like to introduce Sally.

**Ms. Sally Ginter:** Thank you. My name is Sally Ginter. I am the CEO and president of Kerry's Place Autism Services. Kerry's Place operates in Ontario, and we are the largest autism services provider in Canada.

I'd like to speak to the knowledge gap. The knowledge gap addresses being trained in ASD best practices as to where this is applied, when it is applied and how it is applied. The knowledge gap is also applicable to medical representatives. This includes, but is not limited, to GPs, ER staff, dentists, mental health practitioners, pediatricians, first responders, specialists, occupational therapy, physical therapy, speech and language, and other associated service providers.

The coordination gap is perhaps one of the greatest reasons why we are here today. For some families, defining a place as to where they are going to start their services journey is elusive and confusing. The structure of government oversight and service delivery impairs a holistic continuum of supports. When one ministry has done its part, the individual is no longer their problem and is often unceremoniously handed off in a disjointed and dysfunctional manner.

Regarding the direct funding gap and lack of funds, the Passport program needs to be addressed to include those who do not qualify for DSO. Therefore, the Passport program should be partnered with, revised or replaced to allow a funding structure that is responsive to the needs of the individual, as opposed to the current rigidity and the resulting exclusions.

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Carrying on with the direct-funding gap in particular, you must know that the system itself can be adversarial. People are compelled to misrepresent for fear of rejection, of not meeting the criteria. This cannot continue.

**Ms. Margaret Spoelstra:** As we begin to wrap up, I'd like to make a few more comments.

Special Services at Home funding, the cut-off at age 18: It says "entitlement" there, but it really is funding. That is lost to those families at a time when they are facing some of the greatest challenges and financial demands, once the school system has ended its supports. There are unreasonable restrictions placed on the use of those funds when they move into adulthood as well. Parents are required to be caregivers in the absence of services but are often not trusted to act responsibly with the funds. So it's an area of public policy that we wanted to highlight.

What we want to focus on are four key points here. These are consistent messages that we receive from families. There is a need for independent program evaluation of services and supports that is not exclusively the domain of government. There need to be provincial standards of practice developed and adhered to. Scarce pro-

gram funds need to be used wisely. We recognize that there are financial challenges and the needs are growing. We also need our own made-in-Ontario solutions, and we have the capacity to do that. We have the knowledge; we know what needs to be done. It can be ours. So we have the capacity to do that and we need to do it.

The very last points I'd like to make are about applied research. There really is a need for research to be focused on providing input for public policy changes and to take a look at the evidence and drive policy with evidence, and, in the absence of evidence, that we use our emerging results in our clinical practice with families. But we're also interested in having a network of excellence so that within the province there is an independent body that can focus on what we know and what those best practices are. It would be a clearing house for research, to avoid duplication, to share knowledge and promote new ideas.

In conclusion, you'll see on this very last slide that without accurate numbers, we don't know how many people have ASD, especially in adult years, and we can't plan. Without shared knowledge, we can't learn and inform our practices. Without an inclusive society, we cannot contribute. The potential of people with ASDs—we've spoken about a lot of the challenges—is phenomenal. They have much to offer, and we need to provide those supports so that they can be taxpayers and, if not, contributing citizens. It is possible. Without those best practices and supports, we cannot succeed. So help us to see the potential in each person with ASD in the province.

Thank you for listening.

**The Chair (Mrs. Laura Albanese):** And thank you for that very comprehensive presentation. We have about three minutes for each party. Ms. Jones?

**Ms. Sylvia Jones:** I will try to be brief. Thank you. That was an excellent presentation.

My question is related to page 6, about the eligibility gap with the DSOs. This may be slightly unfair to ask of you, because you already have limitations with that IQ parameter in as a regulation. Notwithstanding that, if you remove that, has your family's experience with the DSO been a positive one? Can you provide some feedback on that?

**Ms. Margaret Spoelstra:** Sure. It has been mixed. I would say families have to continue to be the strongest possible advocate they can be. They cannot be asleep at the wheel for one second through that DSO process. They are often finding themselves having to remind service providers about what the rules actually say, and often feel that they are needing to still make those calls to say, "So what do I really need to say to make this work?" Families tell us that they have to feel sometimes devious in their approaches, and that always feels bad for families. The question, especially at that point of their child's life, is, "Why do I have to keep telling the story and convincing people about my child's needs?" And then, to be told that I've done the wrong thing or I have to pay out of my personal pocket to get an assessment done in a timely fashion? I would say, in the area of complaint, that would be the case.

That doesn't mean there haven't been some successes. In fact, I know some families who have, so both stories are present.

**Ms. Sylvia Jones:** Okay. Anecdotally, of course, as an MPP, I only hear about the not-so-pleasant experiences, but thank you for that.

**Mrs. Christine Elliott:** Thank you very much for being here today, and for your wonderful presentation. I have a question regarding slide 11, on the program/service accountability gap, "need independent program evaluation of services and supports." Could you just expand on that a little bit more, about exactly what it is that we need to be taking a look at?

**Dr. Kevin Stoddart:** We'd be happy to. I think that, generally, in Ontario the autism sector has fallen well, well behind other sectors in terms of their accountability to the province. We need to be having programs funded based on program evaluation models and program outcomes. Currently that is not a standard requirement across the province. We need to be actively evaluating every single program that we think works, but don't have the empirical evidence for, as we fund programs.

There are a lot of things that we as service providers can do out of goodwill. However, we need to focus our money on effective service provision in the field of autism.

**The Chair (Mrs. Laura Albanese):** Thank you. I will now turn it to Miss Taylor.

**Miss Monique Taylor:** Thank you so much for being here with us today. In your conclusion, you talked about how, without accurate numbers, we cannot plan. Why don't we have accurate numbers? Where's the problem?

**Mr. Howard Weinroth:** Well, I recently attended a meeting of the partnership table, which includes various agencies in the developmental sector, as well as the staff from MCSS, led by David Carter-Whitney. The numbers game came up, and when we're talking about housing, education and people who apply for funding through the DSOs, nobody really knows the rationale in keeping track of individuals, nobody really knows how many people are out there needing services.

That impacts on the delivery of services, that impacts on the development of programs and that impacts on the lives of the individuals and their families. So nobody really knows whether it's one in 94, one in 88 or one in 55. It all depends on which prevalent rate is the flavour of the day.

**Miss Monique Taylor:** Okay. Sorry, we don't have enough time on this committee—just saying.

So if you had a wish—and think of the low-hanging fruit, something that's going to make a difference, an impact of some sort—what is that wish, so that we can make things better for some?

**Ms. Margaret Spoelstra:** Wow. It is so multi-faceted. There isn't a single one wish. We talked about the need for eligibility for these services, to end the waiting, to have that experience of families to be seamless—there should be no sense that, somehow when you turn 18, your disability disappears, or that you have to start from square one again and try to wait to access services.

If that experience for families—if there was a way for caregivers to reduce the burden that they have in their lives in supporting their children and their adult children with ASD, that’s paramount.

**Miss Monique Taylor:** In your capacity and in all the work that you’ve been doing, do you have some sort of a plan that you think would work? I know that’s a big, open-ended question, and there obviously isn’t enough time, and I know my seatmate here would like to ask a question also. Is there something that you could provide to us with some form of a plan that says, “I’ve been doing this, and this will work”?

**Dr. Kevin Stoddart:** I would like to propose to the committee to take a look at the report produced by the Redpath Centre. It was released on February 5 last year. Within that report, we provide a comprehensive policy plan for individuals across the autism spectrum.

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There’s a threefold part to that plan which involves knowledge translation, improving best practices, knowledge dissemination/program evaluation, and some of the things that we’ve been talking about today. The report will be submitted with our written submission to the committee later on.

**The Chair (Mrs. Laura Albanese):** Thank you, and we’ll make sure that all members get a copy.

I have to turn it over to the government side. Ms. Wong.

**Ms. Soo Wong:** Thank you very much for your presentation. On slide 7, page 7, you indicated to the committee that there’s a huge wait-list. So can you share with us which ministry has this wait-list and what is the average time we are talking about dealing with this wait-list?

**Dr. Kevin Stoddart:** I recently had one of my colleagues call Developmental Services Ontario, housed at Surrey Place Centre. This is a man who is showing early signs of Alzheimer’s. He’s 59 years old. We’re not sure if he is eligible for the DSO. He’s high-functioning autistic and recently went into a long-term-care facility. They told us that the wait was 18 months in order to be seen at intake and possibly another 18 months to start receiving services through the DSO Toronto.

