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ISSN 2292-1087

Legislative Assembly  
of Ontario  
Second Session, 40<sup>th</sup> Parliament

Assemblée législative  
de l'Ontario  
Deuxième session, 40<sup>e</sup> législature

## **Official Report of Debates (Hansard)**

**Wednesday 13 November 2013**

## **Journal des débats (Hansard)**

**Mercredi 13 novembre 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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Telephone 416-325-7400; fax 416-325-7430  
Published by the Legislative Assembly of Ontario



Service du Journal des débats et d'interprétation  
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Publié par l'Assemblée législative de l'Ontario

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 13 November 2013

Mercredi 13 novembre 2013

*The committee met at 0904 in committee room 1.*

**DEVELOPMENTAL SERVICES STRATEGY**

**MINISTRY OF EDUCATION**

**The Chair (Mrs. Laura Albanese):** Good morning, everyone. I'm calling the Select Committee on Developmental Services to order. Welcome to our members and to our guests. Today we will hear from a number of ministries and also from other organizations. The first up is the Ministry of Education.

You will have 30 minutes for your presentation. That will be followed by 30 minutes of questioning, divided equally with each party. I would ask you to start by stating your name and your title, and then you can go right into your presentation.

**Mr. Grant Clarke:** Thank you very much. Good morning, everyone. My name is Grant Clarke. I'm the assistant deputy minister in the Ministry of Education for the learning and curriculum branch, which includes responsibility for special education programs and policies, as well as curriculum and a number of other issues.

I'm joined by my colleague Barry Finlay, who's the director of the special education program and policy branch in the Ministry of Education.

You have in front of you the deck that we will cover this morning. We're going to cover a number of things. We thought it would be best to start with a bit of context-setting for special education generally, the legislative framework for special education, and then move towards more specific considerations regarding students with development disabilities and get into greater detail.

Starting with slides 3 and 4, what you will see here is a brief overview of the legislative and policy framework for special education in the province of Ontario. The Education Act requires that school boards provide programs and services for students with special education needs from full-day kindergarten through to age 21 if necessary. I suppose we'll see, when we get to some of the statistics, that there are a number of students who have developmental challenges who, in fact, will remain in publicly funded schools until the age of 21, at which point they would transfer or transition to other services.

Regulation 181 sets out the specific procedures for the formal identification of students with special education

needs through something called an IPRC, or Identification, Placement and Review Committee, meeting. This IPRC process provides a number of things. In the first instance, it determines the appropriate placement for students.

I would just ask you to flip to the very back page, which is appendix A, to see what we mean by "placement." If you look at the very back of the slide deck, you'll see five categories: special education classes that are fully self-contained, partially integrated, or regular classes in three categories. Those are the five placement options that arise out of an IPRC meeting when the learning needs of students are being considered by the school officials, the parents and other members of the affected communities.

Regulation 181 sets out the process by which an IPRC meeting is held and also provides for a formal appeal process if parents are not satisfied or don't agree with the placement decision of the IPRC.

There are two stages to an appeal process. The first is a local appeal board comprised of three members, one of whom must be a member selected by the parents. The recommendations of the appeal board are provided to the board, and the board may or may not choose to comply with these recommendations.

The final stage of appeal is through the special education tribunal. The special education tribunal is now part of the social justice tribunals, and the decision of this tribunal is binding. The only areas, however, that the tribunal can address are the identification and placement of the student and not the actual instructional program.

It's important to note, I think, for special education that students don't have to be formally identified through an IPRC in order to receive special education programs, services and supports. We'll unpack that a little bit when we get to slide 5.

Once identified through the IPRC process, a student must have an individual education plan, or what we call an IEP. The plan is an educational plan, and it articulates the individual strengths and needs of the students as learners, as well as the instructional strategies needed to support their learning needs, including, of course, any accommodations and/or modifications to the curriculum that must be put in place.

Students may have an IEP at the discretion of the school without going through the IPRC process. An

example of this would be where, particularly in the early grades and younger students, a decision is not made too prematurely. There may be an obvious need for some support, but school officials, and perhaps parents, don't want to rush to judgment about finding an exceptionality per se, but they do want the supports in place, so those supports are provided, and time is given for the experience with the student in the school to determine what the next steps might be.

#### 0910

IEPs are subject to regular review in order to address the learning needs as the student progresses through school and matures. The developmental stages sometimes kick in and change the way in which the IEP is written and implemented.

As of September 2014, all students with IEPs must have a transition plan. The plan is also subject to regular review according to the IEP guidelines. On the transition plan, when we get to it, we also are talking about a single transition plan for students who leave school and transition into other services provided by our sister ministries.

The purpose of the transition plan is to make movement into, through and exiting school as seamless as possible for the student, involving the parents and other service providers who are regularly part of this process. Key transition points can be, obviously, entry into school; sometimes we focused on the transition from an elementary setting into a secondary setting; and, of course, from a secondary school experience into post-secondary, whatever that happens to be.

The thing about IEPs to note, as well, is that they are developed in consultation with parents, so parents are involved in determining and agreeing to, subject to the appeal process if they're not happy—but they do get to provide their input to school board officials when IEPs are being developed for their children.

If we look at slide 5, this is the big, high-level statistical overview and gives you a sense of the numbers of students in the province of Ontario who have been identified either formally or not formally, but who are receiving special education programs and services provided by district school boards.

The data is from 2011-12. That's the latest complete, verified set of data that we have that comes in through the Ontario student information system. As you can see from the chart, 15.61% of the total student population was reported to be receiving special education programs and services. The pie graph on the right side of the slide shows that 59% of students receiving special education supports were formally identified through an IPRC process, while 41% were receiving special education program supports without being formally identified—and there are a number of reasons for that. I referred to one of them where, in the early years, there is a decision not to rush to identify a student in a particular exceptionality, to see whether there are developmental issues that will play out in a different way. There are different philosophies in a number of different school boards about when is the appropriate time to go to a formal identification process.

Oftentimes, there are family reasons. Families sometimes don't want a formal process because they are afraid of, among other things, putting a stigma on their child at a very early age, and they want to see, with supports that the child will receive, how that will play out and how the child will progress in school.

So there are a number of reasons, all of which are not related to children receiving services. The bottom line is that school boards have an obligation—and the ministry reinforces this—that whenever programs and services are warranted and indicated, they are provided at the soonest possible opportunity.

Some 83% of the students receiving special education supports are in regular classrooms for more than half of the day. At the end of the 2011-12 school year, approximately 22,000 students were receiving supports without an individual education plan.

Supports can start very quickly, without having put in place a process of consultation with parents to have an IEP. However, students who have not been formally identified after an appropriate period of assessment are expected to have an IEP, at the very least, even if they don't proceed directly to formal IPRC assessment.

The final paragraph on this page provides some data for you regarding students who are in care, treatment, custody and correction programs in the province of Ontario, about 7,000-odd full-time equivalents. Full-time equivalent is a placeholder for the actual students who go in and out of these programs, many of which are short-term in nature, so there could be many more individual students who actually go in and out of treatment or care and custody facilities than the 7,000, but 7,000 FTEs, or full-time equivalents, is how we account for the volume, if you will, in these programs.

Many of these programs are sometimes referred to as "section 23 programs." Their primary function is treatment or care; their secondary function is education. The Ministry of Education funds school boards to enter into partnerships with care or custody providers to put instructors and educational programs in place, although that can be quite challenging because often it's a very short-term exposure that students have while they're in care, custody or treatment facilities.

While students are in section programs, they're not actually on the register of the local school boards. So if their home school was in a local school board and then, for some reason, they're in a care program, while they're in the care program they're taken off the register of the local school board. That is something that the ministry is looking at. This would include, for example, children who are crown wards—wards of the crown—who are also in section programs.

If we look at slide 6, now we start to break down what we mean by how we define special education exceptionality in the province of Ontario. There are a couple of things that we should bring to your attention right off the bat. When we talk about special needs populations—and you may have heard from our colleagues in community and social services or children and youth services—we're

not necessarily defining special needs in the same way. Special needs from a rehabilitative or therapeutic perspective is not how we define special needs in special education. “Special needs” in our case, in the Ministry of Education, is defined from the standpoint of special education or what the learner needs are. They’re not reflective of, say, medical diagnoses or conditions.

Also, something I wanted to remember, when did they come into being? In the period between 1980 and 1985, with Bill 82, the exceptionalities were established and again reviewed in 1999, but with little change. You can see here there are 12 exceptionalities. There are five broad categories for these exceptionalities and they are: intellectual, physical, behavioral, multiple and communications-related. The 12 exceptionalities expand within those five broader categories of exceptionalities.

This slide represents those who are formally identified, the 189,000-odd students, representing 59% of students who are receiving special education programs and services. What may be of particular interest to you is that there are a number of exceptionalities on this chart that relate, potentially, to developmental disability. So there is, as you can see, an exceptionality of developmental disability, mild intellectual disability, multiple disability and autism. It’s not the case that the multiple disability and autism necessarily correlate to developmental disability, but in many instances there may be that relationship.

#### 0920

The other factor, I think, on this chart—a couple of things: One is, these are not duplicate head counts. Each of the numbers associated with the exceptionalities represents a clean count, if you will, of students that have been identified with a particular exceptionality—no double-counting across categories.

The percentages of students formally identified through an IPRC has remained relatively stable for the last decade. The number of students, however, with autism spectrum disorder has grown quite markedly. We have undertaken a number of initiatives to address the issues with our sister ministries regarding autism and autism responses within our school boards.

Moving to funding, something that we’re all interested in: Slides 7 and 8 give you a high-level overview. The special education funding grant to district school boards is a sweated amount. The roughly \$2.52 billion has to be applied to special education in one of the categories that you see listed on slide number 7. School boards often say that they spend above and beyond what they receive in the Special Education Grant. The Special Education Grant is in addition to all the foundation grants, the per pupil grants, that students get. It was never intended to be the sole source of funding, within the grants for student needs, to serve the learning needs of students who have been identified or who are receiving those services.

The grant is an incremental grant. It was created to create more supports for students with special education needs, to help raise the students to really a more level playing field with respect to accessing the provincial

curriculum. Learning needs are about creating the conditions and supports for students to actually acquire the knowledge, skills, competencies and outcomes associated with school programming, including the curriculum, and to mitigate the barriers for their engagement in the curriculum and in the program generally, so that they can demonstrate what they have learned.

Many of the students, it’s worth noting, who are identified as having a developmental disability, either a severe disability or a mild intellectual disability, do not access the full provincial curriculum. If you think of the curriculum in secondary, for example, for credit, many of these students are in a program where they’re in a somewhat or heavily modified curriculum that may not count for credit. Their IEP, their individual education plan, would say that they’re not working towards the provincial graduation requirements, which would include passing a literacy test and having 30 credits for graduation and so on.

These non-credit programs—sometimes we call them K courses; I’m not sure why, but anyway, that’s how they’re referred to—are in place for many of these students. We’ll have something more to say about what we’re trying to do to bring more focus and perhaps consistency to the way in which those courses, which are very local in nature, are developed and implemented.

The locally developed courses are intended to fit with the learning needs of the student where the student is. A student with developmental disabilities would get a program that wouldn’t be generic but would be mapped to what is understood about the needs of the student and their capacity to learn and, wherever possible, to ladder up—or we sometimes use the term “scaffold”—to other opportunities. While they may not be credit-bearing in all cases, we want to ensure, wherever possible, that their exposure to whatever the program happens to be takes advantage of other opportunities for them to do more and expect more from them. That is very consistent with what the parents of these students have told us.

The six components of the grant—the two largest are the special education per pupil amount and the high-needs amount; that’s about \$2 billion. The special education grant, SEPPA, is an enrolment-based grant, so a certain amount goes out based on enrolment. The high-needs amount goes for additional staffing for students who require, for example, EAs or other supports beyond classroom supports that the teacher in the classroom can provide.

Two components of the Special Education Grant that may be of particular interest to this committee are the special incidence portion and the special equipment amount, both of which have an individual claims-based process aimed at students with extraordinarily high needs. In the case of the special incidence, this is for students who require, for whatever reasons—care and other reasons, or safety—more than two full-time additional staff to be with them.

**The Chair (Mrs. Laura Albanese):** I just wanted to let you know that you have about 10 minutes left.

**Mr. Grant Clarke:** Okay. The special equipment amount is for the purchase of several kinds of technology which help to level the playing field: assistive and adaptive technology that allow students with special learning needs to connect with the curriculum, engage in learning in the classroom or in the community, and be able to demonstrate what they have learned.

Maybe we can go to slide number 9, “Students with a Developmental Disability.” This slide provides you with an example, if you will, of the variation in student needs for students with developmental disabilities. You can see in that centre column—“What Are Their Needs?”—three profiles, which relate in some part to appendix A, the page about placement. You can see that there’s a range, from regular classroom placement with supports to programming and services that may have withdrawal associated with them or self-contained classrooms that students may be in. The thing about this is that there are different thresholds, and each student is assessed by the local school board. There isn’t one set of strategies with respect to both identifying and then placing students who have a developmental disability or a mild intellectual disability.

The special education legislation specifies what must be done by school boards to support students with special education needs, but it’s up to the boards to determine how best to meet those needs. All boards have to have a Special Education Advisory Committee, or SEAC, to advise them in all aspects of the delivery of their programs. SEACs deal with issues such as the board philosophy with respect to self-contained programs or integrated programs in all instances.

Slides 11 and 12—just to finish up—represent a number of initiatives already under way or approved that the ministry is involved with to advance, if you will, our understanding and the quality of programming that is available to students with special education needs. We have a significant focus on autism spectrum disorder. It is indicated on slide 11. We’re also working to develop a curriculum framework for students, as I said, who are not accessing credit-related programming in school. We are looking to see how we can connect those courses and programs to other opportunities for students to reach higher, if they can.

We are also in the process of updating the definitions of the exceptionalities, including developmental and mild intellectual disabilities, which will bring an updated version and greater consistency to the way in which school boards identify students with these exceptionalities and provide programs and services for them.

**0930**

Slide 13 talks a bit about the work that we’re doing with other ministries. We are doing a lot of tripartite work with the Ministry of Children and Youth Services, the Ministry of Health and Long-Term Care and also now with the Ministry of Community and Social Services. A good example of that is the degree to which we are working very collaboratively, for example, on the children and youth mental health and addictions strategy—

the first three years—which was a very integrated strategy to provide additional services and supports to school-aged children.

Most recently, perhaps of interest to you, is the agreement by all parties, with the Ministries of Community and Social Services and Children and Youth Services, to establish a single transition plan for young people with developmental disabilities as they move into adulthood. The school boards and community agencies that provide services for adults with developmental disabilities will use the one transition plan. We believe that will improve the understanding and address some of the gaps that may have existed previously, where one transition plan didn’t take into account the range of services that would be available to those young people and their families.

Thank you for the opportunity to present. I tried to fit it within 30 minutes. We would be happy to answer all the questions that you may have for us.

**The Chair (Mrs. Laura Albanese):** Thank you. We’ll start with Ms. Jones.

**Ms. Sylvia Jones:** Thank you for joining us this morning. I have a number of questions, so forgive me if I bounce around a bit, because we are all limited.

Chair, how much time does each of us have?

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

**Ms. Sylvia Jones:** Okay. My first question comes out of your slide 5, where you say that 41% are non-identified, and you gave us a number of examples of why that would be, which is helpful. I would like to add another one, and that is waiting lists for assessments. Anecdotally, in my own community, I have attempted to assist families who have gone through or are going through the school system to get their child assessed, to allow them to access an IEP and some additional services. In my own community, we have waiting lists of upwards of two years.

My question is, of those 41%, do you have any numbers on what the waiting lists are with the 71 school boards?

**Mr. Grant Clarke:** I don’t think we have those numbers. What I would say, though, is that, as I said about the provision of services, school officials don’t have to wait for therapeutic or diagnostic assessments in order to start providing whatever supports seem to be warranted in order to assist the child to connect with the curriculum and the program.

**Ms. Sylvia Jones:** I agree; they don’t have to wait, although, again, anecdotally—and I’m only dealing with my community—there are pressures from the school board, and I’ve dealt with examples where they do wait because they don’t have the resources to add to it without the assessment and without the testing being complete. So we have a two-tier system where families are personally paying for those test results so that they can then go to the school board and say, “Here’s my assessment; here’s what my child has,” and that, of course, allows them to access the services.

My second question comes out of that. In many situations that I’m familiar with, they do have to wait for

the assessment to come through. Then they sit down with the IEP and the principal and the appropriate staff, and the last thing that happens is the principal says, “Just so you understand, just because your test shows that your son or daughter should have a full-time EA, I have the ability, as the principal, to switch around those resources,” so that child may not in fact get the EA.

My question is, if they have to wait to get the test, to get the IEP, then what are we doing at the end of it saying, “Yes, you qualify for a full EA or a half-day EA, but I can move around”?

**Mr. Grant Clarke:** I may ask my colleague to help me out on this. Back to what I had said earlier: The ministry doesn’t prescribe the response that school boards make. They have a certain latitude, if you will. We don’t have a standard response to say, “If this is the case, then this is the appropriate program response.” That’s to reflect the fact that there’s quite a bit of variable capacity across school boards, not only in terms of the personnel that they actually have on staff or their access to community supports or agencies, which vary depending on what part of the province they’re in, but also based on their philosophy. Again, there’s quite a bit of variability among and between boards. We talked about 15% of the students being identified in that one slide, but the range among school boards and between school boards is actually much higher than that.

**Ms. Sylvia Jones:** But you can understand a parent’s frustration if their IEP says, “My child qualifies for a full EA,” and then they find out, because they’re engaged and involved, that in fact they’re not getting that full EA. You can see how that would frustrate parents.

**Mr. Grant Clarke:** Yes.

**Ms. Sylvia Jones:** You just made reference to how there’s quite a range across Ontario about the numbers. Are there pockets? Are there areas of the province where there are school boards that have a much higher area of exceptionalities, or is it a pretty consistent match with the population?

**Mr. Grant Clarke:** There is no science that we’re aware of to suggest that any particular community or geographic region of the province would have a larger, on a census basis, prevalence of an exceptionality. We are doing some work in the ministry to actually see if we can unpack that a bit to be more, if you will, objective about what we understand to be incident rates because of the variability reported to us by a school board.

**Ms. Sylvia Jones:** If that’s the case, then why wouldn’t the funding be based on per capita: “X number of children in any given school board are going to have this number of exceptionalities,” and the funding will be based on that and not have the added expense of waiting for the testing, waiting for the assessment and going through it? If you’re giving that flexibility to the school board and to the principal, then why don’t you give it fully instead of saying, “But you really do need that testing so we can go through a proper IEP”?

**Mr. Grant Clarke:** Want to help me out?

**Mr. Barry Finlay:** Sure. It’s because the funding in general for education in fact is a combination, as I think

you know, of foundation grants and then special purpose grants. There’s an attempt, through the Grants for Student Needs, to reflect different communities and resources that are available in those communities. With respect to special education, certainly the remote and rural areas and the northern parts of the province do not have additional community supports. In fact, they’re located often in the GTA or in more cosmopolitan areas. Therefore, through the Grants for Student Needs and through the Special Education Grant, we do our best to bring a little bit more specificity to those boards through the six different components of the grant. I hope that helps a little bit.

**Ms. Sylvia Jones:** Well, using that argument, it would suggest to me that the rural and northern school boards should get a higher percentage.