**Ms. Soo Wong:** Okay. Does your organization, Autism Ontario, have a list, or who has this list, of wait-lists by region and by municipality?

**Ms. Margaret Spoelstra:** We don’t have those waiting lists. Primarily, the government of Ontario does for those who apply and are eligible. I would say there are waiting lists for getting diagnoses when children are young, there are waiting lists for getting the autism intervention program if you are eligible, and there are waiting lists to get those supports to transition to schools and for other services. There are no real entitlements, except school, for individuals with ASD.

For adult years, I don’t even know that there is a waiting list. There are those who are applying for DSO that Kevin was mentioning, and if they are eligible, they’re just on a larger waiting list with other individuals with developmental disabilities, if they are able to. It

would be wonderful to have a list to say, “This is how many people there are. This is how many people are waiting for services and should be having them and what it would take to serve them.”

**Ms. Soo Wong:** Thank you.

**The Chair (Mrs. Laura Albanese):** Ms. Hunter.

**Ms. Mitzie Hunter:** Just to further expand on slide 7, the point that you raised is that there are not enough funded services for all ages and ability ranges. I’m just wondering if you could comment on, if we were to begin to prioritize, what you would advise this committee as part of our considerations in our report.

**Ms. Sally Ginter:** The single greatest recommendation would be to thoroughly review and analyze how funds flow through different ministries. So, for example, where we might have an adult funded through MCSS, when their health needs supersede their ASD environment that has been designed in order to give them the quality of life that they deserve, the next plan is for them to go to a long-term-care facility, and they are, by and large, not equipped or trained with the best practices.

So again, I believe that the single greatest recommendation would be to have a look at that continuum of service, that continuum of supports, right from diagnosis through to end of life, and how does that pervasively go throughout the different ministries?

**The Chair (Mrs. Laura Albanese):** Thank you. Unfortunately, I have to stop there, but I invite the members who still have questions, perhaps, to speak to our guests before they leave.

Thank you very much for being here.

#### COMMUNITY LIVING TORONTO

**The Chair (Mrs. Laura Albanese):** I will now call up Community Living Toronto.

Good afternoon. As I wait for you to settle in your chair, I would like to advise you that we would like you to start your presentation by stating your name and your title for the purposes of Hansard. Whenever you feel ready, you may start.

**Mr. David Layton:** Good afternoon, everyone. My name is David Layton, and I’m president of the board of directors at Community Living Toronto. I’m a volunteer. I have with me Garry Pruden, who is our chief executive officer. I’m also a parent of a young adult with an intellectual disability. Her name is Erin, and she’s 25 years old.

Thank you very much for allowing us to present to you today.

For more than 60 years, Community Living Toronto has been a source of support for thousands of individuals who have an intellectual or developmental disability, and their families. Community Living Toronto supports over 6,000 individuals who have a developmental disability, and their families, and we have over 1,300 members. We have more than 9,000 dedicated volunteers and approximately 1,400 full-time and part-time staff.

Our mission is that we will change the lives of people with a developmental disability by giving them a voice

and supporting their choices where they live, learn, work and play.

Garry?

**Mr. Garry Pruden:** Community Living Toronto has a great history of partnership with the Ontario government and a reputation for creating innovative solutions—to address urgent needs—that increase our capacity and outreach to those without services. These have included:

- partnering with private philanthropists and corporate partners to create Lights, an innovative housing alternative for individuals on the wait-list, that has raised over \$4 million in donations, towards which the Ontario government has provided three-year fiscal funding for the one facilitator position for the program;

- piloting the unbundling of group homes and the resources from them, starting in the late 1990s, and creating individualized residential supports, which currently serve 30 individuals;

- providing person-directed plans to people on the community needs list; and

- developing connectability.ca, an online resource tool for both individuals and families on wait-lists and sharing evidence-based practices for staff.

I'll pass it back to David.

**Mr. David Layton:** Thanks. Families in crisis have been prominent in the media and, in fact, prompted the Ombudsman investigation due to oppressive wait-lists, including parents still providing primary support into their senior years.

There are approximately 12,000 families waiting for residential supports in Ontario, and approximately 2,600 of these live in Toronto, with over one third of the people living with a caregiver over the age of 60.

When a family crisis occurs—and let's be clear; that's when a parent dies or someone can't be cared for by their aging parent—the entire system feels the pressure. Agencies have been better positioned to mitigate a crisis based on relationships they held with families on the community list. However, with the introduction of the new developmental service organizations model, as established by MCSS, there is now a disconnect between agencies and those families.

The transition from school to life after school is one of the most stressful milestones for families. I didn't write that line myself, but that's where I live right now, with a daughter who is 25. New eligibility requirements at key transitional ages mean more people end up on wait-lists for services. The waiting list for Passport funding is now almost 7,000 in the province, with just over 2,000 of those in Toronto because of the new system.

In addition, lack of employment opportunities for those who want to work means people are spending their days idle, and they are not engaged in activities that interest them. Families and agencies have been working together to develop innovative solutions to the lack of affordable housing and residential support for many years. Individualized funding options, shared living and unique partnerships have helped to make available new models that have made housing and more support attain-

able and suitable to people with a developmental disability.

1700

Recently, the Developmental Services Partnership Table, which brings together MCSS policy planners and representatives from the service providers, the community, self-advocates and family organizations from across the province, has created a housing study group, and you saw the group just before us talk about that report; it's called Ending the Wait. It provides a multi-year plan for innovative housing solutions and development that will help move families from the wait-list into individualized living options that meet their needs. We brought some copies with us; you may already have it accessible. We didn't bring enough, unfortunately, for all the members. We're happy to provide that as a follow-up because we all think it's required reading. I'm sure you have way too much required reading; I'm sorry for that.

**The Chair (Mrs. Laura Albanese):** We do have it. It's been provided to the committee.

**Mr. David Layton:** Good. You'll keep seeing it, and seeing it, and seeing it. It's great work.

People who have a developmental disability and mental illness often spend years, sometimes their entire lives, struggling to receive appropriate services. This impacts 40% of the population, so the impact is very significant. Appropriate diagnoses reduce stress on the individual and the health care system. Improved inter-ministerial coordination will help prevent people from falling through the cracks. I understand you are hearing these messages from a number of your deputants, having just sat through Autism Ontario's presentation.

Most individuals with a developmental disability receive a monthly stipend of up to just over \$1,000 from the ODSP program. Although the program has recently received a modest increase over the past several years, and recent changes which enabled them to keep more of the earnings they make are helpful, any meaningful gains have been negligible. The maximum annual income for a single person on ODSP is currently \$13,068, which is about 40% below the current LICO, the low-income cut-off level. The recent social assistance review recommends some bold changes to streamline services, but consideration must be given to those who will never become part of the workforce.

Solutions to reducing family strain and helping individuals achieve more independence include:

- ensuring that crisis mitigation is a priority for families and individuals;

- providing agencies increased flexibility, such as the unbundling of funding for traditional support models to expand capacity and provide more person-directed supports;

- government partnering with families and agencies to explore and encourage innovative solutions to housing;

- moving on the recommendations in Ending the Wait;

- basing income levels on the real cost of purchasing goods and services in Ontario, and considering an



allowance for household items, as well as indexing the benefits to the cost of living so they do not decline over time;

- encouraging, incenting and supporting employers to hire people with developmental disabilities;

- increasing the inter-ministerial co-operation that goes on so that people are appropriately supported and have access to needed services;

- evaluating the impact of the DSO on the family-agency relationship and the inclusion that results, or the lack of inclusion that can result. The Transformation Agenda is intended to increase community inclusion of people with developmental disabilities; however, this has not been the experience of most families; and

- providing a secure resource program for families of adult children to incent and support their role as continued partners in delivering services.

**Mr. Garry Pruden:** Developmental service agencies in the not-for-profit sector provide quality supports and services to individuals and families. We have extensive community connections that help expand capacity and inclusion for people with developmental disabilities, and skilled and trained staff providing professional support.

Agencies, however, are experiencing critical financial strain due to a lack of base increases to budgets. For example, from 2009 to 2012, the consumer price index in Ontario has totalled 7.4%. During that same time frame, base funding increases in the developmental services sector have been 1.7%. This has created a real decrease in purchasing power of 5.7%.

Pressures and requirements of quality assurance measures, ongoing financial pressures of labour costs and new fire safety regulations are reducing opportunities for social inclusion and the ability to expand capacity to meet people's needs, as budgets are eroded to meet these mandated, non-discretionary and non-funded expenses.