**Mr. Barry Finlay:** And they often do. However, they still may not feel that that’s enough.

**Ms. Sylvia Jones:** Okay. My last question, and then I’ll let my colleagues go, is, you mentioned at the end of your presentation that you’re updating the version for exceptionalities. Will that also include, or are you discussing including, ADD, ADHD, those exceptionalities?

**Mr. Grant Clarke:** Not necessarily. This is always a tension because with additional medical diagnoses, whether it’s fetal alcohol or ADHD or other sorts of things, there’s a desire to embed these unique diagnoses as exceptionalities. But the way we have dealt with this in the past, and likely will continue to do is, the special education needs are the learning needs of individuals.

**0940**

Although they’re not specifically cited as examples, where there is ADHD or fetal alcohol, if there are learning requirements above the regular learning requirements associated with a condition that a child may have, then they will be served by special education programs and services. Individual students with whatever condition, if it’s preventing them from, in some fashion, engaging in a full program—then all of the resources that come through special education will be available to support them.

**The Chair (Mrs. Laura Albanese):** You have about a minute left.

**Ms. Sylvia Jones:** Can you provide a list to the committee of what is included right now? Because I think some people would be surprised as to what is not included.

**Mr. Grant Clarke:** A list of the exceptionalities?

**Ms. Sylvia Jones:** Yes.

**Mr. Grant Clarke:** Yes.

**Ms. Sylvia Jones:** Thank you.

**Mrs. Christine Elliott:** I have one other quick question. One of the biggest issues that I’ve heard expressed across the province from parents is they don’t feel that there is adequate transition planning. Once their child finishes school, usually at age 21—because it’s available to them—there is nothing out there, and they don’t really feel that they have enough information to help their child get either into the workplace or into post-secondary edu-

cation, either through a CICE program at a community college or something else.

I see your collaboration on your last chart with the Ministry of Training, Colleges and Universities, but that is with respect to care in the long term. Does that include post-secondary training, and can you tell me what work you're involved with with that ministry in that kind of transition planning?

**Mr. Grant Clarke:** We are involved with the Ministries of Training, Colleges and Universities, and Children and Youth Services and others, on planning for supports for students who might be on the mild end of autism spectrum disorder who may plan—or want to plan—to attend post-secondary, a college or university program. So we have done a lot of work with the Ministry of Children and Youth Services on the early years and the transition, for example, from IBI—intensive behavioural support over a six-to-12-month period—into school, where other programs and supports can be offered.

We're extending that now at the other end. The discussions we're having at this point with the Ministry of Training, Colleges and Universities around those kinds of placements are for whichever students with special education needs, whatever the accommodation or adjustment needs they have, and how that would play out to facilitate a smoother transition into post-secondary institutions. The supports are really coming, though, from the Ministry of Training, Colleges and Universities.

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

Ms. DiNovo?

**Ms. Cheri DiNovo:** Thank you. My first question was Ms. Jones's first question, which was about waiting lists. Going back to your response to her, I'm actually quite shocked that you don't know how many people are on the waiting lists for your services. Why is that? Why don't you know?

**Mr. Grant Clarke:** Barry can qualify this, but we don't collect data on waiting lists that are—for example, at school boards, oftentimes the assessment procedures are done in the community and brought to the school. We don't, as a matter of routine, have a way to collect wait-lists that are not the direct responsibility of the Ministry of Education or necessarily even the school boards. That would be one part of the answer.

Barry?

**Mr. Barry Finlay:** Yes. Continuing on: Once again, it comes down to the philosophy of the district school boards as well. The 72 district school boards do provide programs in different ways, and that's okay. Some, in fact, have wait-lists; others do not. Some accept outside assessments, but ultimately it's the board's decision.

The government provided a significant amount of money a few years ago to attempt to reduce the wait times for these kinds of assessments, and had a significant impact. I would say that the last data we have is related to that initiative, but that was about five years ago.

**Ms. Cheri DiNovo:** It's difficult to fulfill your mandate—"Support Every Child, Reach Every Student"—if

you don't know how many children and how many students. That would be point number one I'd like to make.

In terms of the resources, what I hear from school boards and what I hear from my schools is chronic underfunding. You talked about sweated funding in some instances, but in other instances, funds that are geared for one issue—perhaps special education of some sort—tend to be used to keep the lights on, or to fix the stairway or something, or pay teachers' salaries. Is that your experience of what school boards are saying to you?

**Mr. Grant Clarke:** The question about whether there is enough money is a question for somebody else on another day, I suppose. With respect to special education, there are a couple of things. One of them is that the ministry has very few areas where it sweaters money, and \$2.5 billion is in fact sweated, but it is, as I said earlier, not the only money to support children who have special education needs. They get the full foundation grants the boards get for every student in addition to whatever else they get through the six areas.

What is sometimes a challenge is that in a declining enrolment environment in many parts of the province, the actual identification rates have gone up for a number of exceptionalities. Autism would be one of those instances. So with the parts of the grant that are going down and that are tied to, really, enrolment, some boards feel they're facing a particular challenge.

There are also some issues in the way in which the high-needs amount—that's the \$1 billion for additional staffing to support students—plays out. A large part of that money was locked in in 1993 at a time when not every board had gone through the elaborate process at the time, the intensive supportive allowance process. We are working with school boards to try to work our way through that to get to a fairer, more equitable distribution of that funding among boards, some of whom have very low per pupil amounts under that \$1 billion and some have very high amounts.

That will address some of the issues. But the overall question is, is there enough money in the system? But our experience has been that money is not the sole determinant. It's not just money; it's what's done with children to ensure that they are actually connected to the curriculum and can succeed.

**Ms. Cheri DiNovo:** What I'm trying to get at is why these children are on wait-lists and why the wait lists are so long. Again, we're not very sure of numbers or anything about the wait-lists, but we know they're there, anecdotally. So why would a school board say they have a wait-list, then? What would their explanation for that be? If it's not money, what is it? What would they be saying?

**Mr. Grant Clarke:** Well, in some instances it will be that the boards have a certain amount of money, for example for EAs. There are different practices and philosophies about the provision of EAs. When you've staffed the budget for EAs and the next parent comes through the door and has an assessment that says an EA

would be beneficial, there are some local decisions that have to be made about how best to manage that request. It may mean moving away from models where there is one EA for one student into small groups to kind of manage in a more fair and equitable way the resources the board actually has to support students.

**Ms. Cheri DiNovo:** I don't feel like I quite got an answer to that. If I'm a school board and I've got a waiting list and you ask them, "Why do you have a waiting list?", what would their answer be? Not money, necessarily, but philosophy, the number of EAs? I'm just trying to get more flesh on that answer, if I could.

**Mr. Barry Finlay:** I think we can't project what the board might respond, but I would indicate that the expectation that we have is that if a student has special education needs or has some challenges, the board should be responding with respect to support for those needs while they're waiting for a more formal assessment, if necessary. Students can receive special education supports through educational assessments etc. That certainly is our intent and why we have so many that are not formally identified but are receiving special education programs and supports now.

**Ms. Cheri DiNovo:** It sort of sounds to me like you're saying it's a board problem and not a ministry problem. Is that what I'm really hearing; that they have the supports and the funding they need, but there's something some boards are doing correctly and some boards are not doing correctly? There's a child, and they need special attention. They need special education. They need an assessment. They're not getting it. They're on a waiting list. Why? Is the answer that the board is not spending money appropriately or not coming up with a plan? Or is the ministry not providing enough money and not providing enough guidance? I'm not sure what the answer is, so maybe you could help us.

0950

**Mr. Grant Clarke:** The answer, in part, is to differentiate a wait-list for a diagnostic assessment from the provision of programs and services. There would be no delay in providing services and programs, as Barry and I have said. What may be the case is that not every board has a staff of social workers or psychologists who do an in-house version of an assessment. We don't tell boards how many social workers to have or how many psychologists to employ. Some boards don't have as much of that internal capacity and rely on third-party agencies, if you will, and they may have capacity issues as well, let alone cost issues. So there are many ways in which a wait-list can occur. But as Barry said, the first principle that principals and school boards have is—that may be true if you're waiting to have a particular assessment done by a qualified professional who isn't a teacher but who is a psychologist, for example, but in the meantime we will provide the best possible support that we can manage to ensure that your child is engaged in the school and has every opportunity for success.

**Miss Monique Taylor:** Good morning. I'm along the same track as my colleagues before me. My concern and

what I'm hearing from many parents is that there's no consistency with their EAs. They're sharing EAs when they need full-time EAs. I have children at the age of five and six being suspended from school because they can't be handled, and yet they're autistic. These are the challenges that I'm facing in my riding. I'm from Hamilton, so we have resources that should be available to such a large municipality; I'm not saying that it shouldn't be in others—but it cannot be a lack of resources happening there. So what is the problem and what are we going to do to face these issues? It's wait-lists; it's not enough EAs; it's six-year-olds being suspended.

**The Chair (Mrs. Laura Albanese):** Thirty seconds for the answer, please.

**Mr. Grant Clarke:** There are a couple of things I would say very quickly, and one of them is that we're working hard. Special education is not the responsibility of just one special education service provider in the school. It is something that every teacher in every classroom needs to be able to manage to some extent.

**Miss Monique Taylor:** What are we doing about that?

**Mr. Grant Clarke:** We've done quite a bit about that, to focus on what we call differentiated instruction, to provide training to teachers to address the learning needs of students who have different learning needs, some of which in some boards might be labelled as special education needs—"Over to you. You're the special education specialist, so you figure out what to do with this child."

We've moved consistently over the last number of years to increase the awareness and capacity of teachers in many classrooms, both elementary and secondary, to understand those needs and to be able to more effectively include those students within the mainstream activities within their classes. That's one response.

You'll never have enough qualified special education teachers or EAs to do everything. This is a broader issue that has to be framed as a responsibility for everybody in the system.

**The Chair (Mrs. Laura Albanese):** We'll now go to Ms. Wong.

**Ms. Soo Wong:** Good morning. I noticed that in your presentation you have not shared with the committee the budget for the Ministry of Education in terms of breaking down the funding of all the programs you provide in terms of special education. Can you provide that to the committee?

**Mr. Grant Clarke:** Yes, certainly.

**Ms. Soo Wong:** Okay. That will save time.

On page 5, you identify to the committee that 83% of all students, 86% in secondary, receiving special ed—then you talk about your collaboration on page 13. Yet there's very little mention, given this data, of, while the majority of the students have special needs, where's the relationship, training and supporting of our teachers and support staff to ensure these teachers and staff are successful in classroom management? I want to know what you are doing in terms of funding to support our teachers

in the classroom—that's the first thing—and why there are few collaborations between your ministry and MTCU.

**Mr. Grant Clarke:** I can start, and I can ask Barry to maybe expand on this a bit.

In terms of an example of the kind of support that we're providing to the teachers in the province with respect to autism spectrum disorder, we have what is called the "behavioural amount" on the list, and we'll get the funding associated with that. But we've had in place for a number of years a project with the Ministry of Children and Youth Services. This would be for early years and it would be for children coming with severe autism syndrome from an intensive behavioural initiative one-on-one therapeutic model into school, when they are ready to come into school. Then our task was to provide a process by which that could happen in a collaborative way with the parents, but also to ensure that there were people with the skill and expertise within the school system to then work with the child through something called applied behaviour analysis, or ABA, and to develop an individual learning plan and start to expand the range of opportunities for that child. So we—

**Ms. Soo Wong:** No. Mr. Clarke, my question is about the teachers and the support staff. My question is, what are you doing in terms of funding to ensure all current teachers and support staff, as well as the new teachers who are currently in the faculty of education, have the proper tools so that they will be successful in supporting this 83% of the students in our classrooms? I'm not talking about the students; I'm talking about the teachers, the professionals in the classroom.

**Mr. Grant Clarke:** Yes. So what I was going to say was that about \$11 million a year is provided to school boards particularly for training around applied behaviour analysis so that there are people who have a more advanced understanding of how to support teachers in the principles of applied behaviour analysis and that those classroom teachers can, in fact, be supportive of those children.

We also have traditionally given money to the Geneva Centre for Autism. Barry, maybe you can talk about that.

**Mr. Barry Finlay:** Yes. With the Geneva Centre for Autism, we provide annual supports. There have been about 16,000 teachers and educational assistants now who have been trained or have received professional learning around supporting children with ASD in their classroom.

But if I could add to your response, we provide a number of additional resources, educational and structural resources, to our district school boards. A number of years ago, an expert panel created Education for All, which was a significant document that in fact has been embraced across the province. It looks at differentiating instruction in the classroom, building and creating a classroom through appropriate universal design processes and effective use of technology to support children with special education needs. We have now created a Learning for All document that takes that right through to second-

ary school. Once again, all of our boards are involved right now in projects related to Learning for All and bringing that to the classroom.

We've had specific discussions with respect to the evolution of the pre-service program as it is being developed in our faculties of education, where special education will be a requirement for all new teachers so that they will have that foundation. Money has gone out in the past to district school boards for ongoing training for all staff, as well as teachers specifically, who support children with special education needs.

Our challenge is and remains the level of sophistication required, because the complexity of children's needs continues to grow. With 125,000 staff in the province, keeping them up to date and providing ongoing training supports for them is an ongoing challenge, and a very real one. Our goal is, if we can get the faculties to provide the appropriate learning up front, and our teachers come now to our schools with a fundamental understanding of special education, which they didn't receive in the past, then we really hope that will make a big difference going forward.

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**Ms. Soo Wong:** Madam Chair, I have more questions, but I'm going to leave it to my colleague.

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

**Ms. Mitzie Hunter:** I just wanted to ask about transition. You state here that post-secondary transition planning focusing on the workplace and the community—I wonder what role you have in preparing the students for transition. So these are for the older children, up to age 21, for a life after school.

**Mr. Grant Clarke:** Well, when the system can, I know one way in which, if independent living is the goal or if an employment opportunity is the goal—I know that Ontario schools have had, for many decades, a very successful work experience and co-operative education program, which allows students to go out into the community, sometimes in a small step to begin with, to get experience and to develop skills related to living outside of the school proper.

This also does extend, not in huge numbers—these kinds of opportunities are available to some of the students who would have been identified as having a developmental disability. It takes more work, but I am aware of a number of instances in which that has been achieved. More of that kind of relationship between what happens in school and opportunities for students to get experience outside of school is one of the things that we've focused on over the decades, in fact, and it still is a focus for us in the ministry.

The other thing is, related again to the relevance of the program—so whatever the program is, how does it connect to real-world opportunities, whatever they happen to be, whether they're in post-secondary institutions of one kind or the workplace or other organizations? So we have made really good progress, I think, in education in linking what students learn to what their interests are and

where they may go next, whether that's sent to a post-secondary program or a training program, or into the workplace or some other venue. We're continuing to do that.

For example, the framework for assessment that we referred to for students who are not accessing the full provincial curriculum, one of the goals there is to connect up to what the essential skills are that students can learn that relate to not only their life as a student, but their life when they're not a student and they're out in the community in some fashion. So we have a number of those. We have programs that have done quite a bit to develop those concepts, and we will be turning our attention, as we've indicated, to alternative assessment and instructional approaches for students not connected to the regular full curriculum.

**The Chair (Mrs. Laura Albanese):** We have one minute left.

Mr. Balkissoon.

**Mr. Bas Balkissoon:** Thank you, Mr. Clarke. As you hear from my colleagues around the room, there are issues surrounding assessment. There are a lot of parents who do complain to us, at the provincial level. But from what I hear from you, a lot of the responsibilities are left with the boards. So, just because I've got the last question, can you share with the committee what you see as the problems out there? Maybe you have some suggestions on what the ministry should be doing to bring a more coordinated effort to resolving some of the issues that are out there and what would be necessary to do that.

**Mr. Grant Clarke:** Well, there are two things I would say quickly. One of them is that the work of ministries together is now the way forward. I sit on any number of trilateral committees, and they seem to grow in number, which is a good thing, but represents a challenge for school boards when we're talking about wanting to connect them to lead agencies or service collaboratives and so on. Their primary function is to serve the needs of their students, yet they should be partners at a local and regional level. So we will continue that kind of collaborative work across ministries. I think that will grow and will result in solutions like, for example, the unified transition plan for young people and adults.

**Mr. Bas Balkissoon:** But should we, as a provincial government, be tracking this so that we know our successes and where we're at and how long it will take us to get to, let's say, the perfect world?

**Mr. Grant Clarke:** Well, by our traditional academic measures, we are making some progress in closing the gap in academic performance for students receiving special education programs, the services in the general student population. We'll continue to track that. But as was suggested, we are also looking at boards which have done seemingly an exemplary job of meeting the challenges of learners who have special education needs. We will be increasingly looking at what they're doing, not to get to a standard of practice that everybody would necessarily follow but to understand how some of their strategies seem to be more effective in meeting the needs

of their students and what lessons we can learn. The ministry has always been able to play a role to disseminate that information and support the development or the capacity among other boards that can learn from the approaches of some of the boards that are doing really, really well.

**The Chair (Mrs. Laura Albanese):** Unfortunately, our time has expired. Thank you very much for appearing before our committee this morning.

#### MINISTRY OF MUNICIPAL AFFAIRS AND HOUSING

**The Chair (Mrs. Laura Albanese):** We will now welcome representatives from the Ministry of Municipal Affairs and Housing. We will ask them to come forward and take a seat. Have some water if you wish. You'll have up to 30 minutes for your presentation, and that will—

**Ms. Sylvia Jones:** Chair?

**The Chair (Mrs. Laura Albanese):** Yes, Ms. Jones.

**Ms. Sylvia Jones:** While the next presenters are getting settled, I would like to suggest that if you, as Chair, would like to ask a question, I'm happy to allow you to participate in the process.

**The Chair (Mrs. Laura Albanese):** Thank you. I appreciate that. I'm mindful of the time—

**Ms. Sylvia Jones:** As we all are.

**The Chair (Mrs. Laura Albanese):** But at the same time, if I should feel compelled, I will do so. Thank you very much.

We welcome our next guests, and as I was mentioning earlier, you will have up to 30 minutes for your presentation. That will be followed by 30 minutes of questioning, which will be divided equally among the three parties. If you can begin by stating your name and your position within the ministry for the purposes of Hansard, that would be appreciated. Thank you, and you may begin any time.

**Ms. Janet Hope:** Thank you. My name is Janet Hope. I'm the assistant deputy minister for housing with the Ministry of Municipal Affairs and Housing. I'm joined by my colleague Carol Latimer, who is the director of housing policy in the division.

We're pleased to be here today. A deck has been circulated, and I'll try to go through it fairly quickly so there's lots of time for your questions. Essentially, what I'll try to cover fairly quickly is just a little bit of an overview for some context of housing and homelessness in Ontario, a little bit about the Long-Term Affordable Housing Strategy that we are pursuing and some of the programs that we currently are responsible for in the ministry, and then tying that back to how that helps to support folks with developmental disabilities in our communities.

Beginning on this sort of background context on slide 4: Just very quickly, our work is very much premised in the context of the research which demonstrates that access to suitable and affordable housing is very

significant for individuals, families and communities in terms of achieving the kinds of outcomes we want to see for folks in Ontario. Affordable housing can be a more cost-effective approach than some of the alternatives, some of the ways that people in our communities end up if they don't get access to housing. We have some statistics on the slide that demonstrate that. For example, sometimes folks end up in long-term care if they aren't able to get into appropriate affordable housing, or sometimes folks end up in homeless shelters. It gives you a sense of, on average, the relative costs of the different alternatives. We also know that housing is a major economic lever, both in terms of creating jobs and economic activity, when we're able to invest in construction or repair of housing.