Pay equity is crippling agencies who are required to meet proxy pay equity obligations, and is now creating a wage gap between agencies offering the same services within the sector.

Collective bargaining has further eroded agency stability, as government has not funded increases that have been delivered over the last three fiscal years. Approximately 104 agencies will be in the collective bargaining process in 2014. We're currently in conciliation, as we speak today.

Direct funding to families means that there will be increased demand for quality fee-for-service options as more and more youth with an intellectual disability leave the educational system. Agencies have not been encouraged to develop fee-for-service options. However, they have done so in response to community need and a commitment to innovation.

For-profit operators can offer programs at lower costs because they are non-regulated, whereas agencies are mandated to ensure that their staff are trained and experienced, and quality assurance and accountability measures are in place.

These pressures are eroding the ability of agencies to cover increasing costs with existing resources and are

requiring agencies to take actions contrary to the spirit and principles of transformation, such as greater congregation, less community inclusion and reduced capacity to retain trained staff.

Solutions to a stable, quality service system include continuing to invest in a trained, professional developmental services staff; developing a comprehensive, long-term policy and funding framework to address the needs of a transformed system and create a sustainable financial model; and developing a consistent approach to fee-for-service programs across the province.

David?

**Mr. David Layton:** In summary, the developmental services sector is in a pending state of crisis. We know that's why you've called this committee.

The sector is comprised of families, agencies and individuals who are feeling the effects of inadequate funding and a lack of a strategic plan to meet the clearly identified and long-standing needs so that there is fair and equitable access to supports for all, not just those in crisis.

What is needed now is a plan that not only addresses the current pressures but those that will exist for the next generations of individuals with developmental disabilities, so that a stable, trained and responsive developmental services system is in place.

**Mr. Garry Pruden:** The government and developmental services sector are facing a serious challenge in delivering quality services to some of Ontario's most vulnerable citizens. Out of necessity, attention has been inordinately focused on mounting operational cost pressures.

If the needs of people with a developmental disability, and their families, go unaddressed, there will be significant impact on other sectors as families go into crisis and individuals are inappropriately placed, such as in long-term-care housing or homes. Stress will impact family caregiver health and well-being if needs go unaddressed. WSIB and workplace injury costs will go up as staff caseloads increase, to stretch budgets. Less experienced and trained staff are providing increasingly complex care, and that's putting the health and safety of people at risk.

1710

It is hoped that the select committee will recommend needed change for people with a developmental disability in Ontario, including:

- A plan to address the unacceptably high and growing number of people waiting for service: The previous group couldn't identify the exact number of the waiting list. In the report *Ending the Wait*, we identify what we believe to be the waiting list. We've seen different numbers in submissions to you already. We're going to refrain from trying to identify the number, but only to confirm that's it's absolutely unacceptably high and growing;

- Strategies and investments to provide supports to families to ease transition at key life stages: Dave has already referenced the one he is currently experiencing; and

—Appropriate investments in system infrastructure, including an appropriately resourced non-profit system of services and supports.

I want to thank you for the opportunity to speak, and we would welcome questions.

**The Chair (Mrs. Laura Albanese):** Thank you. Ms. Taylor or Ms. DiNovo?

**Ms. Cheri DiNovo:** I'll start first. How long do we have?

**The Chair (Mrs. Laura Albanese):** Five minutes.

**Ms. Cheri DiNovo:** First of all, thank you very much for the presentation. Nice to see you, David, a constituent—always welcome.

Of course, what you presented to us is what we're hearing across the board: The system is in crisis, and we as government are not doing nearly enough to address the crisis that's unfolding.

A couple of key questions: If you could look to a jurisdiction that does it better, is there one that springs to mind? Can you point to another province, even another country, where they actually have a better system for assisting families with a member with a developmental disability?

**Mr. Garry Pruden:** One current jurisdiction that leaps to mind is the Australian experience, where they've just introduced an insurance scheme to provide what I think could be referred to as "entitlement," but guaranteed supports, just-in-time supports. They did that with an actuarial assessment that costed out crisis response versus planned intervention and support that is just in time. Their actuarial analysis indicated that over the course of 30 to 40 years, they would save money. This wasn't based on pressure from advocacy; it was based on cold, hard analysis of dollars.

**Ms. Cheri DiNovo:** Do you have information on that system that we could access? Could you provide that?

**Mr. Garry Pruden:** Yes, we can, absolutely.

**Ms. Cheri DiNovo:** That would be wonderful. The next question flows from that, I suppose. What are the immediate steps that you think we need to take? If you could give us three immediate steps we have to do tomorrow, what would they be?

**Mr. Garry Pruden:** Well, I would start with inspiring hope and confidence, because right now there isn't a path to a resolution that people can see. You can't do it all at once. Ending the Wait—I did bring some additional copies; I know some people around this table have them, but we have seven additional ones here for you—is really premised on that.

At least take decided action in short, immediate bursts that demonstrate a commitment of resources and intention to solve the problem longer term. Right now, people only see crisis as their alternative to seeking services.

**Mr. David Layton:** On immediacy, the Ending the Wait report is a really good one, and it talks about creating the structure and filling it in, at a frustratingly, agonizingly slow pace, I will admit, but at least there's a structure. When I, as an advocate, read the report and shared my comment with Garry, it was, "I'll be gone before that's implemented."

On the day program list, there's a fundamental problem here, in that the funded system is not getting bigger. It's barely being funded for sustainability. Garry talked about the cost pressures and the real erosion in cost against that. The demographic is getting bigger, so it's no wonder that there's a wait-list. Kids turn 21 every year, but there are no places for them. So families—we go out and create opportunities. You know very well, Cheri—she's my local member. How many doors over from your office is Community Junction—

**Ms. Cheri DiNovo:** A wonderful program by the way.

**Mr. David Layton:** —which is Community Living's space, but they have opened their doors to a group of volunteer parents to run some programs in there. It's extending the reach beyond what Community Living has traditionally done, and it's creating and fostering those opportunities. It's not passing the buck out of the system, saying "Okay, it's your problem; go fix it." It's helping families do those sorts of things.

Lights is like that, and there's wonderful funding there for that one coordinator who is creating all sorts of discussion and conversation. Last week, we had a boardroom with 40 parents. All of our kids are in their 20s. We were there to talk about what we're going to do about housing. There's no housing until we die, in terms of a group home or a funded space. What are we going to do in the meantime? Well, Lights is there to help families come together and facilitate that happening. I don't want to let folks off the hook by saying that's enough to do, but it's a place to start, and it amplifies the investment so many times over.

**The Chair (Mrs. Laura Albanese):** Thank you for that answer. The five minutes are up.

Ms. Hunter.

**Ms. Mitzie Hunter:** I'm wondering about your urban context, and if there are any unique needs that you would like to describe to this committee.

**Mr. David Layton:** I'm sure he has an answer, but I'll jump in. Transportation within the city is a key one: mobility for folks, in terms of the limited funds they have available. We keep hammering away at access to transit on a subsidized basis. I know that's not necessarily a provincial jurisdiction, but somewhere in there, I think there's a shared responsibility to help people get around to programs, services, education and medical things. These are very, very low-income individuals.

**Mr. Garry Pruden:** Access to affordable housing is clearly a priority in Toronto; the transportation systems David has already talked about; and the bylaws that can create barriers to access for people and discriminate against them. Those are some of the urban realities that we address.

**Ms. Soo Wong:** Thank you very much for your presentation. I heard in your presentation about the extensive wait-lists, and the previous witnesses also talked about the wait-lists. What are some of the strategies to reduce the wait-lists? Every year, the wait-lists get larger and larger. I heard about the 21-year-old factor. What would you suggest to the government and this committee? What

are the fastest or the best-practice solutions to reduce the wait-lists?

**Mr. Garry Pruden:** You can incent change. You can incent change in employment. We have people who did all of the recovery for the province of Alberta when that flood hit Calgary and all of their data systems needed to be recovered. There were people with intellectual disabilities working for IBM who did all of that work, seven days a week, working 24 hours a day. People have the capacity to be employed, and it needs to be incented, because 75% of people with an intellectual disability are unemployed. That's unacceptable.

You can incent change, but you reach out and say, "We want to be partners with families, but we're not going to give you any guaranteed resources. Hold them close to your chest, because if someone finds out you're using your resource in that way, it's going to be removed, because they were told they couldn't do it. Don't be open. Don't be transparent. Be guarded."