Moving on to slide 5: We have just under 4.5 million households in Ontario that live in a variety of circumstances across the housing system. The majority, about 71%, are owners. About 21% are private market renters, and about 6% reside in social housing. In a moment, I'll get into what we mean, how we use the term "social housing."

We do know that affordability issues affect folks across the housing system, so we do have folks in home ownership situations who may face affordability issues; in rental; in other parts of the system. This slide identifies that, just from the statistics that we have access to, some categories of households tend to be at higher risk of having affordability issues. Generally, renters are more at risk of having affordability issues, as are single-parent households, seniors and aboriginals living on- and off-reserve. We know that we can anticipate the demand for affordable housing to continue to grow.

#### 1010

On slide 6 is a very high-level overview of how we manage roles in housing in the province. The federal government does continue to have a role, primarily through the Canada Mortgage and Housing Corp., and they provide funding to the province in relation to social housing. I'll come back to the federal role a little later. They also, through human resources development, provide some direct funding to some communities in Ontario for homelessness prevention.

The Ministry of Municipal Affairs and Housing has the lead for the province on coordinating our housing activities. We establish the policy and legislative framework and fund social housing, affordable housing and homelessness prevention programs. However, the actual delivery, the management of the delivery of programs, is through the municipal level of government. We use the term "service managers" to refer to the 47 municipalities or, in the north, district service boards that are designated as having responsibility for housing and homelessness services, along with child care, Ontario Works etc.

I'll keep using the term "service managers," and there I'm referring to those 47 municipalities. They, in turn, then manage the funds and the relationships with service providers, whether that's non-profit and co-op housing organizations, their own municipally owned local hous-

ing corporations, or other service providers in their communities.

This is the majority of the system. What isn't represented here but I'll just note in passing: In addition to the 47 municipal service managers, we also have two aboriginal organizations that we work with to provide programs specifically for the aboriginal community in an aboriginal governance context.

Slide 7 gives you, just in a very general sense, the kinds of tools that governments—whether that has historically been the federal, provincial or municipal governments—have used to try to address housing challenges, and they really fall into four main categories. First of all, there can be responses that try to directly financially support households, assisting them with meeting the costs of their housing in a direct kind of way. The second category is to make capital investments to create more affordable housing stock so that there are more places for households to go to seek to get their housing needs met. Thirdly, there have been a range of housing-related services and supports: Some individuals, in order to be successfully housed, may require access to additional supports and services, so that's a third category of government intervention. Fourthly, interventions around the homelessness issue: For folks who are actually homeless or at risk of becoming homeless, there's a set of supports and services that, traditionally, governments have funded.

Under each of these categories there have been, over time, a vast array of programs and different approaches, but you can generally take the housing interventions and describe them in one of these four categories. The slide also notes that this is in addition to what other government interventions may be made to assist with people's general income levels that may also assist them in accessing affordable housing, whether that's through the social assistance system, the tax system etc.

Slide 8 touches briefly on the concept of supportive housing. If you look at the graphic there on the slide, we do have folks in Ontario who don't face challenges in terms of the affordability of their housing but require access to supports and services to be able to effectively stay independently housed. At the other end of the spectrum we may have folks who have affordability challenges but don't require access to services. Supportive housing refers to where these two needs come together: folks who have both a financial need for assistance around housing and a need for supports or services in order to be effectively and successfully housed.

Generally, it's the Ministry of Community and Social Services and the Ministry of Health and Long-Term Care that have responsibility for supportive housing programs. The Ministry of Municipal Affairs and Housing is not the lead for supportive housing, but obviously we work closely with our partner ministries around the coordination of housing programs. The slide lists a number of the types of groups that supportive housing programs in Ontario tend to assist, which of course includes persons with developmental disabilities.

Slide 9 is really to make the point I've just referred to, which is that supportive housing is also the intersection

of these three ministries' responsibilities. We have more of a bricks-and-mortar or housing-income-assistance kind of role, and our partner ministries have more of that support services role, that third category in the four that I listed on the previous slide.

When we have a new program that might provide capital assistance for new rental or housing allowances, we work with MCSS and MOHLTC to try to ensure that on the ground there can be an opportunity to link up the support services with opportunity for new capital or operating housing support.

I'm going to turn fairly briefly to the Long-Term Affordable Housing Strategy. It's a bit of a framework for how we're currently managing our role in housing. There's a lot of text on slide 11; I'm maybe just going to pick out a few points rather than go through all of the detail.

In essence, in about 1999 through 2001, we were involved in transitioning the shift of responsibility for housing to the municipal sector, and there was legislation that governed that process and governed the municipal role. By the time we got to about 2008-09, there was a growing sense that we needed to revisit that framework, that it didn't necessarily reflect the experience that municipal governments had developed in managing housing and homelessness responsibilities. We had very siloed approaches, as the province, and we weren't really thinking about the system. For example, we manage homelessness in one ministry and housing in another ministry, and yet the interrelationships are fairly significant.

There was a significant call from the community, from municipalities, for increased flexibility. Our provincial approaches tended to have one view of the world, and yet our communities around the province have very different demographics, economics, local housing stock, local resources, and they needed greater flexibility to tailor the way they could spend dollars to best, most effectively meet needs in their communities.

Those were some of the drivers for the creation of the Long-Term Affordable Housing Strategy. It was announced in November 2010, so three years ago later this month. We did legislative reform. Bill 140 was passed with all-party support in April 2011. The new legislation, the Housing Services Act, came into effect in January 2012.

Slide 12 articulates the vision of the strategy to improve Ontarians' access to adequate, suitable and affordable housing. The reason we care about that is we want to provide household individuals across Ontario with a solid foundation on which to secure employment, raise families and build strong communities—to achieve their own personal objectives as well as build strong communities.

I'm not going to run through all of the principles, but they're probably relatively self-evident.

On slide 13: One of the challenges we had—we had devolved responsibility to municipal governments, but we still had our fingers in lots of pies. There was a need to create a better sense of relative roles and responsibilities. Through the strategy, we have been able to be a bit

more clear about our role, as the province, in setting the overall vision and provincial interest, setting the legislative and policy framework—we obviously contribute funding to the mix, and we have a particular role in engaging with the federal government in an intergovernmental sense.

Municipalities also are involved in setting vision locally. They provide local leadership in pulling together the resources in their communities. They develop and implement strategies. They are significant contributors to housing and homelessness programs in Ontario, and they are the direct administrators of the programs.

I'm not going to go through an awful lot of detail on the strategy. There are many, many different elements, but I thought I'd point to a couple that might be of particular interest to this group.

On slide 14: One of the requirements in the new legislation is that all of those 47 service managers do long-term housing and homelessness planning, the premise being that if we were to provide greater flexibility in our program dollars, that needed to be grounded in a solid understanding locally of needs, resources and priorities. The legislation requires that all 47 have housing and homelessness plans in place for next January, so the 47 service managers have all been undertaking local, consultative processes in developing local housing and homelessness plans.

The other aspect of the strategy that I'll direct you to is the issue of federal engagement. I suggest you just flip first to slide 16, which is a fairly striking graphic. This captures what is the current federal government's commitment to housing funding in Ontario. You'll see that there is a significant decline over time. This chart covers the period from 2000-01, when we transferred responsibility to municipalities, through to the end of any of the existing agreements with the federal government.

#### 1020

I draw your attention to that because a significant component of the strategy is that Ontario has been calling on the federal government to provide permanent, flexible funding for housing as a partner, along with the province and municipal governments. This is a position that has been taken up by all of the provincial/territorial housing ministers, who met here last June, and also the Premiers; the Council of the Federation called on the federal government in this regard when they met last July.

I'm now going to move into a quick description of our housing and homelessness programs that operate within that framework. There's quite a long and convoluted history of the programs that I won't take you through, but here's what it is we currently are involved in as a province in terms of housing programs. On slide 18, there are three main categories: There's social housing, affordable housing and homelessness prevention. I'll just quickly walk through each of those three.

On slide 19, "social housing" is the phrase we use to refer to those various housing activities, often capital projects, that were developed between the 1950s, actually, and 1995 by different orders of government. In the late

1990s, the federal government transferred responsibility for most of its social housing to the province, and we in turn transferred responsibility for almost all of the social housing to municipalities. That captures things like the old public housing, the housing that the province or municipal governments once owned; it encapsulates the non-profit or co-op housing that exists across communities in Ontario. There are about 260,000 housing units in that category of social housing. About 186,700 are rent-geared-to-income units, so in about that number of units, if you're living there, then you pay rent based on your income; approximately one third of your income goes to rent. The other social housing units are available for about market rent, but generally they're low-end-of-market rental housing.

Those are the traditional housing programs that we continue to manage.

The second bucket, as it were, of housing programs is what we refer to as affordable housing. This is on slide 20. The current program here is the Investment in Affordable Housing program for Ontario.

Since 2003, there has been a series of federal-provincial agreements for affordable housing programs that have been about essentially creating new supply in addition to that social housing supply that was created up until 1995. It's a cost-shared program; the current program is about \$480 million in federal and provincial funding. That's over four years. Under this stream of funding, the way we've designed this program reflects the principles in the Long-Term Affordable Housing Strategy. Each service manager gets an allocation. There are several eligible activities: You can build new rental construction, you can provide housing allowances, you can do affordable home ownership, or you can do affordable home repair. But each community decides how to allocate the resources in their community.

Prior to that, it used to be that we would have a new rental construction pod, and everyone would try to compete because they wanted their share of the dollars whether or not they really needed new affordable construction in their community. A community with a high vacancy rate, lots of stock, really didn't need to build more stock. It was more cost-effective for them to use their dollars to provide housing allowances to folks who were having difficulty affording that housing.

This approach places more responsibility at the local level to identify the high-priority needs and to align the funding that we transfer to them with those needs, and they can make the choices amongst those sub-program components.

The third program we currently deliver is the Community Homelessness Prevention Initiative, often referred to as CHPI. This is a new program that just started at the beginning of this calendar year. It combines funding from five previous programs. Essentially, what it's trying to do is provide a more effective opportunity for those dollars being invested in homelessness to achieve appropriate outcomes for people. Previously, the lion's share of this funding was through our emergency

shelter program, where if you had a person in a bed for a night, you got a per diem. If you actually assisted that person in moving into sustainable housing, you lost the funding. Yet that's the outcome we really wanted for people.

This money is combined. Service managers get an allocation. They have to use it towards activities that achieve both of two outcomes: (1) that people experiencing homelessness obtain and retain housing; and (2) that people at risk of homelessness remain housed.

We do expect over time—this is the first year of the program—that there will be some shifts in how communities can allocate their funds to help better achieve effective outcomes for individuals who are homeless or at risk of homelessness. Access to supports is often a significant component of that transition, particularly for those who are chronically homeless.

I'll just conclude very quickly with the last couple of slides and give you an example—I've talked a lot and not talked about people with developmental disabilities, which I know is the focus of your committee. How does this all come together on the ground, then, to assist folks with a developmental disability? We've got a bit of an example here.

As you hopefully have gleaned from my presentation, we don't have programs that are specifically designated to subpopulations of the Ontario population. We have programs that are designed to provide a degree of flexibility so that the local community can identify priorities and allocate resources most effectively. However, within that context we have a lot of examples of where communities have come together and developed projects that have met various target populations within their community. We give you a specific example here. It's just one of a number we could have picked. This is in Kingston—a project developed a few years ago by Frontenac Community Mental Health and Addiction Services. On slide 24: through a series of—access to funding, there's been the creation of 46 affordable, barrier-free rental apartments. The client group for this project is people with a mental health or developmental disability and individuals with low incomes.

It's an example of a partnership where the federal-provincial funding that flows through our ministry—in this case, it would have been to the city of Kingston—was mashed up with an opportunity that this community organization, Frontenac Community Mental Health and Addiction Services, had access to support dollars, and they were able to bring the two pieces together and create a project that created additional access in their community for these folks.

That's the presentation that I have, and we'd be happy to answer questions.

**The Chair (Mrs. Laura Albanese):** Thank you very much for the presentation.

I will now turn it over to the third party. Ms. DiNovo.

**Ms. Cheri DiNovo:** Thank you. Well, I know this is not your fault—you simply work there—but the reality is that we have an absolutely abysmal and terrible rate of

providing housing for people who need affordable housing in this province. I think it was headlined in the Star—over 150,000 families are waiting for affordable housing; 163,000-plus people in Toronto and the GTA are waiting for affordable housing. Obviously it's not working. Whatever is happening isn't working.

So the question for me is, then, why isn't it working? Again, you're on the ground. You're working in the midst of it. Is this a question of funding? Is this a question of the way we do things? For example, I've introduced a bill four times that's gone to committee, I think, at least once, on inclusionary zoning, supported by municipalities across Ontario. It's one of the main ways that the Americans provide affordable housing. It doesn't cost a tax dollar but allows slight changes to the Planning Act so that municipalities can require of new developments that they supply some affordable housing. So is it the lack of political will in moving in directions like that? Is it money? Or is it a combination of both?

**Ms. Janet Hope:** I think what we have been focused on is trying to make—you're correct in pointing out—this presentation was silent on it, and it would have been more appropriate to include that there are various provisions in the land use planning system that can help to support affordable housing, and there are some provisions in the current legislation that some communities have been successful in using to increase access to affordable housing.

You're also right—and we acknowledge that's there a very significant need. Our focus has been on where there are dollars available. How can we design the program approach to get the best outcome for the dollars that we have available? I think everyone would recognize that, notwithstanding the significant investment that's been made over the last decade, it's a fact that it has not met all of the need that there is out there.

1030

**Ms. Cheri DiNovo:** Just a correction: Municipalities cannot now put into place inclusionary zoning, because a developer might—I'm not saying they would, but they might—challenge that and take it to the OMB and it would be struck down at the OMB. That's because the Planning Act needs to change to allow that. It's not happening, and people from Hazelton through have said the same.

But to get to some specifics, you point to Lyons in Kingston. How many of those kinds of developments are under construction right now in Ontario for people with developmental disabilities?

**Ms. Sylvia Jones:** Give us a list.

**Ms. Cheri DiNovo:** Yes, I would like to know how many, if you know.

**Ms. Janet Hope:** I don't know offhand the specific projects around the province that are under construction today. We can certainly undertake to get you the data.

We don't always know exactly which groups—some projects are more broadly defined as affordable, with some units being maybe barrier-free. With some units, such as the one I've described in Kingston, the project

has specifically been designed by the local group to meet a particular target group. Other projects might not be designed to meet a particular target group, but could well meet a variety of different needs in the community. But we can give you—

**Ms. Cheri DiNovo:** I guess, to be specific, we're talking about supportive housing, where people need assistance—not just a place to live that's barrier-free and accessible, but they need assistance in living independently. Yes, if you could provide us with how many are under construction right now in Ontario.

The other question I have is, of that insane waiting list that we have right now, how many on there have developmental disabilities?

**Ms. Janet Hope:** We don't know that. People who choose to go onto the waiting list are not required to identify their particular characteristics.

**Ms. Cheri DiNovo:** So how do you know who needs supportive housing and who doesn't, if you're trying to provide housing?

**Ms. Janet Hope:** Supports are provided through other agencies. They are the ones that would have waiting lists for people who are looking for particular types of supports.

**Ms. Cheri DiNovo:** Okay. So those figures exist somewhere, though? Where would they exist?

**Ms. Janet Hope:** I can't definitively answer that, because I'm not responsible for those systems. I'm sorry.

**Ms. Cheri DiNovo:** Okay. It would be really, really handy to know, on waiting lists, how many have developmental disabilities and need supportive housing. It would seem to me that that would be something we could find out. Somebody who needs supportive housing and who is on a waiting list—I mean, certainly at our case level, in our offices, our staff are dealing with that all the time.

**Ms. Janet Hope:** It would require the municipality that is maintaining the wait-list to actually ask those questions. Sometimes an individual may be in a particular housing situation, receiving supports through a support agency, and be on a social housing wait-list because they would like to be in a social housing setting. But the municipality isn't required—and some would consider it invasive for them to ask some of those kinds of questions. So we don't have that information.

**Ms. Cheri DiNovo:** Okay. I guess, really, I'd just like you to carry a message back to those that pay the piper, that this is completely unacceptable in the province of Ontario—our current status, our current situation in housing. I've been here eight years, and it's getting worse; it's not getting better. It's not just a question of blaming the federal government for this. There is a provincial role to play, and it's not being played, suffice to say, just for the record.

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

**Miss Monique Taylor:** Good morning. Thank you for being here and participating with us today.

RCFs: Do they fall under you?

**Ms. Janet Hope:** Sorry, RCFs?

**Miss Monique Taylor:** Residential care facilities.

**Ms. Janet Hope:** No.

**Miss Monique Taylor:** Not at all? They fall under the Ministry of Health: Is that correct? Where do they fall?

*Interjection.*

**Ms. Janet Hope:** Health, I would think.

**Miss Monique Taylor:** They fall under health? What about just straight transitional housing? As municipal affairs and housing, you don't deal with any focus with people with disabilities? You don't have any focus at all?

**Ms. Janet Hope:** We provide programs to meet a range of needs. At a local level, there would be a variety of responses to a variety of different needs.

In that social housing world I described, there is a small component of those units that is what's called dedicated supportive housing, and those units are managed. Those weren't transferred to municipalities; those are managed by the Ministry of Community and Social Services and the Ministry of Health and Long-Term Care.

Within the Investment in Affordable Housing program and CHPI, the homelessness program, those funds may be used to meet a variety of different needs and the needs of people with a variety of different disabilities, seniors, people with mental health and addictions issues. So you're correct in saying we don't target dollars to specific groups. We target dollars to communities, and the communities undertake their local planning and work with the other resources in their communities and decide how to allocate the dollars.

**Miss Monique Taylor:** Wow, that's really concerning, especially when we have wait-lists, not just for the homeless but for accessibility and different issues that people are facing. I hope that we can start looking differently in that direction.

What about the building codes for some of the Community Living homes—the new fire regulations? Does your ministry have anything to do with that?

**Ms. Janet Hope:** My ministry is responsible for the building code; it doesn't fall within my responsibility, and I'm afraid I'm not an expert in the building code. If there are specific questions about the building code, we'd be happy to follow up.

**Miss Monique Taylor:** One of the assisted living facilities under Community Living in my riding, in my city, is dealing with having to do the sprinkler systems. They're being told that they have to do this, but they're not being given the funding to do it. I mean, \$25,000 per house to bring it up to code and not being given the funding to manage that—they're already falling behind. What's the ministry planning on doing with that?

**Ms. Janet Hope:** Depending on the nature of the facility, some of the facilities funded through MCSS and the Ministry of Health and Long-Term Care did receive funding to assist. If the facility was a private facility—

**Miss Monique Taylor:** Community Living homes.

**Ms. Janet Hope:** Can you answer that, Carol?

**Ms. Carol Latimer:** Yes, I know that both the Ministry of Community Safety and Correctional Services

and the Ministry of Community and Social Services have been dialoguing about this issue. You are correct that right now there is no provision globally for all facilities that are impacted to receive additional funding. There's a time horizon—I think it's five years—within which they need to be compliant. Because I recently came from MCSS to housing, I'm aware that there's an active dialogue, but to Janet's point, I think this is not something that we can respond to. You may want to redirect to those two ministries.

**Miss Monique Taylor:** All right.

**The Chair (Mrs. Laura Albanese):** Well, time is really—four seconds left. Thank you.

I'll pass it on to Ms. Hunter.

**Ms. Mitzie Hunter:** Thank you both. I want to remind everyone that we're here today to talk about solutions, to an urgent need for comprehensive developmental services, and to develop a strategy to address the needs of children, youth and adults with an intellectual disability, and to coordinate the delivery of services from provincial ministries. I think that where some of the current structure isn't there, we are also able to look forward to what is possible and where the needs are.

I'm wondering what commitment you make to ensuring that there is sufficient housing for people with developmental disabilities, and perhaps, through the work that you're doing with the Long-Term Affordable Housing Strategy, are you seeing pressures and demands from the community to address this growing need?

**Ms. Janet Hope:** I think what we see, and we see it particularly through the local housing and homelessness plans that communities across the province are undertaking, where they're looking systemically at housing issues in their community and identifying where the needs are—we do see needs across a number of groups of people, including those with a developmental disability.

As I understand the history in this sector, the primary programmatic response for supporting folks with developmental disabilities has been through the Ministry of Community and Social Services. I think that's why we haven't had, historically, a particular focus through our programs. Nonetheless, where our programs have made capital or rental assistance dollars available, they've been able to be linked up with support services in the local community to meet those particular needs, in addition to the other kinds of needs that communities are identifying, like folks with mental health and addiction issues, seniors, and victims of domestic violence. We have not done that targeting because the needs are broad across a vast array of groups, and we're trying to make sure that local communities can get the best bang for their buck locally as they identify needs across many, many people.

**1040**

**Ms. Mitzie Hunter:** With good reason, there are strict parameters for how wait-lists are managed. I'm wondering about people with developmental disabilities and how they are treated when they are confronted with a wait-list challenge.

**Ms. Janet Hope:** My understanding would be that there would be two potentially relevant wait-lists for such

a person. One would be—and Carol may correct me if I get this wrong—a wait-list for services to support that individual with a developmental disability through the programs supported by the Ministry of Community and Social Services. I can't speak to that wait-list; those are questions best directed to that ministry.

The wait-list that we have some indirect responsibility for is the wait-list for social housing, people who want to access the rent-geared-to-income housing in the former public housing projects around the province.

As discussed earlier, there are a range of people who may be on those wait-lists. Because those are generic units of housing, people aren't required to self-identify as to a variety of their needs. These are units that don't come with supports attached to them, so if someone has support needs and is going to be on that wait-list, they'd need to come with their supports that they've secured through another service.

I don't know if that helps.

**Ms. Carol Latimer:** Maybe I could just add that my experience, in my many years in MCSS, is that most people with developmental disabilities would be seeking residential support, including the support service component now through Developmental Services Ontario. I imagine that my MCSS colleagues presented on the DSO model as a one-window access to service.

**Ms. Mitzie Hunter:** Does your ministry have any involvement in that at all?

**Ms. Janet Hope:** Not in the management of that system; that's the Ministry of Community and Social Services' responsibility, but we obviously work together. For example, when we have a new program and there are going to be new resources going into the community from the perspective of potential for new rental construction or new housing allowances, we then work with MCSS and the Ministry of Health and Long-Term Care to make sure they're aware of that, and to see where the potential may be to match up these dollars, to increase the supply of affordable housing, with whatever program work they are doing on the support side. That's how you get projects like the one in Kingston that we flagged. It's the marrying up of our supply program with their supports program.

**Ms. Mitzie Hunter:** Do you track individuals who are waiting for that suitable accommodation?

**Ms. Janet Hope:** The only wait-list we have an indirect responsibility for is the wait-list for social housing, those rent-geared-to-income units. Municipalities actually manage those wait-lists under the parameters of our legislation.

**Ms. Mitzie Hunter:** Thank you.

**The Chair (Mrs. Laura Albanese):** Further questions? Mr. Balkissoon.

**Mr. Bas Balkissoon:** I'm just thinking of something that has happened in Scarborough. We have the group in south Scarborough, and they've been—I've just lost my thought. The name of the group—they're in your riding, just at Kingston Road and Danforth Road. They've been trying to approach many of us over the years to build

targeted support housing for people with certain disabilities. Where would that group go to deal with someone at the government level, this level, for their interest in providing—Variety Village is the name. They want to provide housing for people with specific housing needs, and they've had difficulty trying to get someone with an interest.

**Ms. Janet Hope:** To the extent that they're interested in accessing the capital dollars, they would work with the city of Toronto, because we provide our program funding to the city. To the extent that they're interested in the support side, they work with the Ministry of Community and Social Services. We appreciate that that's two different places, but that's because we have supports managed through the ministries that have responsibility for those particular groups in our society, and we've got that capital program managed through our Ministry of Municipal Affairs and Housing. We're doing our best to make sure that we're coordinated in how we work at this level, but it does require community groups to sometimes work through two different sides, so to speak.

**Mr. Bas Balkissoon:** So their main target, then, to get any kind of support for what they want to do, you're saying, is the city of Toronto and MCSS?

**Ms. Janet Hope:** Yes. Capital would be the city of Toronto—capital dollars to construct or renovate—and support dollars and service dollars are MCSS.

**Mr. Bas Balkissoon:** Okay.

**Ms. Mitzie Hunter:** Can I just add a follow-up question? Because I do see that in your presentation there was some directed funds for homelessness prevention and, of course, ongoing for the supply of housing. I get that. But do you see that there is a need to address this issue for people with developmental disabilities and their families?

**Ms. Janet Hope:** Clearly, people with developmental disabilities are amongst a number of groups in the province that have particular challenges in accessing affordable housing. My understanding is, the wait-list that MCSS has, on the service side, demonstrates a need. We know that there are people living in Ontario with—"core housing need" is a technical term to describe affordability challenges. We know there are more families, individuals, households in Ontario with need than we can currently meet.

**The Chair (Mrs. Laura Albanese):** One minute left. Ms. Wong.

**Ms. Soo Wong:** Thank you very much, Madam Chair. With regard to your information and your conversations with the 47 service providers, do you identify and create the lists in terms of those who are at-risk youth as well as adults with developmental disabilities—in terms of identifying their wait-lists—and do you share that information with the groups?

**Ms. Janet Hope:** When I referenced the local plans that they each need to do, they are required to develop those plans consistent with the Ontario housing statement, the policy statement. That statement articulates the province's interest that housing activities in local com-

munities will meet the range of needs of people in their communities, including those who are often more greatly disadvantaged in seeking housing. So it asks that the local plans speak to the needs of people with disabilities.

There's a vast array, obviously, of types of disabilities, including developmental disability. It speaks to the needs of aboriginals. It speaks to the needs of victims of domestic violence etc. We direct, as the province, the communities to take a broad, inclusive view of understanding needs in their communities and articulating how they'll go about trying to improve meeting those needs.

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

**Mrs. Christine Elliott:** Mr. Jackson.

**The Chair (Mrs. Laura Albanese):** Mr. Jackson.

**Mr. Rod Jackson:** Thanks for coming today. This may sound a little harsh, and I don't mean it to come off this way, but it sounds to me like your ministry doesn't have a lot to do with people with developmental disabilities inasmuch as providing housing and housing options and solutions.

**Ms. Janet Hope:** Not in a direct way, no. The responsibility for supportive housing is with the Ministry of Health and Long-Term Care and the Ministry of Community and Social Services, and has been for about 10 years.

**Mr. Rod Jackson:** All right. I have a follow-up question that's going to come after this little comment. You're correct in saying that a lot of times, a lot of these issues and decisions are made at local level with municipalities. I know that in the case of my own riding, in Barrie and in Orillia and several other municipalities that are separated cities, they have service managers that aren't themselves—in other words, Simcoe county is a service manager for Barrie and for Orillia. So we have, essentially, a rural governmental body that is making decisions about housing for urban areas within our own county. It doesn't work. The coordination, I can tell you, is very poor. We have almost—I know well over 5,000 or 6,000 families waiting for housing. Many more people with disabilities that are in—would group homes be considered supportive housing?

1050

**Ms. Janet Hope:** Group homes would typically be under the Ministry of Community and Social Services, under the developmental services group of programs.

**Mr. Rod Jackson:** And what would your role there be with the bricks-and-mortar piece of it? Anything?

**Ms. Janet Hope:** Typically, we have not, as a ministry, been involved in many of the historic programs to develop. Where we have been involved is the example like the one I gave you, where a group is accessing our capital dollars and putting that together, so there are some examples. There's one I visited in Amherstburg that was funded through our program by the Community Living association, which accessed those dollars through—in this case it would be the city of Windsor as a service manager. They combined it with their support dollars through the Ministry of Community and Social Services and the capital dollars.

I think the primary system that you would think of as group homes for people with developmental disabilities was developed through the Ministry of Community—I'm sorry, I'm pointing at Carol and I shouldn't; she works for me now—and Social Services.

**Ms. Carol Latimer:** If I can just add, MCSS does have, or has had over the years, capital dollars as well as the support dollars, in particular during the phase of de-institutionalization. Many of the dollars from institutions were re-profiled into the community to create group homes. There's obviously less capital dollars over the years, but that's where those funds came from.

**Mr. Rod Jackson:** Thank you for that.

Would you agree that—well, first of all, I'm going to ask you a fairly blunt question. Are you frustrated about the lack of coordination that happens between the ministries to be able to provide these options and solutions for people with developmental disabilities?

**Ms. Janet Hope:** I think we would all—all of us, and my colleagues in the other ministries as well—love to be able to devote more time and energy to coordinating. We all have many things that we're accountable for and we have to allocate our time and energy.

I would say we have been developing—I've been in this job now three and a half years, so I have much better, closer relationships with my colleagues simply by virtue of having been working with them for a few years than I did three and a half years ago when I was a new player in the field. I think we all are committed to working well together, while we're delivering on a variety of accountabilities.

**Mr. Rod Jackson:** Okay. So let me ask you this: What changes would you like to see? In a perfect world, if you could wave your magic wand and make this all work, the coordination between the ministries work, what would the ultimate solution be in your mind? You must have thought about this at some point.

**Ms. Janet Hope:** Public servants aren't in the habit of answering questions about how they'd wave magic wands, but—

**Mr. Rod Jackson:** No, that's our job.

**Ms. Janet Hope:** I think the comment that I would make would be that we're talking about very complex systems. My accountability is to look at a housing system and to look across a range of individuals who have very significant needs, people with developmental disabilities being one of them, but aboriginal people, victims of domestic violence, and people who have been chronically homeless and require intensive support to transition.

I'm looking at a very complex housing system, my colleagues at the Ministry of Health are looking at a very complex health system, and my colleagues at the Ministry of Community and Social Services are looking at a very complex community and social services system, so I actually don't think there's a magic wand. I think it's complex, because we're talking about the coordination and integration across, validly, many, many different groups and many different lines of accountability for different dollars.

**Mr. Rod Jackson:** Do you think it would be beneficial to have a body—I don't know if you call it a secretariat or what—that would be able to be in charge of coordination of all those bodies to coordinate that complex—because it seems like you have all these different complexities that are happening; and I agree with you; they are complex—with lack of a central direction?

**Ms. Janet Hope:** I think no matter how we organize government and government services, we will create silos. If we organized it all around groups of individuals needing the capital and the supports around groups of individuals who have particular needs—seniors, people with developmental disabilities, people with mental health and addiction—we would create a different set of silos and we would struggle to try and think about the housing system and make it work effectively as a whole.

I've worked in government for 27 years, in different sectors, and we reorganize at different times to try and bring about different kinds of connections and break down the silos, but we always have to struggle to work hard against whatever new silos we've created.

**Mr. Rod Jackson:** Thank you.

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

**Mrs. Christine Elliott:** Thank you very much for appearing before us today. My comments are very similar to my colleague's, so please don't—I don't mean to be critical; we're just searching for information.

**Ms. Janet Hope:** I understand.

**Mrs. Christine Elliott:** One of the reasons for this committee to be set up in the first place is the number of stories that all of us have heard from families, as has the Ombudsman—he has heard from over 800 families that are seeking housing for their children and are becoming pretty desperate. So I was wondering, since this has all sort of come to light in the last year or so since Amanda Telford had to drop her son off to a DSO office: Has anybody at Comsoc ever come to you to say, "Listen, we've got a big problem here that we need to solve"?

**Ms. Janet Hope:** Yes.

**Mrs. Christine Elliott:** And what did they propose to you, if I could ask?

**Ms. Janet Hope:** I have regular conversations with my colleagues at the Ministry of Community and Social Services, and we try to learn more about one another's—I've described those sort of lenses we each bring. A big part of it is actually understanding, "What's the lens through which I'm working, and what's the lens through which my colleague is working?" so we can look for the areas of creating more synergy and better use of the dollars that we're currently investing.

**Mrs. Christine Elliott:** Have they expressed to you their view of what they would like to see in terms of housing in the developmental services sector?

**Ms. Janet Hope:** I think it's fair to say we haven't had the opportunity to dive really deeply into that specifically. In fairness, we have been very focused on the creation of CHPI, the new Community Homelessness Prevention Initiative. That was trying to significantly

reform our approach to homelessness. That was an initiative that required work across the two ministries. For the last couple of years, we've been very focused on that. My sense, from my conversations with my colleagues, is that we'll be turning our attention to this area.

**Ms. Carol Latimer:** Can I just add, I was the policy director at MCSS for developmental services up until July and certainly have knowledge, both from my role there and now my role at MMAH, around the work that has been going on in that ministry with the Joint Developmental Services Partnership Table, which I would imagine you heard about from my colleagues at MCSS. They created a residential study group which has presented a paper, I believe, to this committee around options. The ministry supported that work as well as other dialogues with the Ministry of Municipal Affairs and Housing and the Ministry of Health about how we can better work together and try, as Janet said, to marry, when there are funding options around capital and/or other housing-related programs, with the support side.

I don't think that any of us have a magic solution, but certainly, in my 28 years in the OPS, I would say in the last two years we have been, in particular, working much more closely across all of the human service ministries. You would have heard that from our colleagues from the Ministry of Education in their presentation earlier today.

**Mrs. Christine Elliott:** Thank you.

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

**Ms. Sylvia Jones:** Just briefly, did I hear that correctly? When you dealt with Comsoc, and you've had conversations with them about the lack of housing, they have no solution or suggestion of a solution or option A, B or C?

**Ms. Janet Hope:** I think your question about what MCSS understands to be the options and solutions is best directed to them rather than me trying to—

**Ms. Sylvia Jones:** But they have proposed nothing to you as a ministry?

**Ms. Janet Hope:** We've been talking about a variety of things. I'm not comfortable talking about specific potential solutions right at the moment. We're exploring.

**Ms. Sylvia Jones:** So they have brought forward some solutions; you're just not at this point ready to publicize—

**Ms. Janet Hope:** They've brought forward areas that—I'm sorry; I didn't mean to speak over you—we would like to explore further together.

**The Chair (Mrs. Laura Albanese):** Well, thank you for appearing before us today.

I guess I will make one final comment: I think it would be beneficial, when you're talking about the local plans that speak to the needs of specific communities, if the ministry could also require some of that data to be brought back to the ministry. If it's left only at the local level, then you would not have the vision, from a provincial standpoint, to see what those needs that are becoming more pressing are. That would be my recommendation.

**Ms. Janet Hope:** Okay, thank you.

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## MINISTRY OF THE ATTORNEY GENERAL

**The Chair (Mrs. Laura Albanese):** We'll now hear from the Ministry of the Attorney General. Do we have anyone in the room? Yes, we do. Please make yourself comfortable. As you may know, you have up to 30 minutes for your presentation to the committee. That will be followed by 30 minutes of questioning, equally divided amongst the parties. If you could please start your presentation by stating your name and your title for the purposes of Hansard. Thank you.

**Mr. Kenneth Goodman:** Thank you, Madam Chairman and other members of the committee, for inviting us to present on this important subject today. My name is Ken Goodman. I'm the Acting Public Guardian and Trustee. With me today is Trudy Spinks; she's a Deputy Public Guardian and Trustee in our client services area, so she has a lot of experience with our organization. I'll do my best to keep within the 30 minutes, and Trudy will try and help, in case you see her kick me under the table.

What we will look at today is services that we provide for incapable adults in Ontario. We'll talk a little bit about the law concerning the arranging of decision-makers for an incapable adult. We will talk about a few of our issues and challenges that we see, and, very briefly, we'll touch on some future direction that we're looking forward to.

The Office of the Public Guardian and Trustee provides a number of services. We have 13 different business lines that we operate under, but I want to just talk about the services that touch on what you're looking into, which have some relationship to developmentally disabled adults. These include providing services such as property guardianship, guardianship of the person, treatment decisions, guardianship investigations, and litigation regarding a legal representative appointed under the rules of court.

The Substitute Decisions Act of 1992 became law in April 1995. It governs the laws dealing with planning for incapacity and dealing with substitute decision-makers for incapable adults. It's divided into two separate spheres: One is dealing with property guardianship, and the second is dealing with personal care.

Property guardianship is the financial management of an individual, or of any of us—our property, our assets, our income, our debts—and personal care is actually the more personal decisions we have to make: our shelter decisions, our treatment decisions, our health care decisions and even things such as what I'm going to wear today and what I'm going to eat. Those are all personal decisions and care decisions that individuals make.

Prior to the Substitute Decisions Act, if an individual had not made arrangements by appointing someone under a power of attorney to act for them in the event of their incapacity, there were two ways for someone to be appointed to manage their property. The first was an assessment, if they were a patient in a psychiatric institu-

tion, and this would be under the Mental Health Act. The second was by going for a court order.

The Substitute Decisions Act was important, because what it added was a third way of appointing someone to be a substitute decision-maker. This was a statutory process, with the appointment dealing with a capacity assessor. Capacity assessors are actually designated under the Substitute Decisions Act, and only certain individuals can be a capacity assessor.

If a capacity assessor performs an assessment and determines that a person is incapable of managing their property, then, under the terms of the Substitute Decisions Act, the Public Guardian and Trustee is automatically their guardian of property. There's no need to go to court. It's a statutory, almost administrative, process, in a sense mirroring the process that had been established under the Mental Health Act—which dealt with only physicians—for someone who was actually a patient in a psychiatric facility.

There are protections that are built into the legislation dealing with capacity assessors. First, the assessor must explain to the individual what would happen if they find them to be incapable. If the person being assessed objects to the assessment, then the assessment cannot take place. Someone cannot be assessed over their objection.

Dealing with personal care: Prior to the Substitute Decisions Act, the only way someone could obtain decision-making power for personal care decisions was through court order. The Substitute Decisions Act added a second method, because you actually now can appoint someone as a guardian of your person for personal care decision-making. You can actually pre-decide who will make your decisions, and I will talk a bit more about personal-care decisions later on in our presentation today.

What does it mean, a finding of incapacity? What does that mean under our legislation? The Substitute Decisions Act sets out an "understands and appreciates" test of incapacity. "Understand" means it refers to the ability to understand information that is relevant to making a decision, while "appreciate" refers to the ability to appreciate reasonable, foreseeable consequences of a decision and, almost as importantly, the consequences of not making a decision, because sometimes the issues are just not making decisions and not the decisions that are being made.

The law is clear. There is a presumption that people have capacity. It's deemed that people have capacity until the legal requirements in the Substitute Decisions Act are met. It is not sufficient to be vulnerable or making poor decisions. There actually has to be a finding that the person is incapable.