Even if it's a limited amount of resources, if you want to build partnerships, resource the partners so that they can come to the table. Permit agencies—in the wait, we put out a call to find out what's happening out there, without any incentive funding. Within two days, we had 24 responses from family groups who are out there doing things with very limited resources—agencies like with Lights. Extending their infrastructure, capacity and support can help make that happen. Incent that. Encourage innovation. Cost-effective—can we build on the existing models of support? Absolutely not. We can't afford it. We need to be looking at better and more cost-effective ways of doing things. Incent that. You have willing partners, and we could work together.

**The Chair (Mrs. Laura Albanese):** There are only 20 seconds left.

**Ms. Soo Wong:** I'm done.

1720

**The Chair (Mrs. Laura Albanese):** Thank you, and I'll turn it to Ms. Jones.

**Ms. Sylvia Jones:** Thank you for your presentation. I want to talk about the DSOs. You were rather diplomatic in your presentation, but I sense that there is a frustration that the Community Living agencies are being pushed aside in the ongoing assistance to families. Could Community Living agencies be tasked with what the DSOs are attempting to do today?

**Mr. Garry Pruden:** The intention was not to be diplomatic. In Toronto, we have an exceptionally strong working relationship with the DSO, and we're offside with the model, so we're at risk. The DSO in Toronto is part of a collaborative, a partnership. We, as agencies, play a role in that, but we see the relationship disappearing. Right now, it hasn't.

What we would encourage is to find ways to not eliminate the DSO, but not grow the DSO. They can be a gatekeeper, but the door doesn't lead to anywhere. You need to build on relationships and where services exist. Families didn't want to tell their stories multiple times,

but they expected after they told it once, it would lead somewhere, and it's not leading anywhere.

So don't grow the DSO. Don't put more resources in the DSO. Find ways to enable and access the resources and the relationships that can help sustain families when they're in need.

**Ms. Sylvia Jones:** But if we're dealing with limited funds, which we are, why do we need that agency separate and apart from the Community Living agencies that have already built relationships with the families and the individuals?

**Mr. David Layton:** I think it's the nature of the sector. It's not just about Community Living Toronto. There are multiple and wonderful agencies across Toronto. With multiple agencies all having a relationship with individuals, how, then, does the province prioritize dollars to the individuals through multiple organizations? And I get that: limited dollars, but where does it go? At least the DSO has centralized and focused that. The reality is, there are no dollars there, anyway, so what's the point?

The little story on my daughter is, Special Services at Home, used it to help her get to camp with Reach for the Rainbow, another great organization—a summer camp, inclusive camp—until she hit 18. Then, at 21, I got the forms for Passport. You've got to be kidding: It's about 35-pages long. They sat on a desk. I printed them out probably every year for three years. Forget it. Fortunately, she's grandfathered, or I would have had to actually finally do the forms when she turned 21. She gets transferred in. Now we know that she's in five years, but she has to go get an assessment, because she could get booted out. She's not changing, right? She is what she is for life. No diagnosis—she's part of the 40% of people with an intellectual disability who has a none-of-the-above diagnosis, just so you get that on the table.

I'm going to have to go through Passport now, eventually, because—

**Ms. Sylvia Jones:** To get on the waiting list.

**Mr. David Layton:** We hear it's two years to actually get the assessment, and then you might—

**Ms. Sylvia Jones:** Actually, Passport doesn't even have a waiting list, so you'd just get turned down.

**Mr. David Layton:** Well, no, two years to actually get an assessment by them, they say: "We'll give you an appointment out in 2015." I don't even want to go there.

**Mrs. Christine Elliott:** Thank you very much for coming today and for your excellent presentation. There are lots of questions that I'd like to ask, but I'm just going to focus on the comment that you made earlier about giving families hope. I think that really is important, because everybody knows that the situation waiting for housing is dire. But I think one of the responsibilities of our committee is to come up with some short-term, medium-term and long-term recommendations. I think some families who are just sort of clinging by their fingers to keeping their child at home right now could perhaps be helped if there was some respite of some kind, some kind of a program during the day that would be

meaningful to their son or daughter, so that it gives them a little bit of time so that they can cope a little bit better. Is that something that you would recommend, that we develop more of those sorts of programs and to allow those families to carry on?

**Mr. Garry Pruden:** Absolutely. To have a model that provides both, all along the continuum: immediate, mid-term, longer term. But there are people out there without family support, or dysfunctional family support, so you've got to cover off the entirety of the territory. But absolutely, provide supports that can sustain people in their current arrangements. It's absolutely an important thing to do.

**The Chair (Mrs. Laura Albanese):** Thank you for that. Unfortunately, time is up. Thank you so much for your presentation this afternoon.

**Mr. Garry Pruden:** I'll leave these.

**The Chair (Mrs. Laura Albanese):** Yes. Thank you.

#### PROVINCIAL ADVOCATE FOR CHILDREN AND YOUTH

**The Chair (Mrs. Laura Albanese):** I now call on the Provincial Advocate for Children and Youth. We want to apologize for the spelling of the last name on our agenda. It was unintentional.

I guess you heard me with the other presenters. Please start by stating name, last name and title for the purposes of Hansard for each person who speaks.

**Mr. Irwin Elman:** Okay. Hi. My name is Irwin Elman. I'm the Provincial Advocate for Children and Youth.

**Ms. Bobbi Moore:** My name is Bobbi Moore. I volunteer with the provincial office.

**Ms. Janis Purdy:** My name is Janis Purdy, and I'm one of the advocates who works in the office.

**The Chair (Mrs. Laura Albanese):** Thank you. You may start your presentation any time you're ready.

**Mr. Irwin Elman:** I'll go first. Thank you for having us here. I'm looking around and I see a room full of child advocates, so I feel pretty comfortable. Thank you for that.

First, let me tell you—most of you probably know—that my job is to elevate the voice of children and youth, and to partner with them. My act tells me to take a particular interest in children and youth with special needs.

So I'm here because I've come to think of the children in my mandate and the advocacy for them as a life-trajectory approach. I was saying to a young person, "You know, what happens to you at two, five, 10, 12, 16 or 17, until you're 18, makes a difference in how you're going to turn out as an adult, what your life circumstances will be. Any parent knows that." She stopped me and said, "You should never say that, because it's true that any parent might know that, but actually any person knows that. You just have to think of yourself. You were a child once." She talked to me about adults always forgetting that we were children and young people.

It's true, if you think about what's influenced us to be where we are: Every step of the way has been a journey, from when we were born to how we're sitting here. I take that approach in thinking about advocacy for children. I encourage you as a committee, when you're thinking about adult services, to think of that. While we make distinctions between adult services and children's services, they are linked. What you need when you're talking about adult services will be affected by what we provided when they were children. It's just so obvious. I said that to this young person, and I remember her saying—I don't know how Hansard is going to transcribe this—"Duh. It's not rocket science, Irwin. You should know that."

I've asked Janis to come because she knows about the field, probably better than I do—yes, better than I do—for young people, youth and children with special needs. I wanted her to paint a picture of the kinds of calls we get, so you get context. Bobbi will talk about some of her experience, but Bobbi is also, as she said, an adviser to an initiative, and I want to end our presentation by telling you a little about the initiative, what we're doing and how it might intersect with your own work.

Over to you, Janis.

**Ms. Janis Purdy:** Irwin asked me to bring a few cases to you. I know I only have seven minutes, so I'm going to talk about three children whose stories might illustrate for you what we see on a regular basis. I think it will become clear as we tell their stories—the challenges with the system will become clear to you.

I'll start with Jeffrey—and these are real cases from my caseload—changed names, simplified, but real cases. Jeffrey is 13 years old, and he lives at home in a smaller city north of Toronto with his mother, father and sister. His parents emigrated from China in 2000, just before he was born. Both parents are skilled, intelligent and well educated, but both are unfortunately underemployed.

Jeffrey was born healthy, but he was diagnosed at nine with a rare syndrome that causes massive seizures. In fact, they didn't know he was sick until he had his first seizure, which was so severe and went on for so long that he suffered a brain injury and barely survived. Now he's in a very difficult situation. He can't walk, talk or eat by himself. He needs diapers and is on a special ketogenic diet designed to reduce his seizure activity. He receives supplemental nutrition through a gastric tube. He is often hungry, and he is confused and sometimes angry. He can lash out—I don't know if this is conscious or not—at his caregivers. He sleeps very little, and he doesn't seem to be able to differentiate between night and day.