A finding of incapacity under the Substitute Decisions Act is not a global finding of incapacity. If you're found incapable for one purpose, it doesn't mean you're legally incapable for all purposes. "Capacity" in our law is dealing with the actual decision that someone has to make at the time, so you look at whether or not you have the capacity to do that decision: Are you capable of making property decisions? Is it a personal care decision? Are

you determining whether or not you want to get married—treatment decisions or placement in a long-term care.

Someone can be found incapable of managing their property but still capable of doing other decisions, including personal care decisions. Very often people may be found incapable of managing their property, but they are able to make their own personal care decisions. They decide where they want to live. Most of our clients are making those determinations. They decide where they want to live and what their day-to-day activities will be. Often someone can be found incapable of making property decisions but still may be capable of granting a power of attorney for property. So there are different levels of capacity, depending on what activity is being undertaken by the person at the time.

It's also important to note that under the law, the determination as to whether or not someone is incapable is really a legal test. So it's not based on a diagnosis. It's not determined by someone having a certain health condition, mental disorder or development disability. The test is, really, do they understand and appreciate? So the mere fact that someone has one of those issues doesn't mean they're incapable of making their own property, personal care or other decisions in their life.

The next chart, which is chart 8, we put in to give you a bit of a graphic demonstration of the authority types that we have. This is a pie chart that shows that for the vast majority of our clients, we obtain the authority—and this is for 93% of them—through a statutory process. So 49% are as a result of a finding of incapacity through a capacity assessment; 44% are a finding of incapacity under the Mental Health Act. This means that, at one point in time, the person had been a patient in a psychiatric facility, and when they were released, there was a certificate of continuance that they were still incapable when they were released. Our office continues to be their guardian of property.

Only 3% of our authorities are actually derived from court orders. We also have a matching 3% where we are simply trustee. As I'm sure you may well be aware, you can be appointed trustee under the ODSP, CPP or old age security legislation. This is someone who is a trustee solely of those funds, so you manage those funds and determine where it should be paid. So for 3% of our clients we are simply the trustee. We manage their ODSP money that's coming in and deal with those decisions. We are not a broader property guardian for all of their property management. It's restricted to just the terms of that trust itself.

One per cent relates to situations where we are guardian as a result of a power of attorney. We can be named in a power of attorney by someone to be their attorney. We have to consent to that before we can act. The other part of the 1% actually relates to pre-SDA jurisdiction that we have for our longer-term clients.

We currently manage the finances of approximately 11,000 individuals, and this is just as property guardian. Our services are delivered through six offices. They're

located in Toronto, London, Hamilton, Ottawa and Sudbury, and we have a small satellite office in Thunder Bay.

We do not keep statistics on the reasons why our clients have been found incapable. The law is focused on whether or not someone has the capacity, not on the reasons why they don't have capacity or the reasons for incapacity. We know that our clients, for a number of very different reasons—it could be because of mental illness, and I think this is demonstrated by the 44% of our clients that we get as a result of an assessment under the Mental Health Act; it could be due to age-related cognitive decline; persons with developmental disabilities, including those with dual diagnoses; and persons with acquired brain injury.

#### 1110

Although we don't have strong, concrete numbers of the number of our clients who have developmental disabilities, we would estimate that that probably is only in the neighbourhood of a couple hundred of our clients. Maybe 1% to 2% of our client base actually would be individuals with developmental disabilities. We sort of look at some of them based on where we're paying for their accommodation. We have some in the association of Community Living homes and things of that nature, but it's a smaller segment of the clients that we serve in our office.

Slide 11 is just to give you a bit of an age and gender profile of our clients. I actually find the symmetry of the numbers very interesting when I look at these numbers. Some 53% of our clients are male and consequently 47% are female, although when you look at the chart, when you get to the over-80 age group, you see a dramatic change between the males and the females, where our females clients are double the number of male clients. Also, it's roughly split between those under 60 and those over 60. If you look at the numbers, 50% are under 60 years of age and 50% are over 60 years of age. I also find intriguing the symmetry that 14% of our clients are under the age of 40 and 15% of our clients are over the age of 80. It seems to be a very interesting symmetry of the numbers that we have. I don't know what that means, but it is interesting to see that.

We do recognize that with the demographics and what we're facing, our over-60 age group and our over-80 age group over time is going to grow significantly as our population ages.

What does it mean to be a guardian of property? What are the powers and duties? A guardian of property is a fiduciary, and being a fiduciary in law establishes how that individual must carry out their responsibilities. It's a high-order fiduciary, akin to a trustee, and it means that they must carry out their powers diligently, which means you must take action; it's not passive. You don't sit back and wait. If you're a guardian of property, and if someone needs someone to make their decisions, you must exercise your responsibilities. You must act with honesty, integrity and in good faith, and the decisions you make have to be based on what is for the benefit of

the incapable person. You are actually standing in the shoes of that incapable person when you're making those decisions, so that's what the basis for your decisions should be.

It's also interesting to note that these rules apply not only to the Public Guardian and Trustee and those in my office, but these are the exact same duties and responsibilities that anyone has who is a substitute decision-maker either through a court order—or they've become a statutory guardian because they've replaced us, or they were appointed as a power of attorney by someone, when they were capable, under the Powers of Attorney Act. This same standard applies to all.

The Substitute Decisions Act requires a guardian of property to make financial decisions for the benefit of the individual, and the first person whose benefit you should look to is the actual individual themselves. Then, under the Substitute Decisions Act, the next line of who you look at would be the individual's dependants. These may be children, these may be spouses—whoever, while they were capable of managing, they were looking after. We have situations where we are making payments for children or spouses, and it is not predicated on actually having a court order requiring that, but prior to us taking over authority, they had been supporting those dependants. So if they have the resources to do it, we then continue making those payments on their behalf.

Third is to look at the other obligations they have, the debts and the payments. A guardian not only has to look after the individuals but does also have to look after, if they have them, debts and other obligations too, and if there are the means to make those payments, has to look into satisfying those payments and other ordinary expenses the individual may have.

A guardian is also required to explain to the individual just what it means to be their guardian and what their duties are and to try to encourage the individual to participate, to the best of their ability, with the decisions that are being made.

A guardian also tries to foster personal contact between the incapable person and his or her supportive family members and friends. If there are supportive family members and friends, the guardians are to consult with them to get some input on how they carry out their duties. This includes someone who may have authority to act as the guardian for the person.

It is not unusual to have situations where you have one person or two people appointed as guardian of property for an individual and someone separately appointed to act as guardian for the person. If you have two separate individuals deciding different aspects of someone's life, they need to work together because you can't make personal care decisions without having some input on the property decisions and how that's going to intertwine. It often is very good to have that separation of the duties, but it isn't necessary.

What does it mean for us to be a guardian of property for an individual? It means we actually have to manage all of their financial and property issues. That means we have to locate all income and assets. We have to

determine all debts and liabilities. We collect in what we can to maximize income and benefits that individual may have. Do they have pensions? Do they have other government resources? Sometimes clients come into our office who aren't receiving funds, and we will make applications for ODSP or CPP or old age security. Perhaps they were entitled to it, but because of their declining issues, hadn't made their own applications themselves, so we look to determine if they have those and make those applications for them.

We set up a budget for their day-to-day needs. It's important to note, when we're dealing with the budget for the day-to-day needs, that that's based on the individual's actual financial resources. What is their income? What are their assets? What can they earn?

Paying their bills and taxes, managing their assets: We have clients who come to us with real estate. We've had apartment buildings; we've had commercial properties. We've had businesses which we had to regularize and deal with having other people to manage. They often come with vehicles and other assets.

We also have to handle all of their legal matters. Any legal matters which relate to their property or finances, we have to deal with. We're involved in legal matters such as motor vehicle claims. Many of our clients become clients because of a serious motor vehicle personal-injury accident. They may be in the midst of litigation, so we then have to manage that litigation. We have family litigation. We have to deal with sale of real estate, and sometimes it requires us to take legal action to get possession of property to be able to sell it.

Family matters: We often end up having to deal with family cases, division of property, support.

For those who have the resources, we also have to make investments on their behalf. We actually have a financial planning unit to assist us in the investment of our clients' resources and finances.

Slide 16 is just to give you a bit of a snapshot of the types of activities we've had. In the fiscal year 2012-13, we made more than 640,000 payments on behalf of our property guardianship clients. We disbursed approximately \$184 million on behalf of our clients towards their expenses. We filed 10,764 tax returns for the tax year ending in 2012. We are in fact the second-largest electronic tax filer in the country, second only to H&R Block.

We manage over 5,600 bank accounts for our clients. These are what we call community bank accounts. These are bank accounts that are in the location where our clients are located. Many of them would have perhaps a PIN card, so they're able to access some personal expense money, or sometimes they have supportive family members who assist them in doing that, but it means we have to ensure that the money is there. We have to make sure that they're spending their money, that it's not being accumulated, and that not too much money is going in and that just the right amount is going to the individuals.

#### 1120

We also maintain over 1,900 trusts. Under the Ontario Disability Support Plan rules, there are certain types of

assets, trusts and properties that individuals can own that don't affect their ability to continue to receive government benefits. These have to be maintained in a separate trust. It could be an inheritance that they've received; it could be an MVA claim; it could be an insurance policy. These have to be maintained separate from their general assets because there's a limit on how much income they can receive from this, so part of our duty as a guardian is to maximize their income. If we're able to put money aside in a separate, protected fund, we do that and maintain the client's eligibility for government disability. To date, we have opened approximately 2,600 RDSPs on behalf of our clients who qualify under the RDSP rules.

For the public guardian trustee to be a guardianship is a last resort, so we actively encourage supportive family members to replace us if we become a statutory guardian of the person. As soon as we become statutory guardian of a person, one of the first things we do, in addition to looking for income assets and liabilities, is to determine if there are family members who could be supportive and who could take over from us. This includes information such as advising someone who may already have been an attorney on how they can take steps to terminate our guardianship and how they can apply to replace us.

In some situations where—as I indicated, in 3% of our caseload we are actually trustee of ODSP or other government funds. If supportive family members are able to become a trustee of those funds and if it's sufficient to protect the individual to have that trusteeship, then we will resign from our position as guardian of property in favour of that trusteeship because the SDA is premised on the least intrusive method able to protect the individual. If the trusteeship works, we don't need to have the whole mechanism of the substitute decision-making in place.

This was another one when we added the capacity assessment and the statutory provisions when it was enacted in 1995 under the SDA: We actually can transfer our statutory guardianship to family members. We do actually have a process for that to come in play—the individuals have to apply—but this requires us to do a balancing between our fiduciary obligations and our goal to be a last resort and for family members to come into place, so we do have to do our due diligence. We do have to make sure that those who are applying at least look like it should be appropriate. We require them to file management plans that show how they're going to manage the property of our clients, and in many cases they're required to actually get a bond before they replace us.

Unfortunately, we need to do this. The fact that someone is a family member doesn't mean they should automatically be able to replace us, because too many times, in my opinion, we do see situations where family members and friends have taken advantage of an incapable person. We do have to go through that scrutiny process before we accept someone to replace us.

In 2012-13, 260 of our guardianship files were closed because the finding of incapacity was overturned or

reversed. The legislation also sets up a protection, so if someone is assessed as incapable for property and they don't agree with that determination, they can apply to the Consent and Capacity Board, and the Consent and Capacity Board will determine whether or not that finding should stand. There are situations where it has been overturned for a failure to comply with all the requirements of the legislation, or there may be a finding that there weren't sufficient grounds for the finding of incapacity.

**The Chair (Mrs. Laura Albanese):** You have about six minutes left.

**Mr. Kenneth Goodman:** Okay. Thank you.

Two hundred and sixty of our files were closed because someone else managed an incapable person's finances.

As I indicated, we can have guardianship of the person. I won't touch on that very much, because we actually are only guardian of the person in 16 cases. It's a very small part of the business that we deal with. There may be a lot of guardians of the person in the sector for family members, but we are only for 16, and in all of those, it can only be done by court order. In many of those cases, the court order actually sets the sphere of personal care decisions that we can operate in.

One of the reasons there's not too much in the way of need for us to have personal care is that the treatment decisions, the major personal care decisions you need to make, is dealt with under the Health Care Consent Act. I won't go into that in the time remaining, but the Health Care Consent Act sets a hierarchy of who can make decisions. If there's no one able to make that decision, then it falls to the Office of the Public Guardian and Trustee, as a last resort, to make those decisions.

We do have an investigations department, and we can look into allegations of concern that someone is incapable, but only in situations where their incapacity puts them at risk of serious adverse effects. It's not simply for the purposes of indicating that someone is incapable; there have to be serious adverse effects consequences of being involved.

The final role that we have is as litigation guardian or legal representative. This is actually by a court order, when we've been appointed by the court to represent someone within a court proceeding where their capacity issue is relevant to the proceeding itself. We did that in 405 cases.

We also have a register of private guardians, and slide 27 gives you the information on that.

I just want to finish up in the time remaining by just touching, on a high level, on some of our key issues and challenges and future direction. The first thing is ensuring we meet our fiduciary duties. This often puts us in a conflict with our clients and their family members. The reason for this is because we often restrict access to bank accounts. We cancel all credit cards upon becoming guardian of the person and require individuals to live within their budget. So we've cancelled their credit cards. Many people have been living on credit all along; that's

how they've been able to survive. We take over, and they're having to survive on the money they actually have. We require pre-approval of purchases and receipts.

Sometimes we have to take legal actions against family members. This could include asking members to move out of property owned by our clients because we need to sell the property because the client needs the resources to look after their own needs. So family members may not be happy. Our clients are often supportive of their family member, saying, "Don't do it," but they need the money for their own needs.

The second issue is that families sometimes perceive our application process to be less than satisfactory. They may view it as too onerous, too difficult, and sometimes more relevant to the group you're looking into, with developmental disabilities. If you're dealing with minors who now become an adult, sometimes family members think, why do they have to go through this whole process to establish that they should become guardian of the person? They've been doing it for their minor child. We still have to do our due diligence and management plan and look into the situation before we agree to replace them.

Third is a misunderstanding about our role. We manage financial services. We are not an agency—we don't provide social work—we simply manage their finances and their property and make those decisions. We do not have additional government funds. We don't fund our clients; we simply manage their money. Being a client of ours doesn't give any greater access to any other government benefits or services.

Sometimes guardianship is just not a solution. If someone is being kicked out of their residence because of their behaviour and not because of finances, becoming a guardian of property isn't going to help that situation. It really only deals with financial aspects of it.

The segue into future direction is the fourth one: balancing competing interests. There's a growing dichotomy among different stakeholders that deal with the issues of incapable adults. One is the group that would like to see more autonomy for the individuals to allow them to have more decision-making powers to make their own decisions of what to do. Then there's a second interest group, and that's those who want us to provide more protections, to be more involved, do more investigations, take over managing more finances, have family members be more accountable for what's going on and point to situations of financial abuse and elder abuse. These are sometimes very challenging principles, and it's difficult to reconcile the two of them.

**The Chair (Mrs. Laura Albanese):** Thirty seconds.

**Mr. Kenneth Goodman:** I just wanted to tell you, very quickly, about two very important initiatives that are going on now which I think will be very relevant to the work that you are doing, and that's with the Law Commission of Ontario. The Law Commission of Ontario is undertaking a broad-based review of legal capacity, decision-making and guardianship law in Ontario. This is a full, comprehensive review. They are expected to issue

their discussion paper and to consult with the public in 2014. Work is already under way. Their committee is established, and they're working on that now.

**1130**

In the 2013 budget, the government asked the Law Commission of Ontario to take on a separate review. They asked them to look at the issue of RDSPs and how to make it easier for those with capacity issues, cognitive development disabilities and mental health issues to better access the RDSP program that's available to them. The Law Commission agreed and accepted that project. It is expected that they'll have a discussion paper and commence consultations with the public by the end of this year, and they will be reporting back their recommendations and findings to the Attorney General on a priority basis. It's separate from the larger project, and we expect to hear from them in advance of the larger project.

The policy work for the Substitute Decisions Act was done over 20 years ago, so I think it is very timely for a review of this law and how it's done at this time. When it was brought into place, it was a very leading measure; it was a very great change, with a lot of improvements on it. But it is time to look at it, and the government looks forward to receiving the commission's findings. Thank you very much.

**The Chair (Mrs. Laura Albanese):** Thank you very much for that presentation. I just want to remind my colleagues that we are meeting under an order of the House; therefore we have to stop at 12. We're shy two minutes in our total questioning time. I will now turn it over promptly to the government side. Ms. Wong?

**Ms. Soo Wong:** Thank you very much. Thank you for your presentation.

Just a couple of quick questions with respect to the data you have received to date—because we hear a lot, both from our constituents in our communities as well as reporting, that many elderly parents are frail and are looking after their developmentally challenged or physically challenged young adults, or those over 30 or 40, which you have in your data. Are you seeing those trends in your office? If you are, can you share with us some of the data on that file? Are they coming to you in terms of—

**Mr. Kenneth Goodman:** We are seeing some; not a lot. I think it's because a lot in that community look towards dealing with those issues themselves and are not looking to our office to manage those finances. We do see an increase in inquiries, where people are asking, "What do we do? How do we become guardian, or who can we find?"

We do have some situations where individuals are looking at, perhaps, creative ways maybe. If they have no other heirs whom they want to leave their estate to, they may be trying to set up a home so that their child can go into that home. It's a community that really tries to find their solutions themselves and generally isn't looking to our office to take over that role to manage it for them. It's more how they accomplish it under the existing law, which does provide some challenges.

**Ms. Soo Wong:** My next question is: Does your office support family members who wish to have temporary guardianship—instead of full-blown, where the public trustee's office takes over both the care as well as the property? The elderly parents, because of that time in their personal lives, are looking after an intellectually disabled young adult member of the family. Can they come into your office for temporary versus full-blown guardianship?

**Mr. Kenneth Goodman:** The only way we actually get a temporary guardianship is if we actually make an application to court, and we would only apply for us to become temporary guardian. That's often usually to stabilize the situation, to see what's going on.

When you go to court, you're required to serve family members and others who've been involved. They may then want to apply for themselves to become the guardian. Generally, what the court would do is appoint us temporarily. The family members then could get their situation together and decide how they want to do it.

The other way we're involved is that every court application for the appointment of a guardian of property or person is served in our office, and we actually do a report to the court on that. So it's only through that mechanism that family members or others would be able to apply to become temporary guardian of someone: because they're looking to become a permanent guardian of the individual.

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

**Ms. Mitzie Hunter:** I was interested in your key issues and challenges and that you've put some thought to that. When you talk about the difficulty in transitioning from youth to adult, can you expand on that a little bit in terms of what families are dealing with and what the processes are that they have to meet?

**Mr. Kenneth Goodman:** Sure. I think for many of the families, they look at someone coming of age as an artificial number; that they've been involved with someone all their life, they've been devoted, in many cases, to caring for their child, and all of a sudden now, under the law, because of their age, things change. Under the law, they're deemed capable. They may not be capable and may not have the ability to sign a power of attorney, and so they struggle to find ways to—do they need to be a guardian of the person? One of the first things that we do advise them is to look: Do you actually really need to be guardian of the person? Maybe a trusteeship would work. What is their need?

Previously, there was less need for people to consider to be guardian of the person because, generally, someone with a developmental disability doesn't come with a lot of assets. When we deal with our elderly clients, they've had a life. They've accumulated assets. They have value. They have things that need to be managed. Often, for this group, they're coming in and they may have some income benefits from government support. They generally don't come with an asset, and if they did get an asset, most families have been using what we call Henson trusts, where they may leave something in a will. Again,

it's a trust; it's separate. It doesn't affect their government benefits, and you have a separate trustee who can pay up to \$5,000 a year in additional funds to someone who's on payment.

Now it's becoming more complex. Things like RDSPs and other vehicles are coming into place where this group, which would not have had a lot of assets previously, may well have significant assets in the future.

The RDSP program: It's not inconceivable that someone may have, down the road, \$200,000 or more in an RDSP. That is a significant amount of money. It's great that they have access to these funds and government funding to bring it, but we need to make sure that those funds are used for their benefit and not for others'. So there needs to be some protection built in place. Because institutions and, perhaps, governments are becoming more, "Who can sign for certain documentation?", it seems to be more of those kinds of requirements which lead people to look at whether or not they need to have guardianship, whereas before, the less intrusive, informal support of family has been more than sufficient.

**Ms. Mitzie Hunter:** That's great. Do you see your office being able to provide any special support or advice for families or even institutions and agencies as they deal with these issues for people with developmental disabilities?

**Mr. Kenneth Goodman:** We do give general information. We're not able to give legal information. All of our letters say, "We can give you general information only, and no legal information." We do direct them to resources that are available through legal aid, Justice Ontario. There are different pro bono organizations that can assist if the family fits within their criteria.

If they feel it is necessary, one of their options, which some are starting to do, is to have a capacity assessment. Under a capacity assessment, we automatically become their guardian of property. They are advised that they can apply, but we try to make it clear that it's not an automatic—it's not a guarantee that if we become their guardian of property, the family members will become a statutory guardian, that they will replace us. That's one of our challenges: the expectation that, "Why shouldn't they just be more automatic and recognize it?"—

**The Chair (Mrs. Laura Albanese):** One minute.

**Mr. Kenneth Goodman:** —and through outreach to assist them.

**Ms. Mitzie Hunter:** Thank you.

**Mr. Bas Balkissoon:** Mine is not a question; mine is a concern, because I had a case where a husband took his wife to the hospital and you took ownership of the wife's property rights because the hospital called you.

**1140**

This is the conflict that is happening out there, and you see the difficulty for families to understand. This person was caught by surprise that you became the guardian of the wife because the hospital phoned you and passed on the case. It has been two years they've been trying to get control of their property—the joint bank accounts etc.

**The Chair (Mrs. Laura Albanese):** You may want to comment afterwards—

**Mr. Bas Balkissoon:** I don't know how to understand your office's role at all in this process.

**The Chair (Mrs. Laura Albanese):** Mr. Balkissoon, unfortunately I have no time to give for the answer, but maybe you can converse afterwards. I'll pass it on to Mrs. Elliott.

**Mrs. Christine Elliott:** Thank you, Madam Chair. Good morning. Thank you very much for meeting with us today. I have a few questions related to court proceedings, as outlined on your slide 26. You indicated that you may be appointed as litigation guardian. I'm assuming that's for civil matters, where perhaps someone might have an acquired brain injury as a result of a motor vehicle accident or something of that nature. Is that primarily where you would become involved?

**Mr. Kenneth Goodman:** Yes, it is. We've been involved in many—it could be for motor vehicle issues. We often get asked by the other side, if someone has mental health issues and they commenced actions but they're not able to actually proceed with their actions. We can be a legal representative in family matters. A lot of our legal representative matters—we're not a substitute decision-maker but we're involved—are child protection proceedings. These are situations where a parent, usually the mother, is involved in a child protection proceeding but, because of their capacity issues, are not able to actually properly participate in the proceeding and may not be able to retain counsel because of conflict. The court would appoint us in those kinds of—so it's any type of matter but it's restricted only to that actual litigation. You're absolutely right. It's only civil matters; we do not get involved in criminal matters.

**Mrs. Christine Elliott:** That's what I thought. I think there is an area of interest for the committee to explore the criminal side. If someone who is dually diagnosed with fetal alcohol syndrome, for example, known to be very spontaneous, gets charged criminally, your office is not involved; it would be up to others in the Attorney General's ministry to be dealing with that, either by way of legal aid or some other type of representation. Am I correct?

**Mr. Kenneth Goodman:** Correct, unless we actually are their guardian of property. Then we would make arrangements, with the consent of our client, to retain legal counsel, if they have the resources to pay themselves, or to apply for legal aid for them. But we wouldn't be acting for them on that behalf.

**Mrs. Christine Elliott:** Thank you. I think, Madam Chair, that we may need to ask another representative, probably from the Ministry of the Attorney General, to come back to us to speak to us about criminal justice issues and people with developmental disabilities and people who were dually diagnosed. I just raise that as a point for us to discuss later, but thank you very much for clarifying.

**The Chair (Mrs. Laura Albanese):** Any further questions from you? No? I will then pass it to Ms. DiNovo.

**Ms. Cheri DiNovo:** Sure. I'm just going to pick up where Ms. Elliott left off. Perhaps you or somebody from the Attorney General's office could find out or simply provide us with the information; my interest is in how many people who are dually diagnosed or have developmental disabilities end up in the criminal justice system and how many are sitting in prison as we speak, for example. It would be useful, I think, to know that and to know what the process is with that. I guess that's asking the committee to find out that information.

The other question is—and thank you for the work you do and for being here—the supervision of the supervisors, in a sense. Who watches over the guardians and makes sure that they're doing what they are doing in the best interests of their clients?

**Mr. Kenneth Goodman:** There's not an automatic supervision or monitoring, so to speak. One way is through our investigation department. A number of calls that we get through our investigation department are other individuals who are calling with concerns that a guardian is not acting in the best interest of the incapable individual. We honestly may not act in all of those cases because often a lot of those situations we see are family situations where there is some dysfunction in the family, a breakdown within the family; siblings are feuding. There may be concerns raised, but nothing concrete, nothing guaranteed to show that we should be looking into it. In those cases, we may not investigate, but we do encourage them to take advantage of the court process because a fiduciary—it could be myself as Public Guardian and Trustee or anyone else acting—is accountable for how they handle it. So they would have to do what is called a passing of accounts and apply to the court.

Secondly, when you deal with a passing of accounts, my office is served every time there's a passing of accounts. If someone is passing their accounts as a guardian for an incapable person, they're in a conflict. Their first interest is to protect their incapable person, but they're passing their own account, so they can't review their own accounts to ensure it's appropriate. So we're involved in those proceedings, and we review those accounts that go before the court. But that is only in situations where there's an actual application going to court.

We do have cases where we do require in some of our replacements a timing for them to apply to pass their accounts within a certain time period, and some court orders appointing a guardianship may actually require a passing at certain times, but there is no automatic statutory requirement to pass the accounts. It is either already set out or family members have brought it to court to ask for them to pass their accounts.

**Ms. Cheri DiNovo:** Without the passing of the accounts, there's no supervisory process over the guardianship that's ongoing in all of these cases?

**Mr. Kenneth Goodman:** No, it would be complaint-based.

**Ms. Cheri DiNovo:** Complaint-based.

**The Chair (Mrs. Laura Albanese):** Any further questions? If the committee agrees, I will grant Mr. Balkissoon a couple of minutes to—

**Mr. Bas Balkissoon:** I'd love to have some minutes back. Let's go back to your slide number 3, where you say "Assessment of a patient in a psychiatric facility." Let's go back to my case because I have a lot of difficulty with slide 3 and slide 15.

Slide 3: I can understand the court asking you to take guardianship, but that one is not my case. My case is "Assessment of a patient in a psychiatric facility." The psychiatric facility gets in touch with your office, and your office decides, "Okay, we'll take control of that person's assets and day-to-day activity," and the family never asked for it. The family was never consulted by the psychiatric facility, and you've stepped in and it's taken two years for that person to work with your office to say, "We're happy to look after our mom," and in this case, a wife. Why do your offices step in, based on the SDA, and why are you not working with the family for two years?

**Mr. Kenneth Goodman:** I would say that, just to correct your supposition a bit of how I was involved, the assessment is a requirement under the Mental Health Act, so the hospital wouldn't contact our office to say, "Do you want to become involved? Do you want to take over possession of this person's property?" They've been assessed by a doctor in the psychiatric facility as incapable, in a situation perhaps where there's no power of attorney existing. Under the law, we become their guardian of property.

They have to do a separate assessment before the person is released from the psychiatric facility to determine—because they're in the facility for whatever reason, and upon release, they may be—

**Mr. Bas Balkissoon:** No, no. The person was in for one day and back home.

**Mr. Kenneth Goodman:** They were assessed as incapable. The doctor must have determined it was a continuing incapacity that would require us to be guardian of property, so that would be it.

The family would have had the option, if they wished, to go to the Consent and Capacity Board if they disputed the finding of incapacity. That was one avenue they could have taken, and under the Mental Health Act, there are rights advice and psychiatric advisers in the hospitals who can give information to patients about that.

But once we become, by law, statutory guardian of property, this deals with situations, then—and I don't know this particular case, and I would suspect that, in my opinion, we've been acting properly, but I don't know. In those situations, families can replace us, but it is not an automatic replacement. The fact that they are family members, the fact that they've been involved before, is not an automatic replacement. We are fiduciary. We have a responsibility to do our due diligence and ensure that things are done.

1150

There are many reasons why it can take time. There may potentially be some inherent conflict in situations,

depending on the resources that are available. There may be some concerns with respect to the management plan that has been put forward, and we try to work with family members to work out issues with respect to management plans. It may be delays in getting information back and forth—because we require that a detailed management plan be in place, and we do have things to assist them.

I don't know what—but there can be a number of different reasons why not. Depending on the amount of assets that someone may have, we would require a bond. The requirement for a bond, if it's a spouse, is at a lower level, but if it's a higher asset value, we would still require a bond. In some situations where there's difficulty replacing it, it is because the family members are not able to get a bond because they themselves do not have the financial assets or resources to allow them to. I'm just giving you one possibility of why it could take some time.

**Mr. Bas Balkissoon:** I'm still confused. Let's say it's me and my wife, and we own our house. You step in and you say, "No, you can't do anything with the house," and the house is in a state of disrepair. My wife has assets in terms of shared bank accounts or a spousal RRSP, because I have that. You're now saying I can't act on behalf of my wife; you have to act. I apply to get you out of the way, and you're blocking it, but my wife was put in your hands, not through a court order but through some psychiatrist at a hospital.

This is the difficulty I have understanding, and this is a difficulty this family has understanding. They're more than willing to take care of their loved one, but some bureaucrat at the public trustee's office decides, "No, you can't do it" and drags out the paperwork. So tell me how that helps me as the spouse, or tell me how that helps the person who has the mental health problem that you have no interest to look after, because you're dragging your tail.

**Mr. Kenneth Goodman:** Well, personally, I wouldn't characterize it as having no interest in looking after them. All I can say is, we deal with the law as it exists, and this is the mechanism that is in place. I'm sure this is one of the issues that the Law Commission will look at: whether or not there should be any changes in the automatic.

Personally, from my perspective, I think in the vast majority of the cases, the law is there for a valid reason and works appropriately. I'm sure there can be any time or situation where you may find a specific case where there may be some issues or challenges. I personally don't believe the situation you're raising is a typical situation and indicative of how it works. There may be issues in a case, but I think generally it does work, and it's there for the protection of the incapable person.

**Mr. Bas Balkissoon:** It's there for the protection of the incapable person, but I'm saying to you, you have frustrated a family who has contacted your office, who has done everything possible. It has been two years in dragging out this paperwork—nonsense. They don't have an opportunity to go to court or anything.

**Mr. Kenneth Goodman:** But they can go to court. There is a mechanism in the replacement process. If we

make a decision not to allow them to replace us, and the family disputes that and says, “We want to replace you,” then under the legislation, we will go to court, and the court will determine whether or not that is appropriate. Some people may indicate, well, that’s not a great protection, having to go to court, but that is in the legislation now. So our decision is not final and determinative—

**Mr. Bas Balkissoon:** Chair.

**The Chair (Mrs. Laura Albanese):** Okay. Well, we thank you very much for trying to provide the answers, and thank you very much for appearing before our committee today. That concludes our morning session.

*The committee recessed from 1155 to 1302.*

#### MINISTRY OF TRAINING, COLLEGES AND UNIVERSITIES

**The Chair (Mrs. Laura Albanese):** We’re back in session. Our next guests are from the Ministry of Training, Colleges and Universities. Good afternoon. You will have up to 30 minutes for your presentation, and that will be followed by 30 minutes of questioning, equally dividing among the three parties. I will ask that you begin whenever you feel settled, starting by stating your name and your position within the ministry for the purposes of Hansard. Thank you. You may proceed.

**Ms. Nancy Naylor:** Thank you for inviting us to present and address your committee this afternoon. My name is Nancy Naylor. I’m the assistant deputy minister for post-secondary education with the Ministry of Training, Colleges and Universities.

**Mr. David Fulford:** Hi. My name is David Fulford. I’m the assistant deputy minister responsible for the employment and training division.

We’re committed to supporting all of the citizens in our province to advance their education, develop their skills and find jobs. By delivering on these commitments, we’ll move closer to our vision of having the most educated people and the highly skilled workforce that we need here in Ontario. Investing in our people will lead to a more competitive position for Ontario on a global scale and enhance the quality of life for Ontarians.

How we’re going to achieve this is by the following: We’re going to provide funding to Ontario’s public colleges and universities; we’ll be delivering student financial support programs, including OSAP, the Ontario Student Assistance Program; by providing skills and apprenticeship training, and job search supports through Employment Ontario; by providing oversight of private career colleges; and finally, the developing of policies and programs to meet the evolving needs of Ontarians.

**Ms. Nancy Naylor:** Our ministry has developed programs and services to meet the needs of a broad range of Ontarians. I’d like to note that in the presentation that follows, David and I will be outlining the majority of our supports for individuals and students with disabilities, including those with developmental disabilities.

Our support for students, youth and adults with disabilities is delivered in three ways: directly to students,

largely in the form of financial supports through the OSAP program; through our post-secondary institutions; and through our employment and training programs.

We want to acknowledge the support that our programs and services receive from the programs and services offered by other ministries. For example, there are complementary supports provided by TCU and the Ministry of Community and Social Services for post-secondary students. Full-time post-secondary students, for example, who receive supports through the Ontario Disability Support Program are also eligible to access the OSAP program to support costs related to educational expenses if they are full-time or part-time post-secondary students.

From this point on, I’ll be speaking—beginning at slide 4 in the presentation that was on your desks. This is just a quick outline of the evolution of developmental service supports and supports for students with disabilities.

In the post-secondary education sector, the ministry has expanded financial and service supports to students with disabilities. In the early 1990s, we began to provide funding directly to students to help purchase specialized equipment and services needed for post-secondary studies. We introduced the Ontario disabled student bursary, now referred to as the Bursary for Students with Disabilities. We began flowing funding in the late 1990s to institutions to establish offices for students with disabilities on all campuses, and those offices are a focal point for the supports that these students need and receive.

In 2010, we introduced a repayment assistance program for OSAP borrowers, with special terms for borrowers with permanent disabilities, as well as the Severe Permanent Disability Benefit. Under the revised repayment assistance program for borrowers with disabilities, these borrowers may access special terms that are adjusted to their income and which ensure that their obligations to the OSAP program are paid off within 10 years. Under the Severe Permanent Disability Benefit, borrowers are now able to have their loan obligations cancelled immediately. Prior to this change, borrowers generally had to access other relief provisions first, typically lasting up to five years.

Our ministry continues to update programs to include additional services and equipment to better support students with disabilities.

**Mr. David Fulford:** Similarly, support has grown for individuals with disabilities seeking skills, to upgrade, or help find employment. This began in the late 1990s. The devolution of training programs and dollars from the federal government to the province has been a hot topic of late, as you may have seen in the press. The negotiations were finalized back in 2006 and the move implemented in 2007, resulting in the transfer of three federal programs that included federal dollars, staffing and responsibility for delivery.

The first was the labour market development agreement, the LMDA, designed to move individuals off

employment insurance. Two additional federal programs followed. Through the labour market agreement, which expires next year, unemployed individuals who are not eligible for employment insurance and people who are employed but have low skills and are working in low-skill jobs receive support to upgrade their skills and find employment. Through the labour market agreement for persons with disabilities, the LMAPD, which expires next year as well, persons with disabilities receive employment programs and service supports under the lead of the Ministry of Community and Social Services.

These three programs were added to the province's own delivery of employment and training services through what is now known as Employment Ontario, which began in 2006. Ontarians now receive a full suite of employment services for all of our citizens regardless of their situation, whether they are highly skilled and recently laid off, just need help with their resumé or job search, or are in greater need of interventions like literacy training or have a disability. We are equipped to provide every Ontarian with the services that they need, and there's no wrong door for citizens.

**Ms. Nancy Naylor:** Beginning on slide 5, we are outlining a number of the supports that are provided directly to students, largely through what we call the OSAP program. In Ontario, we deliver an integrated program of both federal and provincial funding supports to students. So from the student perspective, this is one application, one assessment service, one door, but we are delivering both federal funds and provincial funds to students.

**1310**

Post-secondary students with disabilities may receive any number of supports directly from the ministry for the purchase of specialized equipment and services that are required for learning and academic achievement, and for assistance with the payment of tuition and program fees, living costs and student loan repayments. Five that are particularly relevant to students with disabilities are—the Bursary for Students with Disabilities, which is a grant for both full-time and part-time students. It provides up to \$2,000 per year to help pay the disability-related educational costs for students who are participating in post-secondary studies. Last year, approximately 5,600 students received funding totalling \$4.5 million.

Now we are being very pure here in identifying the Ontario funding for these students, but we are fortunate to be able to supplement that as well through a similar federal bursary which provides an additional \$9 million for about 5,600 students, and often those are the same students.

In addition, we also deliver a federal program that provides additional income support for 14,000 students with disabilities, and that totals \$25 million.

We also provide the Severe Permanent Disability Benefit. This is a financial assistance program that will forgive or waive Ontario student loans for individuals with a severe permanent disability that would prevent them from participating in the labour force or in further

studies at a post-secondary level. So in each of the last three years we have written off more than 370 student accounts, totalling over \$2 million annually.

As I mentioned earlier, we also have the repayment assistance plan for borrowers with permanent disabilities, to help borrowers who are having difficulty repaying their Ontario student loans. So low-income borrowers with a permanent disability receive assistance to repay their loan within 10 years. Last year, more than 5,000 students received approximately \$1.3 million in repayment assistance from the province.

We do recognize students with disabilities who participate in post-secondary studies with a reduced course load. So students with disabilities who are enrolled in courses that are at least considered 40% or more of a full course load are eligible for full assistance as they would be if they were full-time students through OSAP.

Finally, the new 30% Off Ontario Tuition grant includes a policy to ensure that students with disabilities are not disadvantaged by the eligibility requirement based on the number of years out of high school. So that program is provided to students who are within four years of graduating from high school, but students with a disability are eligible for an additional two years.

Moving to our next slide, slide 6, post-secondary students with a disability also receive supports through ministry-funded programs and services at post-secondary institutions. We provide an Accessibility Fund for Students with Disabilities of \$26 million to our institutions to help with the costs of operating an office for students with disabilities on their campus. We are aware that over 45,000 students have registered with these offices—and those are the reported students served by those offices. However, we are cognizant of the fact that this is a self-reporting process and not all students choose to self-identify. So those statistics may not represent the full incidence of students participating in post-secondary institutions.