**1730**

The level of time, energy and resources needed to care for Jeffrey, as you can understand, is very high. It takes two people just to brush his hair. Since much of his care needs are non-medical, under the current system his family is eligible for only 15 hours a week of personal support worker time. On the advice of their personal support worker and many other people, Jeffrey's parents called our office because they are exhausted, worn out

and, I would say, frankly, they're starting to lose it. The program that they were referred to is focused primarily on helping children access out-of-home placements, and the parents are very ambivalent about that. It's clear to everybody that they cannot manage his care anymore, but there's a lot of stigma related to admitting that you can't care for your own child, so they don't want him to be admitted to this program, even if there were placements available—and you heard about the long wait-lists. So even if there was someone who could take Jeffrey, it would be a long waiting list time, and they're not ready for that yet. But the level of support they need in the home would probably be 24/7 support, and that just doesn't exist in any system. So they called our office, and we've joined a stakeholder table, trying to problem-solve for this family before they completely break apart.

The next child I'm going to tell you about is Lakshmi. Lakshmi is from Toronto and she's seven years old. She was born prematurely. She has a cardiac defect, hearing issues and has a diagnosis of GDD, global developmental delay. Lakshmi has an older brother and two caring parents. Her mother works full-time and her father works part-time. Her father is her primary caregiver. She attends an excellent school, has great teachers, is in afternoon programs, and in many ways is being offered the kind of life that we hope all children would have. She lives in a stable, loving home, and she's well on her way to actualizing her unique potential. Part of what has contributed to her success is the support of some programs like SSAH and ACSO. But her father called our office this year because at their annual review, they had been deemed to be ineligible for ACSO, which meant losing the support from ADP, the Assistive Devices Program. Apparently, her mother had been doing really well at work and got a promotion, so their collective family income increased to \$62,000. I think you probably know that the cut-off for ACSO is \$60,000, so, suddenly, they were no longer eligible for the financial support that helped pay for 75% of her assistive devices costs, like leg braces and, most importantly, her cochlear implants. For reference, cochlear implants cost \$11,000. Previously, ADP had covered \$9,000 of the cost. The father called me and explained that they were barely getting by as it was. He felt that it was unfair that a small increase in their salary might potentially put at risk the ability to buy and maintain an implant that was so crucial to his daughter's ability to function in life. So we're helping them. He's asking for our assistance, and we will be writing letters and supporting them in their appeal to the Social Benefits Tribunal.

The last child is Michael. We were called by the principal of Michael's school, initially; then we were called by the special education lead in his school; and then we were called by his mother. So we got three calls about Michael. His mother is a single mother of two children, and she lives in a rural community. The former caller said that Michael was being brought to school less and less and they were concerned that he had been essentially informally withdrawn from school; the latter,

the mother, said she wasn't getting enough support, all day or in the morning, to help get him to school.

Here's the story: Michael is 17 years old and he was born with a rare syndrome called Lennox-Gastaut syndrome that includes developmental delay, seizure disorder and communication challenges. He cannot speak in sentences, and he's even hard to understand when he says words. His comprehension of the world is not clear.

He's short for a 17-year-old, but he's overweight, so he probably weighs about 180 pounds. When he gets upset, he flaps his arms and kicks his legs and he uses passive resistance when he doesn't want to do something—which I kind of applaud him for, but sometimes he doesn't want to go to school. Nobody can pick him up and lift him and put him in the school bus.

What school officials are telling us is that he was learning and making progress in his classroom under the attention and care of his skilled teachers and teacher assistants. He was becoming more independent and gaining some basic skills like hygiene skills, social skills and the ability to follow simple task instruction. In addition, he had friends. They believe that, given a choice, Michael would be at school. Their perspective is that his mother has a serious undiagnosed mental illness that is preventing her from being able to take care of Michael properly, including getting him to school and his weekend programs. They believe he is loved, but he is neglected.

This is an issue of capacity, and that this neglect is violating his right to be in school, learn, grow and differentiate from his mother. His mother, by her own admission, suffers from mental health difficulties, anxiety to say the least. She has a fraught relationship with her parents, who are older, and they just won't take care of Michael. Otherwise, she has few friends and supports. She admits she had a breakdown last year and was hospitalized, and that, yes, since that time, life has been more difficult.

I've been to her home and it's in a very rural, isolated area. When I went inside, it looks a lot like what you would imagine a hoarder's house would look like. Michael and his mother spend most of their time in one section of one room. Mother is mistrusting of outsiders, unable to follow through with basic plans and often deteriorates into panic attacks when questioned.

Michael, now, unfortunately, is also becoming increasingly afraid of the outside world. During his life, children's aid has been called many times because of people's concerns for his mother's ability to make decisions in his best interests or even care for him properly, but each investigation found no evidence of abuse and was closed.

Now, his mother is doing worse; Michael is over 16 and no CAS will touch it. There is no one to investigate, provide support, live in the home or in any other way ensure that Michael goes to school and other important programs. As a result of our involvement, Michael's case has been referred to the Office of the Public Guardian and Trustee, but they are not confident about their ability

to actualize any changes in his life until he's 18 and no longer under the care of his legal guardian. As it stands, Michael is still today in that little room in his basement with his mother.

Those are three cases. Thank you for the time to let me tell you about them.

**Ms. Bobbi Moore:** I'm Bobbi Moore. Just to give you a little bit of a background, when I was born, my parents were told—when I was six months—that I would never walk and I would never talk and I'd be severely retarded, and that they should put me in a home so that everybody else would have a good life.

I obviously have proved the doctors—the experts—wrong. Although my mom was always encouraging independence, she really, I feel, believed the experts regarding my true potential. She, unfortunately, passed away when I was—it was 2003. So I decided that I was going to go school; I was going to get a degree because I need to keep my head from thinking about the obvious sad parts.

I really only went in to take a couple of courses. By the time I left, I not only graduated with honours with my BSW, but now I have my master's in social work. Really, my voice did come out when I went to school, but throughout my life, I've always been silenced. It created a very fearful environment for me, to the point where, during one of my placements, I was not able to make my own decisions, afraid to say anything wrong, and the only way I could learn that it was okay to have a voice and okay to have an opinion and okay to actually say that I knew what I was talking about was when I had a medical emergency and was too embarrassed to go back to work. Everybody in the whole organization stood at the door and welcomed me back with open arms.

1740

From then on, I guess you could say you couldn't shut me up, but my question to everybody is: How do we expect to improve or demonstrate value to kids and to youth and end the silencing of kids with disabilities and the possible self-fulfilling prophecy like I had if we don't teach people like me how to have a voice, how to be heard, and that, most importantly, that they're valued—valued enough to have an opinion and not just listen to the experts, or people who think they're experts.

I don't disregard the experts; I really don't. But I think it's important for us to realize that in order for a person to be a person, we need to value everyone. We need to value the children; even small children have value and small children have a voice. I know that if I had learned right from the beginning that it was okay to have an opinion and that I was valued, I certainly would not have been in the situation that I was in. It's agencies like the advocate office, the March of Dimes, and places that I've only come into contact when I was an adult, when I actually had to—they're teaching me that I actually am valued.

So I call on everybody to listen to children and their voice. They do have value. They're important; they're very, very important. Unless we do that, we're going to

have more people and more adults with disabilities who don't know how to speak for themselves. Thank you.

**Mr. Irwin Elman:** Thanks, Bobbi.

I wanted to talk about one story to illustrate a point that I think you've been talking about today. I met one of the young people and families that Janis was working with. He was a young man, 12 years old. When I met him he had cerebral palsy and he had an operation that didn't go well, that made his condition worse. From my point of view, he couldn't communicate, but these amazing parents were able to find a way over the years of his life to communicate with him, and he would answer by using his tongue for a yes or a no. They could have conversations with him. For somebody who I thought didn't have a voice, he had a voice.

We were at this meeting because his his mom got cancer, and he had a sister who was trying to keep things together. And the worker who was responsible for finding what supports could be cobbled together for this family—because the mother now needed support, both to care for her two children and get them back and forth to appointments and things. When I met her she had an IV bag in her house. The worker—nothing critical to say—was saying, “Well, you know, we have this program”—I think it was SSAH—“and we can't really get it, but maybe we could get you five hours of support here. But over at MCYS they have this—oh, no, you're not eligible for that program.” I'm watching this and I'm remembering this young person from care who told me: “You guys are always creating institutional solutions to human problems.” This was a case—there are always cases—where you needed a human solution to a human problem.

Who cares what ministry the money comes from? Get the support that this mother needs and this family needs. Figure it out. I don't care which silo or which department or which jurisdiction. Just figure it out. It's a human solution.

I think, really, that worker who was with that family would love the ability to figure it out, but they can't, right? I know we were just talking—I've heard you being told about the silos and the different routes for monies and the impossible application forms. I think the human solution is where your committee has to go. That's a difficult thing to do. Because the young person who told me about that little saying said, “The reason you don't do it is because it's so darn difficult.” We can figure out another program. We can add money. That's not going to necessarily—it's important. I'm not going to say funding's not important. But is that going to really fix this problem that you're being confronted with and what the young people and parents who phone our office are confronted with? It's not going to fix it. More funding, yes, in the short term, but, boy, we have to figure out how to create that human solution.

I'm telling you, the way to do that is to listen to both the people—this committee is talking about a group of people, I know, mostly concerned with adults, but I'm saying children and young people too—they need to be part of the process. Those front-line workers, like that

one in the living room of the parents we met, they have to be included, too, because they're going to build you the system that will create a human solution.

I heard the question about, "Where do we start? We've got limited money. Where do we start?" I'm telling you, this is not where you should begin the conversation. I think the way to begin the conversation is, "Who are we talking about? What do we want for them as a province? How are we going to get there?" Those are the three questions. Money will follow later, right? It is not about money right now; it's about what we want to do. I believe, with the variety of ministries we have, with the levels of jurisdictions that would have to be involved to create what I think you want for these young people, these children, as they grow into adulthood—I think we can do it, but we can't do it if we start in the middle. I think we really have to start with that process of, "What do we want and how are we going to get there?" It's liberating, too.

The way in which I'm hoping you will do that: Just yesterday, because it was the UN International Day of Persons with Disabilities, we embarked on a project, an initiative, to begin to elevate the voice of children and youth with special needs. And our definition of "special needs" comes by our legislation from the CFSA. It's a very broad definition. It includes people you're talking about, even more. But I realized they're perhaps the most voiceless in my mandate, the most invisible.

I agree completely with Bobbi. I couldn't have said it better when she said, "When you have a voice, you become human." When you have a sense of control over your life, when that young man in Scarborough uses his tongue to speak and connect with somebody, he's becoming fully human. You can look at any discipline. I'm a teacher, so I think about Freire but you can look at any other discipline, and it tells you that.

The good news about that is that kind of fundamental change, to listen to these adults and young people, to give them the opportunity, both will be transformative for them but perhaps for us, when we're thinking about what to do for them. It doesn't cost any money. Ensuring that our services listen to young people and children and adults and give them a voice: It doesn't cost any money, but it's a huge shift. It's a huge shift in the way our education system works, a huge shift in the way our health system works, perhaps sometimes a huge shift in some of our developmental services. It's a shift, and that's going to be tough to make happen, but it will pay dividends. I believe that.

We're in the process of bringing, yesterday, 80 stakeholders together—and we have another 80, it looks like, who want to be part of this—to say to them, "You know better than us how we can elevate the voices of children and youth who don't normally have that opportunity," not just people who can speak like I can, and we can do that, but young people who are autistic, young people who are medically fragile. How do we enhance their voice?

Yesterday, one of the siblings of the young man we were talking about sang a song that she wrote for her

brother. That's a way of enhancing the voice. Listening to the parents and the front-line workers is a way, certainly, but I think the young people themselves can speak in their own way. We intend to gather that voice—I don't have a better way of saying that—do it with them, led by them, and then, in the fall, have them talk to decision-makers about what they have to say.

**1750**

I remember the sister of the young man. I was at the meeting, and I asked her, "What would your brother say he wanted for himself?" She said, "I think he would say he wants a friend." How powerful. I mean, how powerful is that? And yet, how difficult for our systems to do.

I know we need to have a plan, but I've heard frameworks, action plans and you name it. You know the words for them. I remember a deputy minister saying, "Frameworks are what we do when we have no money," and I'm not about that. Of course, we need that, but we need to listen first and figure out what it is that we need to do. We need to set goals. Yes, those children should have a friend. How are we going to make that happen? That's a systems issue, but it starts at a different place.

I'm asking you: I know this committee has really tough work. I know you have a tight timeline, from what I understand. I don't know if you intend to stay together, but I would implore you to do that. At the very least, stay together so that, when you come back from the summer, you can meet the children who will be waiting for you. I think they will help you do your work, and there's a role for us to work together, perhaps, in another unprecedented way.

I don't know how they're going to want to meet with you. I mean, I haven't met with them yet, so they're going to decide what's the best way to do that, but I think they'll be an important voice for you to hear as you move forward. It's really important work that you're doing. Thank you.

**The Chair (Mrs. Laura Albanese):** Thank you very much. I believe there's no time really left for questions. We'll have to move to the next presentation right away, but thank you very much for that.

**Mr. Irwin Elman:** Thank you for having us.

**The Chair (Mrs. Laura Albanese):** It was really great to hear from all three of you. Thank you.

#### COMMUNITY LIVING ESSEX COUNTY

**The Chair (Mrs. Laura Albanese):** We have our last presenter coming up, from Community Living Essex County. As with the other presenters, please start with your name and your title so that we can have that recorded in Hansard. I encourage you to start.

**Ms. Nancy Wallace-Gero:** Okay. Thank you very much. My name is Nancy Wallace-Gero, and I'm the executive director at Community Living Essex County. I am a little bit nervous. I wish I had a team here with me.

**Miss Monique Taylor:** Don't be nervous.

**Ms. Nancy Wallace-Gero:** All right. Actually, my heart goes out to this committee—the stories and the

passion that you've been listening to. I'm going to try very hard not to duplicate messages, but maybe just reinforce some, because there are a lot of themes here, I think, that really are very, very important for the committee to consider.

I do want to thank you very much for this opportunity. I am sorry that I am here alone. Distance and cost were a factor in determining other people to come. I was here for the day already, as there was Employment First: Is It Right For Ontario?, an Ontario Disability Employment Network event that I attended downtown, so this timing worked out very, very well for me.

I wanted to start off by helping you understand a little bit about my passion for this sector. I'm going to just take a moment to give you a little bit of a nutshell understanding of who I am—not that I'm unique in any way, I don't believe; I just think that it is important to know the background and what drives a person to believe what they believe.

I've been the executive director at Community Living Essex County for the past 27 years. I have no idea how that happened—just crazy. Anyway, Community Living Essex County is an agency that supports over 650 children, youth and adults from across Essex county. We do support a large number of people who lived previously in institutions in Ontario and also many transitional-aged youth, many who have very severe autism or are on the autism spectrum disorder and also many who have complex, multiple needs. So we are an organization that is considered a specialized service provider as well by the Ontario Ministry of Community and Social Services.

The agency has been around for 52 years, providing services and advocating. We are indeed a grassroots organization formed by families. I'm sure you've heard a bit of this story from Community Living Ontario, but I do think that sets agencies such as Community Living apart from other service providers in Ontario that perhaps were formed by the government, by a need within government to set up boards or committees. It means that we not only are a service delivery organization, but we also have a responsibility to our community and to the families within our communities that is really part of our larger role, and I'll talk a little more about that in a few minutes.

Community Living Essex County also has a family leadership arm; we call it Ensemble. This is families that, through our fundraised dollars, we contract with to provide family leadership, to bring families together to help them and empower them to address the many, many challenges they face, especially in today's environment. We also have a self-advocate arm, which is an arm of the organization, and the group call themselves New Day, Leaders of Today. This group advises the organization on important decisions that are going to affect their life. I believe both these bodies, Ensemble and New Day, have made a tremendous difference in the life and growth and change within Community Living Essex County.

Just to go back a little bit further, I was trained as a social worker. I've worked in the developmental services sector in Ontario—this one's almost embarrassing—for over 40 years. So I have watched the wheel go around, to

say the least, through all different governments and all different agendas and frameworks. I certainly had some experience working in institutions early in my career. I worked for government, the Ministry of Health and the Ministry of Community and Social Services. I was a program supervisor for a number of years and then landed in the position I'm in. I do have to tell you, I think my background prepared me well for it, but I think my favourite position is with Community Living. It's a great way for me to end my career in the next couple of years.

A bit of other background about myself: As I say, I learned a lot along the way from so many people, but most of all, I've learned as a sister. I have a brother and a sister who both were labelled with an intellectual disability. The story that you just heard from the child advocate office around the mislabelling of people happened to my sister, and, in fact, both my brother and sister were on waiting lists for Rideau Regional Centre. My parents thought it would be helpful. They went for a visit and they absolutely refused that they would ever go to a place like that. They felt that they needed to grow up in their community and be able to be a part of the community and have the same opportunities as every other member of our family.