We have recently launched the Good2Talk mental health helpline, which is available 24/7, 365 days a year. The French-language version is Allo J'écoute. This has just launched recently, so we're in the early stages of assessing what type of take-up and interest students will have. Our partners operated this helpline in a low-key way over the summer to gain some experience. They received over 400 calls from students, even though it wasn't an active period for students in colleges and universities, and about a third of those students were referred to other professional services to help them with their issues.

The ministry is also providing \$10 million for mental health initiatives through 20 projects led by either colleges or universities, some led by student groups, some by sector associations like Colleges Ontario and other contributors such as Egale Canada. Examples of those programs are the Centre for Innovation on Campus Mental Health, led by Colleges Ontario, and Bridging the Distance: A Pan-Northern Approach to Improve Access and Support for Mental Health Services, which supports students in the north.

We are also working with two pilot sites now to identify best practices in supporting the transition of students from high schools in Ontario to post-secondary institutions. We hope to identify best practices and promote their adoption throughout the post-secondary sector.

We also provide funding for college, undergraduate and graduate programs that prepare students for careers supporting clients and Ontarians with disabilities. This includes programs in colleges working with autism and behavioural science programs, developmental disabilities workers, and learning disability specialist programs, as well as programs at the university level: teacher education specialist programs in special ed and other health science programs.

*Interjection.*

**Ms. Nancy Naylor:** I just have a couple more. Sorry, David.

On slide 7: We provide funding of about \$4 million to institutions to support summer transition programs. There are some really terrific examples that have been developed by the institutions in connection with school boards.

We also support two regional assessment centres, one based in Queen's University in Kingston and one based at Cambrian College in Sudbury. These regional assessment centres provide affordable psycho-educational assessments for students who need a new assessment at the time of their transition to post-secondary. These centres also provide counselling and supports. Last year, we served over 900 clients, 900 students, through these assessments.

We provide support to colleges to expand their offerings to apprentices studying through the college system and ensure that apprentices with disabilities also have access to the range of educational supports. We also support some promising programs at George Brown College which are focused on students with an addiction or mental health history in a couple of programs: the assistant cook and the construction craft worker.

We also support, through nine colleges, a college program known as Community Integration through Co-operative Education. Nine colleges offer this. This is a very focused program of individual supports. We had about 250 students registered in these programs last year, with about \$10 million in funding.

**Mr. David Fulford:** I'm on slide 8 now.

The ministry is committed to providing flexibility and supports to help ensure that persons with disabilities can participate fully and achieve success in Employment Ontario programs, which, as I'm sure you know, help Ontarians upgrade their skills to find employment. Through the employment service programs, our citizens receive help to obtain sustainable employment. About 4%, or almost 10,000, of employment services clients are persons with disabilities. Similar to Nancy's point, these are just individuals who have self-identified. Fifty-one per cent of those clients with disabilities found employment, and another 18% pursued further education.

Ontario Employment Assistance Services provides financial support to organizations that deliver employment

services to unemployed people. Through this, persons with disabilities can receive assistance that's customized to support their disability. The ministry has 42 agreements with organizations to serve clients with disabilities.

**1320**

I'm now on slide 9. Through Second Career, laid-off workers with disabilities receive additional assistance while engaged in training that will help them find jobs and occupations with positive prospects. About 3% of our clients who have self-identified are persons with disabilities. Funding supports include help with disability-related costs, living allowances and other income supports when the training program is extended beyond the original end date or the two-year maximum, or program supports could include extended duration of participation in the program as required to support the participant's disability.

In the area of the Literacy and Basic Skills program, clients and learners receive training to acquire the fundamental skills required to find or to keep a job. About 8% of the clients have a disability; 23% of those clients with a disability found employment, and another 31% pursued further training.

Apprentices with disabilities receive assistance through the Apprenticeship Enhancement Fund program. Non-college training delivery agencies receive funds from the ministry to make equipment and facilities more accessible to apprentices with disabilities. We've seen a significant increase between 2010-11 and the past year in the number of individuals with disabilities that are served through our programs.

On slide 10, I just want to comment on some of the challenges that we're facing as we move forward. One is around the uncertainty of funding levels for the employment and training programs that are delivered on behalf of, or in partnership with, the federal government. With the LMA and the LMAPD set to expire next year and currently under negotiation, there is no assurance that we will receive funding that will permit us to continue to deliver supports and services at even current levels. The ministry's resources could face further pressure under the Canada Job Grant announced by the federal government in this year's budget.

**Ms. Nancy Naylor:** In addition to challenges, there are always opportunities, and, as I mentioned earlier, we provide supports for students and individuals in collaboration with partners in other ministries.

We are working with MCSS to improve the integration of financial supports through the Ontario Disability Support Program and OSAP, and to make sure that that experience is as seamless as possible for clients and students in both programs.

We are also working, through our financial assistance branch, very closely with financial aid offices at post-secondary institutions and offices for students with disabilities to make sure that students are aware of all of the supports that they can access and that those students are connected to those supports so that they have the best

possible opportunity to finish their credential and pursue their objectives in it through education.

**Mr. David Fulford:** And a promising initiative that we're moving forward on is that the government did confirm its commitment to providing appropriate supports for individuals with disabilities. The ministry is working towards these goals, identified in the 2013 budget. We're currently working with six other ministries—the Ministry of Economic Development, Trade and Employment; the Ministry of Health and Long-Term Care; the Ministry of Children and Youth Services; the Ministry of Northern Development and Mines; OMAFRA; and the Ministry of Community and Social Services—and the purpose of our exercise is to integrate employment and training services to create easier access and to meet the diverse requirements and supports for people who are unemployed.

Those with greater challenges, who we refer to as further from the labour market, will have supports matched to their specific needs. We're also working with community and social services to improve access for recipients of social assistance to employment and training supports in Employment Ontario.

The ministry remains committed to ensuring that the government can work better for the benefit of everyone in the province. As such, please be assured that the ministry is working very hard, in a collaborative way, with our fellow ministry partners to ensure that we provide the best possible services to our citizens.

Thank you.

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

**Mrs. Christine Elliott:** Good afternoon and thank you very much for joining us today. I do have several questions. One is more of an overarching question about how students with disabilities, particularly developmental disabilities, get into college and post-secondary training programs and so on to begin with. I see you've got a lot of programs for student assistance and so on once they're there. The problem that we keep hearing about is that there are young people who, when they turn 21 and they finish high school, go home and sit on their parents' couch and watch TV—that there aren't a lot of training opportunities for them or post-secondary opportunities.

The Ministry of Education was here this morning, and they more or less indicated that they were looking to you to provide that kind of transition support. Is that the way that you see it? What is the situation currently?

**Ms. Nancy Naylor:** Well, I think you're identifying one of our priorities as well, which is the transition of the students from the high school experience to a post-secondary experience. Our partners in the Ministry of Education have done a very good job of increasing the graduation rate of these students, increasing the supports that are available and making the kind of accommodations, both to curriculum and to the way students experience our education—very accessible and very mainstream.

I think the challenge for us is to carry that culture change into the post-secondary environment. Some of

our institutions we see as leaders in that, but they're at the beginning of a process to really expand those opportunities, particularly for individuals with developmental challenges.

The colleges have taken a bit of a lead on that. I would say that the nine colleges that are offering the Community Integration through Co-operative Education, which in typical fashion is always referred to by its acronym, CICE, represent leadership in the system in terms of offering those opportunities. However, as encouraging as the enrolment is, it's not representative of the population that could take advantage of it. So I think we are looking to them to provide us advice on what we could do to expand that participation.

Our funding for that is open, so it's open-ended if they enrol more students. It's not capped in any way. So if more colleges would like to introduce that program, they would get support from us. If they could offer more seats in that program, that is open.

You may be familiar with it; Durham College is one of the colleges that offers it. It's a great program. One of the opportunities is, it allows clients to bring, for example, their personal support workers with them. They tend to be very small classes. It is a model program because it can be quite customized to the needs of the students.

**Mrs. Christine Elliott:** Yes, actually, I am quite familiar with the CICE program. It is something that I think could be expanded and probably should be expanded. At Durham College, for example, they only take 20 students per year into the program, and the demand far exceeds the capacity.

For the benefit of my fellow committee members who aren't familiar with it, the student can choose a program of their choice—whatever it is they want to study—and then they have a learning facilitator who goes to the classroom with them and modifies the program so they can be successful. They don't graduate with a diploma; they get a CICE certificate. But it does give them experience in a job area, which gives them that chance to find employment. But it also gives them the opportunity to experience campus life.

I'm very much in favour of this program, and I'm just wondering what the impediments are to the other colleges, why they're not jumping to this, because I'm sure there's demand in communities across Ontario for that.

*Interjection.*

**The Chair (Mrs. Laura Albanese):** Please, Mr. Fulford.

**Mr. David Fulford:** I'll let Nancy answer. I just want to make another point.

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

**Ms. Nancy Naylor:** First of all, thank you for what you've added to my answer, because that's very helpful for the committee.

You know what? That's a good question. I think that's a conversation that we can encourage with the other colleges. Typically, they come to us with new program ideas. But as you may be aware, we are also launching

strategic mandate agreements with all of our colleges and universities over the next few months. We're negotiating with them an agreement that will define their role and their priorities, the programs that they expect to introduce or support or develop over the next few years. So it would probably be an excellent addition to those agreements for institutions that aren't offering that type of program, because we agree these programs could be widely available in other colleges as well.

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**Mrs. Christine Elliott:** But they are fully funded if they choose to operate them?

**Ms. Nancy Naylor:** Yes, and this is actually one of our highest-weighted programs. The college funding model operates on a series of funding weights. It is, actually, our highest-weighted program. It's about \$39,000 per student. I think only aviation has a higher funding weight than this. But, as I said, it's open-ended; it's not capped. So if the college can expand the spaces available, we'd be pleased to support that.

**Mrs. Christine Elliott:** Sorry. Did you—

**Mr. David Fulford:** Another example is the youth employment fund. We launched the youth employment fund at the end of September, and it is actually targeted toward young people with disabilities. There is about \$6,800 that is available to supplement income, but there's also \$1,000 that is available to help with whatever assistive devices are required. But if a young person needs more than that, then they can actually use a component of the \$6,800 to also offset that. There's a great degree of flexibility, and we work with our service providers through the Employment Ontario network to find solutions for all these young people.

We have almost 3,000 young people who are in the program right now. Our target is to have 25,000 opportunities over the next two years. We've been very successful at, so far, getting it out the door—looking at young people with disabilities as one of the target groups that we are trying to find opportunities for, in matching them with employers or in looking for training opportunities for them. But, as I said, it does provide funding for them to help them along, should they have barriers that they need to overcome.

**Mrs. Christine Elliott:** Thank you. I just have one other question, and that's on slide 6, the two mental health projects that you're working on. I'm wondering how that fits into the provincial mental health strategy that was announced by the Minister of Health and Minister of Education—and children and youth, I guess—several years ago. Does that form part of that overall strategy, or is this a separate strategy that you're working on?

**Ms. Nancy Naylor:** No, it's very much part of the overall provincial strategy. We were given an allocation of resources within that overall budget, and we also worked with our partners in other ministries to decide what would be the best fit for our investments in a way that complements what other ministries are supporting.

We also wanted to make sure that we had the highest impact with the funds available. The helpline is a project that we're very keenly interested in seeing how it develops. We were really thrilled with the participation that we had from existing helpline providers, including Kids Help Phone, who are adapting their model for a post-secondary audience. We think that some of the projects that we managed to support are really promising as well. So as those projects mature, we'll see what we can do to make sure that they have broader take-up and broader dissemination.

**Mrs. Christine Elliott:** Thank you. My colleagues may have some questions.

**The Chair (Mrs. Laura Albanese):** Two minutes left.

**Ms. Sylvia Jones:** Okay. It's more of a comment, then. Under page 10, where you talk about challenges, why I'd like to suggest you add a point 3, which is "encourage/expand the CICE program": It sounds like, in the—is it eight community colleges?

**Ms. Nancy Naylor:** Eight.

**The Chair (Mrs. Laura Albanese):** The slide says nine.

**Ms. Sylvia Jones:** Okay. Thank you.

Your role could be to promote/explain to the other community colleges across Ontario the benefits of the program. Have you been doing that?

**Ms. Nancy Naylor:** Do you know what? They are aware of it. It's a program that's available for funding. In some cases, I would say—I personally can't speak to their reasons for not offering it, but it may be that they feel there are more options in the community for those types of clients. But it's certainly something—if the committee wanted to recommend that to us, we'd be pleased to support that.

**The Chair (Mrs. Laura Albanese):** Thank you. We'll now move to Ms. DiNovo.

**Ms. Cheri DiNovo:** Yes. Thank you for coming here, and thank you for the work you do. I have a couple of overarching questions, and then some more particulars about the slides you presented. Neither of us is the education critic in our caucus, but we have heard from them, and other education critics past. Is it true that Ontario invests less per capita in our post-secondary students than any other province? Is that true?

**Ms. Nancy Naylor:** I think, factually, that is the case. But I think the context that we typically put around that factor is the scale of our institutions and the scale of our systems. We have tremendous uptake, participation. We have about 40% of our 18-to-24-year-old population participating in post-secondary, and by all accounts, they have very high graduation rates, employment outcomes, that kind of thing.

**Ms. Cheri DiNovo:** Just following from that, is it also true that we have the highest student debt per capita in Canada?

**Ms. Nancy Naylor:** Do you know what? I actually don't know the figure about student debt. But I think one factor that we always bring to decision-makers' attention

is the fact that student debt has been remarkably stable in Ontario for the last 10 years. It is a remarkable fact, both at the four-year university degree level and the two-year typical college program level. It is virtually the same in our latest figures, in 2011-12, as it was 10 years prior to that. That's largely due to a particular feature in Ontario's financial assistance program, which caps student debt at \$7,300 a year. So student debt really has not changed, on average, for a graduate or an OSAP borrower in 10 years.

**Ms. Cheri DiNovo:** Now to slide 5, and some questions—for example, the Bursary for Students with Disabilities. I'm wondering, is there a waiting list for that bursary?

**Ms. Nancy Naylor:** No.

**Ms. Cheri DiNovo:** No? So everyone who applies gets that bursary?

**Ms. Nancy Naylor:** Right.

**Ms. Cheri DiNovo:** My question is the same, then, for the Severe Permanent Disability Benefit as well: Are there waiting lists for any of these assistance programs?

**Ms. Nancy Naylor:** No.

**Ms. Cheri DiNovo:** No?

**Ms. Nancy Naylor:** It's an open-ended program for anyone who meets the eligibility criteria.

**Ms. Cheri DiNovo:** That's good to hear. And then going to slide 9: the Second Career program. I'm sure I speak for others here. We've had lots of complaints about it in my office, about people not being able to get in, and people then not being able to find jobs at the other end. This is anecdotal, so I'm just wondering if you have any evidence about the success of that program—for example, people who have gone through it finding jobs or careers in the area that they were training to.

**Mr. David Fulford:** We have lots of evidence to support people who go through the Second Career program, through our community colleges and taking programs. As an example, in the north, we've had a lot of people who came out of the forest industry and have gotten jobs in mining or in other areas. It has been very successful.

Here in the greater Toronto area, people have transitioned into accounting or into other service industry jobs. Almost 70% of those individuals who are going through our program are ending up with employment somewhere.

We're also trying to track very carefully if the training that they're getting is in fact related to the job they're getting. It's not always, and sometimes that's because the economy changes and jobs change.

I'm sure you know that Second Career is a longer investment for someone, although it could be shorter. You could be going in to be a truck driver; that's one of the shorter programs. You could get that through our private career college programs. Just about anybody who's taking that program now can actually get a job in that particular field.

We look very closely at our labour market indicators across the province, and we work with our service pro-

viders to ensure that we're putting people into programs where there are going to be opportunities, but as I said, that can fluctuate.

**Ms. Cheri DiNovo:** So that 70% figure: Is that in areas they were trained to go into, or is that just employment—

**Mr. David Fulford:** Overall.

**Ms. Cheri DiNovo:** Overall. In areas that they were trained to go into, what would that figure be?

**Mr. David Fulford:** I don't have that at my fingertips. I'm happy to—

**Ms. Cheri DiNovo:** Could you provide that?

**Mr. David Fulford:** Yes.

**Ms. Cheri DiNovo:** That would be wonderful to know, and also the waiting list there. Again, is everyone getting in who can, and what is the waiting list—

**Mr. David Fulford:** There really isn't a waiting list. Individuals go to one of our service providers across the province. We have 324 permanent locations, and then we have itinerant locations, so almost 400 different sites. If you go in and you qualify, then we will process you through that, and we'll make sure that you have that opportunity.

We don't have a waiting list. Individuals may be waiting, based on a particular program that they want to get into. If they want to get into a program within a community college, they may have to wait until the next intake. If they're going to take something in a private career college, that would be much faster, as private career colleges have a greater flexibility in terms of their overall scheduling. Most community colleges have intakes in September, January and then usually in the spring period. That can have a factor on people and the programs that they do want to take.

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**Ms. Cheri DiNovo:** Okay. So there's no cap on that either?

**Mr. David Fulford:** No. The only cap is the time in which you can be in the program, so it's a two-year maximum amount, and about \$28,000 is the top-end investment that we make in Second Career clients.

**Miss Monique Taylor:** I'm curious about: "Undergraduate and graduate programs include social work, teacher education with a special education focus, and psychology and psychiatry in medical schools." What mandatory systems are we putting in place for teachers? We heard this morning that teachers possibly aren't getting enough training to be able to deal with the children's needs that they're facing today. Fetal alcohol syndrome is a major issue that I know I'm hearing about in my office. I've heard about it around this table several times. What are we doing to address those needs?

**Ms. Nancy Naylor:** I believe you had a presentation this morning from our colleagues in education. We're working quite closely with them on a new announced teacher education program, a pre-service program for teacher education. We are doubling the length of time that teachers will spend prior to receiving their certification. The Ministry of Education is working with the

deans of the faculties of education and the College of Teachers to define the mandatory program that teacher candidates would pursue.

One of the big priorities in that redefinition of expectations is to include better preparation for teachers to support the range of learners that they are likely to experience in the classroom. That includes students who may have a range of forms of disability: learning disabilities and—you're right—fetal alcohol syndrome, which often presents in a variety of ways in the classroom. We're quite optimistic that this will provide a better grounding.

We know that many of the teacher education programs now include those elements. They're very good. They recognize the priority that represents, but the lengthening of time that candidates will spend preparing for their profession gives us an opportunity to ask the faculties to do that in greater depth.

**Miss Monique Taylor:** So it's definitely becoming something that's in your scope of things that are going to be dealt with so teachers will have the tools that they need for training. There are safety issues and so many things that teachers are facing that we need to ensure that they're ready and prepared to deal with. That's all becoming part of the curriculum. For teacher EAs, it's the same thing?

**Ms. Nancy Naylor:** Do you know what? I can't speak to the current state of preparation for educational assistants, but I do know that in the teacher pre-service, that is a major part of what's being added to the curriculum. I would say that there's a fair bit of unanimity between both the school boards that are hiring these candidates, the deans in faculties of education and the ministry in terms of making that a priority.

**Miss Monique Taylor:** Anything else, Cheri?

**Ms. Cheri DiNovo:** No.

**Miss Monique Taylor:** Thank you.

**The Chair (Mrs. Laura Albanese):** I will now pass it over to the government side. Ms. Wong.

**Ms. Soo Wong:** Thanks, Nancy and David, for coming. My first comment to you—your presentation slides 5 through 9 are very, very well presented because we don't have to go around looking for numbers and dollars being spent on each of these proposals, so I wanted to say thank you for doing that to help us.