Throughout time, from all of the above, I've really come to understand the struggles and the challenges and the celebrations of families. I've certainly seen many changes over the 40 years, and many are a real credit to the government. Many things are so much better for many people. The closure of the large institutions was undoubtedly one of the landmark decisions in Ontario, and really set this province ahead of many others who are still struggling with that challenge.

#### 1800

The development of community support systems as people left institutions: a great move in Ontario that did so much for so many people to promote living in the community with dignity.

The development of creative options for inclusion: Governments have absolutely supported a number of initiatives, and I won't go into all of them.

The development of a dedicated workforce in the sector: I happened to participate in the developmental services human resource strategy and have been on the steering committee for a number of years. That's what happens when you're around for a long time. Really, I compliment this government for the dedication to the workforce in this sector in that way.

There have been improvements in the rights and citizenship of people in many aspects of life, but I'm here to talk to you more about the situation today and the pending crisis. Things that seemed so important and that were part of the value system of yesterday are absent in all of our discussions today.

There's no more talk of seamlessness in services, especially during transition times. That was a huge issue and discussion item of just a few years ago.

There was a very big discussion about quick and timely responses to people. That's no longer the discussion at all. In fact, it's quite the opposite.



There was a discussion about strong relationships within the community in order to build partnerships. That's not talked about anymore.

There was a discussion about trust and about transparency, and I could go on and on and on with words that have been used by governments over time and seem to be lost in the conversation today.

So let me explain this from the perspective of a number of people, and I did talk to some people to bring their thoughts.

First, the people we support: Their homes are being taken over by government rules and processes, especially discussions about with whom they live and where. This has now become a waiting-list issue of designation of spaces and determination of where people will live and with whom. These are people's homes, and there's something really wrong with that reality for many people.

Poverty abounds. There has been a fair bit of comment on that already, but there are a couple of new and changing rules. The elimination of special diet allowances and supports that used to be available to people when they moved from one home to another—those have come to an end. I believe they are perhaps cost-saving measures of government. We're appealing them. It's costing us a lot of money to do that on behalf of people, but we see no other avenue.

The health care system is inconsistent in the way they are addressing health care issues for people with significant intellectual disabilities. We have to advocate tirelessly in order to ensure that the health care needs of people are addressed appropriately, and I mean both physical and mental health. The mental health system does not let people with intellectual disabilities in in our community; it's really quite concerning.

Next, the perspective of families: The wait-lists are out of control. You've heard lots about that. There's a long, painful and complicated process to even just join the waiting list. In Essex county alone, we have 1,200 people waiting for community participation supports, 540 waiting for residential options, and over 500 who are waiting for respite supports in and out of home. It's abysmal. I've never seen anything like it.

Seemingly, there's an arbitrary age cut-off for services. Families describe it as feeling like their child is being cut in two, that their child needs and their adult needs are considered separately. There is a brand new review of the person at age 18 or before their 18th birthday. That makes no sense to families who are looking for continuity and seamlessness and where their child's needs may not change at all from age 17 to 18, and yet families are being dragged through this process.

The DSO is complex. It's not natural. It's intrusive on relationships that are already built in an agency like ours that provides supports for children, youth and adults. The relationships are already formed with the families; we're already clear about what kind of supports are needed. To send a family off to meet with strangers to tell their story again and to have to go through a process really just doesn't make sense. Families feel like they are reapplying

for supports that they know they need and that we know they need and that they have continued to need, and yet they're having to go through this process.

Next, from our direct support workers: We continue to lose staff to comparable jobs in health and education, and I mean comparable jobs. Kids go to school in classrooms and are supported by aides in the school system who have identical training to the staff who are going to care for them in the evening when they come home, and yet the distance between their wages is 25%. We need to stabilize this sector with appropriate pay for the important work that the workers do.

Finally, just a few words on behalf of agencies, and then I'm going to get to some recommendations.

We, as a sector, are grossly underfunded, and this has gotten far worse over the last five years. You heard about that from my colleagues at Community Living Toronto. We have organizational and infrastructure issues. Our administrative costs are 6.8% of our total expenditures, so they are a very, very small part. I'm not sure you will find that in any other sector. Most of our funding goes into direct service for people.

We're continually required by government to face financial challenges. For the past five years, as was mentioned, there has been no increase—or a very minimal increase—in base funding. We have labour contracts, cost-of-living increases, and they're chipping away at our service capacity. If no one gives us any additional money, it's going to come out of the base, and it's going to mean less people are supported at a time when waiting lists are out of control and people need support more than they ever have.

Pay equity: I have to comment on this. I was around, either fortunately or unfortunately, in the early 1990s in the agency when we were ordered by government to become a pay equity proxy employer. We were very concerned about it at that time because of the implications. We were ordered as to who we had to compare ourselves to: We had to compare ourselves to hospital workers in health care, doing similar jobs. The wage gap at that time was about 28%. We knew it would take us 28 years to meet the 1%-a-year requirement. We said to government, "Who will fund this?" Government said, "We will." We don't have it in writing, but government said, "We will," in the 1990s. They did up until 2010, and since that time have given us not a cent towards our pay equity obligations. We are in arrears, as are a number of Community Living and other developmental service providers across this province, and we have had no new funding since 2010 to respond to this legal liability. It is crippling agencies like ours.

I talked about the additional costs we must bear. As an organization, we operate approximately 50 small group-living homes across the county of Essex, with typically three or four people living together in typical neighbourhoods well blended into the community, living their lives.

The headlines yesterday said that hydro costs in Ontario will increase 42% over the next three years; that

was the front-page story in the Windsor Star. You know, I don't know how we're going to pay for this. I have no idea. We're not being given any additional funds to take care of these kinds of costs.

I do want to mention that part of our small group living—we don't call them group homes, because the people we support have asked us not to. They said, "We live together in small groups because it's more affordable to do that. We can't afford to live alone and get the support that we need." A number of our homes were developed creatively with the city of Windsor and the Ministry of Municipal Affairs and Housing through the Canada-Ontario Affordable Housing Program. I believe we were one of the only Community Living organizations—just a couple of us, Community Living Windsor being another—that benefited from that program, because it wasn't widely known, but we had a great relationship with the city of Windsor housing services. They listened to our plea and funded that. I encourage more of that.

**1810**

Some very important suggestions for you, I guess, after saying all of this: We need a way of ensuring that there is no loss or change of service between children, youth and adult years. This will keep families together. We're hearing from families of children and youth that they cannot continue on. They're talking about abandoning their children, and we've had a tremendous increase in the number of families who are coming to our door and saying, "Either get some support for us to continue into the adult years, or we're dropping our child off at age 18. We can't do this."

Developmental Services Ontario—maybe they have a role. Believe me, they have good people working in them. In fact, they took some of our top performers on staff to go work for them for higher wages. It's hard to see what their role is right now, quite honestly, in the midst of all the things that are going on.

There's got to be another way to achieve the access, application and assessment roles. I think it can be done by contracting with agencies. I truly believe that if it's written into our contracts how we should do that, we can do that. We can also meet collaboratively as a group of agencies, especially in smaller communities. I'm not sure if it can work in Toronto, but certainly it can work in Essex county. We can sit together and we can collaborate on prioritizing people and assist in making sure that we have an equitable and fair system for people in our community.

I think that another very significant remedy, perhaps, for some is additional respite programs. Families tell us that if they have a break from time to time, they can carry on. They need regular breaks, sometimes just to catch their breath, and other times because of very serious health care concerns in their family and an inability to care during that period of time. This will decrease the need for long-term, expensive supports.

I believe that there are some families who will carry on as long as they possibly can—maybe as long as their

son, daughter, brother, or sister will live—if they can be provided with some minimal amount of support. In the absence of that, too many people are entering the health-funded system and the justice system as a result of not providing those kinds of resources to families.

I think government needs to come back to recognizing Community Living organizations as more than a transfer-payment agency, as a real partner in moving forward with natural supports and connecting families that can provide for community capacity-building. We're much more than a funded government agency, and we can actually help the province with their values and the principles that guide the transformation of developmental services.

We believe in them. We share those values. We want those changes in Ontario. We've changed and reformed many times. The things that are being recommended through transformation are good and positive changes. However, we are not a partner to that. We've been distanced from families. Families are being directed to Developmental Services Ontario, and unless we can reach out and get to know families, they really have no reason to come to us anymore. We don't have any services to offer them unless DSO throws us something through a vacancy or some other means.

Finally, the government has to respond to our financial pressures as an organization and as a sector. We will be paralyzed if we will not be allowed to keep up with other sectors, particularly health, education, and even some other social services. We have to have support in addressing the challenges that I mentioned previously. If there's not a strong community support system that provides an accountable range of services and helps build an inclusive community, we will never reach the kind of Ontario that I think we all want for people who have an intellectual disability.

I hope we can get back to the progress we were making in Ontario. We need to give families real choice. Direct funding is fine as a choice; it's not the only option. Many families cannot manage direct funding. They need support from agencies. We've got to have a strong community support system for those families.

I believe that if we work together—families, people who have a disability, agencies and government—if we really do work together and listen to each other, we can come up with good answers.

**The Chair (Mrs. Laura Albanese):** Thank you. Two minutes each—so we'll start with Ms. Hunter.

**Ms. Mitzie Hunter:** Two minutes each?

**The Chair (Mrs. Laura Albanese):** Yes.

**Ms. Mitzie Hunter:** Okay. You talked about the rules about where people live, how they live and with whom they live. I'm wondering if you can just expand a little bit on those concerns that you're hearing in terms of the living situation, because we talked quite a bit today about housing and how to provide those needs.

**Ms. Nancy Wallace-Gero:** Families and people we're supporting are sharing that the way the waiting lists are prioritized, the person of the highest need is at the top of

the list. If a vacancy becomes available—sadly, that’s usually because somebody in service passes away, because this is a lifelong condition. It’s not that people come in, get better and move on; this is lifelong.

Because the Developmental Services Ontario are regional in their jurisdiction, the vacancy could be in a variety of places. If you live in the county of Essex, you may not want to live in the city of Windsor. You may not want your child to live in an urban centre because you want them to live in the county, in a more rural setting. So families are being forced to consider places for their child to live in that are not in keeping with their own values and with the kinds of things that were available previously.

As well, people we support—we encourage the three or four people who live together in a home: It is their home. The staff come in to support them in their home, even though the agency owns and operates the home on their behalf. When they lose a housemate through a loss, like what does go on when a vacancy occurs, we have very strict timelines in which we have to advise the DSO about the vacancy. Then, there’s a strict timeline on how quickly somebody comes into the home. The people who live in that home may not have a choice on who that is.

**The Chair (Mrs. Laura Albanese):** Thank you so much. Ms. Elliott.

**Mrs. Christine Elliott:** Thank you very much for being with us today and for your very thoughtful presentation. One of the things that we’re tasked with, because we’re hearing about the housing crisis, is to look for innovative solutions, so I’d really be interested in getting some more information about the work that has been done with the city of Windsor. Where would we be able to find out more information about that? Would you be able to provide it to us?

**Ms. Nancy Wallace-Gero:** Absolutely. I certainly can give you a summary of all of the work we’ve done together with the city of Windsor, but the Ministry of Municipal Affairs and Housing is the ministry that actually approved each of the projects, so they were very, very involved in assisting and making sure that some of the funds did come to help develop supportive housing for people with an intellectual disability. But I can put a summary together.

I was going to mention that I didn’t bring a written presentation, but I would like to put one together—and I will submit it—summarizing both my comments and also some of the materials that you’re requesting.

**Mrs. Christine Elliott:** Great. Thank you very much.

**The Chair (Mrs. Laura Albanese):** Thank you. Miss Taylor.

**Miss Monique Taylor:** Thank you so much for being here with us. When you talked about all the different group homes that were being provided, you said you had 50 group homes. Is that in Windsor and Essex or just in Essex?

**Ms. Nancy Wallace-Gero:** That’s just Essex county.

**Miss Monique Taylor:** Did you have problems, with the region and municipalities, of too many homes in

certain areas, saturation, any of those kinds of issues whatsoever?

**Ms. Nancy Wallace-Gero:** Not at all. I’m sure it’s probably a bit far away from here for people to know a lot about Essex county, but there’s a number of larger communities within Essex county: Tecumseh, Amherstburg, LaSalle, Leamington and Kingsville. We have several homes in each community, as well as homes in much more rural areas throughout the county.

Municipalities have been terrific. We actually relate to seven different municipalities in Essex county. It used to be 27, so it’s much more manageable right now. In the seven municipalities, we work with the mayors in those communities. We have established very positive relationships, and they’re very supportive. Because the homes are three or four people living together, they don’t really—they’re not group homes. They’re not group homes; they’re people’s homes.

**Miss Monique Taylor:** That’s great. I have another question. Are you having troubles—

**The Chair (Mrs. Laura Albanese):** You have 30 seconds.

**Miss Monique Taylor:** —with the new laws and the sprinklers? How is that affecting you financially?

**Ms. Nancy Wallace-Gero:** We actually made a decision a number of years ago, and I’m not sure if we foresaw the future, but we have sprinklered every single home that we operate. We also made all of our homes accessible so that all homes are one floor.

**Miss Monique Taylor:** Thank you.

**The Chair (Mrs. Laura Albanese):** Thank you very much for coming to the committee today and for waiting patiently for your turn. We really appreciate your presentation and your being here.

**Ms. Nancy Wallace-Gero:** Thank you.

**The Chair (Mrs. Laura Albanese):** Before I adjourn, I believe that Ms. Hunter has a question for the researcher.

**Ms. Mitzi Hunter:** I do, Madam Chair. I do have two quick questions for the researcher, if I may. If you could provide us with a detailed map of the DSO structure, including community agency partnerships from MCSS, I think it would just be helpful to have that in front of us.

Also, the AG report: If you could extract the developmental services references, including autism-related matters, I just thought that would also be helpful.

**The Chair (Mrs. Laura Albanese):** Any other business?

**Ms. Cheri DiNovo:** I thought we were going to talk about the interstice after the House rises next week. Are we going to discuss that—

**Interjection:** The 18th.

**Ms. Cheri DiNovo:** The 18th?

**The Chair (Mrs. Laura Albanese):** We can.

**Ms. Sylvia Jones:** We need to.

**The Chair (Mrs. Laura Albanese):** I guess the question is, are we in agreement to meet on December 18 for the whole Wednesday? Ms. Elliott.

**Mrs. Christine Elliott:** Certainly, we're prepared for the day. We want to make sure that we can hear from as many as presenters as possible, and it's a full day. So, absolutely.

**The Chair (Mrs. Laura Albanese):** Any other comments? Ms. DiNovo.

**Ms. Cheri DiNovo:** Yes, we're fine with that as well.

**The Chair (Mrs. Laura Albanese):** Ms. Hunter?

**Ms. Mitzie Hunter:** I'm fine with that as well.

**The Chair (Mrs. Laura Albanese):** We will require five selections from each party to fill the day. I believe each party does have the list.

**Ms. Sylvia Jones:** And that's 9 to 5, right?

**The Chair (Mrs. Laura Albanese):** It's 9 to 5.

**The Clerk of the Committee (Mr. Trevor Day):** An hour for lunch.

**The Chair (Mrs. Laura Albanese):** Yes, and one hour for lunch.

**The Clerk of the Committee (Mr. Trevor Day):** We can't meet over lunch.

**The Chair (Mrs. Laura Albanese):** We cannot meet over lunch—

**Interjection:** Officially.

**The Chair (Mrs. Laura Albanese):** Officially, yes. When are those names required by?

**The Clerk of the Committee (Mr. Trevor Day):** The sooner the better, but we have some time to schedule.

**Ms. Cheri DiNovo:** Just to be clear—I'm a little confused about the list—the yeses on here are the ones already scheduled?

**The Clerk of the Committee (Mr. Trevor Day):** The ones that are greyed out have already been selected by you. They're schedule dates for those that we already have—

**Ms. Cheri DiNovo:** Right, but we have more time? We can pick more?

**The Clerk of the Committee (Mr. Trevor Day):** Yes.

**Ms. Cheri DiNovo:** Sorry, how many each?

**The Chair (Mrs. Laura Albanese):** Five.

**The Clerk of the Committee (Mr. Trevor Day):** Five additional, on top of the ones you've given us.

**Miss Monique Taylor:** I've also seen, on this list, people who have been part of groups presenting. Nobody on this list is going to come before us unless we call them?

**The Clerk of the Committee (Mr. Trevor Day):** That's correct.

**Miss Monique Taylor:** Got it. Right.

**Ms. Mitzie Hunter:** Did we hear from Municipal Affairs—

**The Chair (Mrs. Laura Albanese):** Yes, we did hear from Municipal Affairs and Housing. They did present.

Okay, thank you very much, and we're adjourned.

*The committee adjourned at 1824.*







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