**Mr. David Fulford:** That's because Nancy and I both use to be ADMs at the Ministry of Finance. We've been well trained. It never leaves us.

**Ms. Soo Wong:** I just want to say thank you. That really helps us in terms of this picture.

My comment is—I think on slide 10, David, you talked about the labour market agreement and the challenges facing the Ministry of Training, Colleges and Universities. We're talking about \$880 million. How many students will be affected by this if this labour agreement goes through? You mentioned that there's a time sensitivity; it's set to expire next year. How many students are we talking about?

**Mr. David Fulford:** I wouldn't just put it in terms of students, because the labour market agreement—the

LMA—primarily focuses on those individuals who are not EI-eligible. That would not necessarily mean that they're a student, so I can't give you an exact number for students, but we are talking about thousands and thousands of individuals here that we serve every year through the LMA. It can also be individuals who in fact are employed but they're in a low-skill job and they need to upgrade their skills in order to move forward.

The LMA funding allows us to reach out to those individuals who are furthest from the workplace. They are our most complex clients. They're the ones who need the greatest investment. We have a huge budget under the LMDA, the labour market development agreement, to help all of our citizens in the province, but that could be helping someone who just simply needs someone to help them with their resumé, or they need access to our job bank that we share with the federal government, or they need to just talk to a counsellor and they're on their way. But LMA recipients are the ones who are more challenging to get back into the workplace.

Sometimes—you've all seen examples, especially in the west in Ontario where we have lost a significant number of our manufacturing jobs—people come out of these jobs and they have not had an opportunity to upgrade their skills over the years. They haven't been working with a computer. Maybe they haven't had an opportunity to use their writing skills. There's a lot of upgrade that has to go into investing in those individuals. We are talking about thousands of individuals, both young people and older people, affected by the LMA.

**Ms. Soo Wong:** And are they targeting, when you talk about being affected—because this committee focuses specifically on individuals with developmental or intellectual disabilities—what percentage of that group are we talking about?

**Mr. David Fulford:** I mentioned a little earlier that individuals only self-identify, so we don't know. I think I said that about 4% of those individuals who are coming through are literacy and basic skills—sorry, 8% through literacy and basic skills, and 4% through our employment services. But that number could be higher because it's up to individuals to identify that on their own. But we use that funding, absolutely, to help those individuals overcome a number of barriers. We have our service providers also work very closely with employers. One of the things that they do is they go and do an on-site visit to ensure that the right assistive devices are in place, that the job is what they said it was going to be, that they've gotten the training that they were committed to do, and it equates to what that contract is that we have with an employer.

So we use our network of Employment Ontario to ensure that individuals with disabilities in fact are getting the supports and services that they need. That comes out of the labour market funding that we get from the federal government.

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

**Ms. Mitzie Hunter:** I noticed that the post-secondary institutions have an office for students with disabilities

and financial aid, which seems to be a very important place that people can find central information. How do you coordinate with the secondary schools? Are you aware if they have such a position that helps to coordinate services?

**Ms. Nancy Naylor:** Well, certainly, the secondary schools are a really important partner. The network of guidance counsellors and student success teachers are important collaborators with us. We work with those associations and those groups partly directly and partly through our partners in education to highlight financial assistance that's available, and support. For example, when we introduced the new 30% off tuition grant, we reached out to high schools to make sure that applying students would be aware of that—both applying students and their parents because, as students are making that transition, parents are often helping with the paperwork and the application. So, that's an important partnership for us.

But I will also say that our institutions are working directly with high schools and school boards in their areas as well. For example, York University is working directly with local school boards at the grade 10 student level. One of the best practices we're identifying is the optimal age to really engage students. Before that might be a little too early to start, but we want to make sure that students and their families are aware of their options and what they need to successfully transition at the right stage in their high school experience.

1350

**Ms. Mitzie Hunter:** And in terms of—

**Mr. David Fulford:** Sorry. If I could just add another example there, where we partner with schools, in particular partnering with high schools in the area of apprenticeship, so pre-apprenticeship, as an example, finding those students who may be struggling coming through the regular school system and looking for an opportunity to take college programs and get credits for that for their high school, and also looking at getting students' interest in apprenticeship programs.

We're working closely with schools to identify that so that there is a career path for those individuals. That's something that we're going to focus on as we move forward.

**Ms. Mitzie Hunter:** So in terms of creating a culture of inclusion within the institutions, is there work happening in that space?

My follow-up question is going to be on the employer side, if there's any work being done to create that same culture of inclusion and even, frankly, expectation of hiring.

**Ms. Nancy Naylor:** Within our institutions, creating that culture really starts with the summer transition programs. So all of our institutions offer some form of summer transition program. They are also quite generous about offering them to students from their local area who haven't moved to their educating institution as well; they're usually quite flexible about that. So that's the beginning of the experience, to educate the students about what they can ask for in terms of accommodations, and

what their responsibilities are in terms of providing documentation and keeping up with their classes and advocating for what they need to be successful.

Within the institution, during their program, students generally have access to counsellors. They have access to a range of accommodation supports, whether it's interpreters, note-taking, access to instructors' notes or PowerPoints, the ability to make audio recordings of a teacher's or a faculty member's lecture, as well as expanded time for exams and other supports such as technology and things like that.

Those supports: I would say that students have gotten quite used to that in the high school experience, whether they are accessing them themselves—but they are used to being next door to or sitting beside students who are bringing their laptops or getting extra time or in some way identifying that they need those accommodations. I think that's a culture that the students themselves are bringing into the post-secondary education environment. Our institutions are receptive to that and supportive of it, but I would say that to a certain extent it is student-driven, and that's a really positive thing.

**Mr. David Fulford:** An example on the employer side would certainly be with the recently launched youth employment fund. In our network of Employment Ontario, we have a contract with each of our service providers and we allocate funds to them for this particular program.

One area that we have been focusing on is young people with disabilities. The way it works most effectively is to have within a service provider a position that is called a job developer, and that job developer is somebody who knows their local community, so they are really looking at small businesses. They're looking at mom-and-pop shops; they are looking at the local hardware store, the Home Depot. They are developing those relationships and they are looking for those opportunities. At the same time, they know that our expectations of them are to find these particular opportunities for young people with disabilities.

What we then do is, we follow it up. As I said earlier in my response to Christine Elliott, we provide financial assistance for those individuals, plus we also follow up with on-site visits to ensure that they are in place and that they are getting the proper training.

That's really an example where we're trying to be inclusive, but employers in fact are participating in this and we're getting a good partnership between our service providers and a lot of small businesses who are taking advantage of this.

**The Chair (Mrs. Laura Albanese):** Thank you for your presentation this afternoon and for appearing before our committee.

You'll be now free to go, and we will welcome instead the Ministry of Community Safety and Correctional Services.

**Mr. David Fulford:** Is there a bell or—?

**The Chair (Mrs. Laura Albanese):** We're bound by very strict times. Thank you so much. It is a challenge not to fall behind.

**Ms. Sylvia Jones:** You do a great job.

**The Chair (Mrs. Laura Albanese):** I'm trying to.

MINISTRY OF COMMUNITY SAFETY  
AND CORRECTIONAL SERVICES

**The Chair (Mrs. Laura Albanese):** Good afternoon, and thank you for being here.

**Mr. Dan Hefkey:** Thank you, Madam Chair.

**The Chair (Mrs. Laura Albanese):** You can make yourself comfortable, and at the same time, I would like to remind you that you will have up to 30 minutes for your presentation. We hope that that will be focused on developmental services especially. After that, we'll have 30 minutes of questioning divided equally amongst the three parties.

You may begin by stating your name and your position within the ministry, if you please.

**Mr. Dan Hefkey:** Sure. My name is Dan Hefkey. I'm the commissioner of community safety, responsible for the areas of policing, fire and emergency management. And my colleague is Curt Arthur.

**Mr. Curt Arthur:** Yes, Curt Arthur. I'm the assistant deputy minister for the operational support division of correctional services.

**The Chair (Mrs. Laura Albanese):** Thank you, again, for being here, and you may begin any time.

**Mr. Dan Hefkey:** Great. Again, thank you. So you know, our ministry—and this is why you see two of us—we really do have two distinct parts to our ministry. There's the community safety side, but there's also the correctional services side—two different focuses. Although complementary, they are different focuses. My job is to provide you with both an introduction of what we're going to talk about, and then I'll talk about the community safety side, given that that's my area of responsibility. Then what I'm going to do is turn it over to Curt to speak to those correctional-services-specific initiatives that he has undertaken, or that they have undertaken, with respect to persons with developmental disabilities. With that, again from my side, if we look in policing, probably in the last couple of months, you hear a lot about police interactions with persons with mental illness. There's a focus there, currently, but that's not to say—and it's very different. Just so you know, when you made the ask, that was the one thing, right? People are going, "Oh, so are we talking about mental illness, or are we talking about persons who are developmentally disabled?" We've gone with the latter. I'm happy to talk about both, but again, our focus was on the latter: persons with developmental disabilities.

I'll tell you a little bit about, in policing, what it is. What are the requirements of police services, of police officers, of police service boards, as it relates to persons with developmental disabilities in the areas of, for example, arrest, in terms of detention, in terms of care? Because when I take someone—when I used to be a police officer—when I arrest them, then I have to take care of them. It's my job; it's my duty. So we talk about that.

Also, in my previous life as the chief of Emergency Management Ontario, we did some really good work with a number of advocacy groups. A couple of those advocacy groups represented the persons-with-developmental-disabilities community. We talked about how it is responders, in the context of responding to emergencies, can be more attuned to this particular community.

The other piece that we did is, we developed a guide, and I'll talk a little bit about the guide for persons with disabilities and special needs. I brought a copy just to kind of give you a visual. It's something that you can get, something that has been put out in several languages—but just to give you a piece of that.

Lastly, I'll talk a little bit about the fire safety enhancements. While we've been doing some things over the years, I'm extremely proud of the fact that very recently—legislation is now being passed as it relates to vulnerable occupancies and some of the new requirements of the owners/operators of these vulnerable occupancies on protecting individuals—again, among others, the elderly, but also persons who are developmentally disabled—and how this will actually better their care.

Then, like I said, I'll turn it over to Curt to speak, both at the institutional level as well as the probation and parole pieces, to what it is on the correctional services side that is being done.

**1400**

So, with that said, let me go on. If you've got your decks there, I'm on slide 3.

In terms of policing standards and guidelines, just to give you a bit of a 101 on standards and guidelines: About a decade ago, the police community and the ministry got together and said, "You know what? We need to have a bit of a road map. If we hang our shingle out to be a police service, exactly what does that mean?"

When I talk about having a canine unit, "canine unit" means I have someone who is a trained canine handler, and the dog that is used is a dog that is, again, used for the purposes of either search and rescue—or it could be for public order or something.

What we did, in conjunction with our policing community partners, was develop a series of guidelines. I gave you the example of canine handling, but the guidelines, albeit voluntary, were created by the police services, and they do observe them. Those not only talk about canine handlers but also talk about tactical team operations. Exactly what does that look like? What does it mean? What is their mandate?

It also speaks to the care and control of individuals who come under a police officer's care and control as a result of being under arrest or in detention. Those individuals, from time to time, do represent persons who are developmentally disabled; therefore, we needed to make sure that we had a guideline on that.

The manual that we created, and those associated guidelines, helped to describe what we called—and we tried to define it—"adequate and effective." We can all sit here and talk about what we think is appropriate, but we all want to make sure that no matter if you're in

Kenora or you're in Cornwall—while there are differences, because those are unique communities and they have their particularities, given where they are—that on the whole, there is a consistent level of service.

As I gave you the example of how a communications centre operates, it more or less operates the same in Peel region as it does in the OPP. It's the same thing when we talk about dealing with persons who belong to that community, the developmentally disabled: Again, more or less, it's the same standard and the same guidelines.

The guidelines speak to and are given not just to police chiefs, and that's the other piece I wanted to get across. That is, while the police chief is the leader of the organization, there is an independent governing board. It's called the police services board.

In municipalities where they have an independent police service, like the Peels, the Hamiltons, the Cornwalls—in those places, they have what we call section 31 boards—very independent. They are expected, under law, to create policy related to everything as it relates to police operations.

It is from that policy that they then direct the chief to develop procedures. The policy is that overarching statement of, “Here's how we're going to do it, or what we think we need to do,” and it is then for the chief to decide how it's going to get done. The “why” is done by the province; the “what,” by the police services board; and the “how,” the details, is done by the police chief.

These guidelines that are in place are all found within, as we call it, the Policing Standards Manual. It addresses legal and constitution and case law requirements, as it relates specifically to accessibility-related issues.

Again, as a police officer, when I go into somewhere—if it's a disturb the peace or it could be an assault or a domestic, whatever—how do I respond to, like it says here, persons who are either mentally ill, or it could be someone who is developmentally disabled and whom I need to either arrest or put under my care, and transport them as well. The guidelines and the manual itself provide all those kinds of details.

Simply put, what we do in the guidelines and the manual is we lay out the road map and the expectations of what we want the officer, and the police service as a whole, to perform at. It is then for them to define how they're going to develop that service level standard.

Specifically, what we have is, under section 29 of the regulation—and I'm going to read it verbatim, because this is what it states. When I talk about expectations, we try and make it as clear as this—

**The Chair (Mrs. Laura Albanese):** I just want to warn you that you have about three minutes left for the whole presentation.

**Mr. Dan Hefkey:** For the whole presentation?

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

**Mr. Dan Hefkey:** All right.

It requires a police service board to have a policy—

*Interjection.*

**The Chair (Mrs. Laura Albanese):** Oh, no, I'm sorry.

*Interjection.*

**The Chair (Mrs. Laura Albanese):** Okay, so sorry.

**Mr. Dan Hefkey:** We're okay?

**The Chair (Mrs. Laura Albanese):** Yes, you're okay. My mistake.

**Interjection:** Time flies.

**Mr. Dan Hefkey:** Good. I was going to say, boy, that was quick.

**The Chair (Mrs. Laura Albanese):** Wrong clock, yes.

**Mr. Dan Hefkey:** All right—so a policy on the police response to persons who are emotionally disturbed or who have a mental illness or a developmental disability. In addition, section 13 lays out, again, the actual procedure that the chief is required to put together for those three groups.

Under the prisoner care and control guideline, again, every police service is going to have procedures as well as an accompanying policy that speaks to and should set out the special precautions to be implemented for prisoners who are known or suspected—again, because they're not physicians, and they're not nurse practitioners—to either be violent or emotionally disturbed; who have a mental illness, a developmental disability or communicable disease; who are suicidal or at risk of a medical emergency or under the influence of drugs and alcohol. This is the kind of specificity we get into.

Then what we did was, like it says here, back in 2012, we told them that in addition to this, they needed to be consistent with the Accessibility for Ontarians with Disabilities Act. We told them through an all-chiefs and all-police-service-boards memo, “You need to make absolutely certain that whatever service you provide is consistent with the act.” Then we audit them on that, to make sure that they in fact are doing just that.

That's with respect to the police services.

As it relates to the Office of the Fire Marshal and emergency management, there are two—well, there are actually three pieces here. The first is the Preparedness Guide for People with Disabilities/Special Needs. I brought my prop today. This one is actually in Braille.

Just to underscore, what we did is we had this put together and available in several languages, not just classic English and French but, as it says here, Chinese, Italian, Portuguese, Punjabi, Spanish, Braille and also large print.

You can go to the site. At [ontario.ca/emo](http://ontario.ca/emo), you can actually get a copy of this for yourself.

What we did is we sat with the advocates and we said, “Look, I'm able-bodied. I can read,” like I'm doing here. “I can hear and I can see. What of those individuals who don't have that but who need some kind of accommodation? Could we put together a preparedness guide for them?”

Advocacy groups—the March of Dimes and a number of other groups—said, “You know what? Yes, and we can come to the table and help.” That's how we got to where we are.

It speaks to what kinds of special arrangements? Now, it doesn't give every particular special arrangement that could be conceived of by us, but it asks the questions and that they, the individuals, if they're high-functioning enough and can think through that, or if they need assistance, their caregiver can actually look through it and walk through it. What we want is for those individuals to be better prepared, should there come a point where there is an emergency. So that's this one.

#### 1410

There was also—again, we worked with the accessibility directorate, both on this but also on this next piece, and we said, “What about emergency responders?” Because there's nothing worse—if you can imagine, you've got an emergency or an emergent situation, a fire or a public order incident, where you need to remove people from a particular place very quickly. Sometimes folks get confused. Sometimes, I could get confused, depending on what time of day it is when they're trying to yank me out of my house. What we did is, we created, with the accessibility directorate and a number of other organizations, a guide for emergency responders that spoke to that and what they should be paying attention to. Again, we used some of the materials that had already been given and came from us within the OPS. We've seen that and we've undertaken the training. So we used pieces of that but then fashioned it for the firefighter, the police officer and the EMS technician so that they can be in a better position to offer the service in a way that was respectful and mindful of individuals, both persons who are developmentally disabled but also others who have some other form of disability, consistent with the standards of customer care.

Lastly, and before I turn it over to Curt, is the fire code. Literally for years now, the fire marshal and his staff have been working at making sure that the fire code lines up with the accessibility legislation. When it came out, we were one of the ones who said, “We're going to raise our hand. We think that there are implications, and we do need to work with you to make sure that, whatever you're doing, we want to reflect in the fire code,” and they've been doing that. Back in the day, our current minister, Minister Madeleine Meilleur, who was then Minister of Community and Social Services—we worked with her and her staff to put these things into play.

What I found very interesting, like I said, most recently, is legislation around vulnerable occupancies. There are some specific things; things like training, for owners and operators, of care occupancies. Those kinds of occupancies, and the owners and operators, have been given requirements. So now they have to be trained and they have to drill. Every year, they've got to work with their fire department and they've got to perform drills. This is in addition to some of the structural changes; for example, sprinklers throughout those premises, as well as automatic-close doors. Some of you may think, “Well, yes, but I see that.” For example, my father, who is in one of those homes today—they have those features, but those features aren't present in all care occupancies, and

that's what this new piece of legislation is going to result in.

The other piece, and this is where I'm going to leave it—you see it here under “Fire and Life Safety Educators' Conference.” There are three lines of defence in firefighting. The first line of defence is public education. The fire marshal and I talk at great length about this, and make sure that, before we even get to response—seeing that big red truck drive down the road—is, “What is it we can do to educate the public and all parts of what we consider our community? What can we do to help them?”

To that end, like you see here—and this is just a list, and it's a small list, but just to give you an example of the outreach we've been doing, be it with, for example, the autism community or the Centre for Addiction and Mental Health—speaking with them to find out what it is we can do specifically to help those individuals who belong to a developmentally disabled community and making sure that they understand how they can be safer from the hazard of fire. That's what it talks about there.

With that, I'm going to turn it over to Curt to talk about correctional services.

**Mr. Curt Arthur:** Thank you. Good afternoon. I'll be presenting on behalf of the correctional services assistant deputy minister team.

In correctional services, we have three streams. One of them is the institution stream. The second is the community services stream, where you see probation and parole, which I'll talk about in a moment. The area that I represent is operational support, which is the central area responsible for staff training and development, policy and other common services.

Kind of shifting away from where Commissioner Hefkey was taking it, I'm going to talk a lot about operations and the operational challenges. What I'd like to do is provide an overview of correctional services, talk a bit about the different operation streams that we have in correctional services, look a little bit into the current status of some of the things that we're working on right now, some of the challenges of our front-line operations in dealing with people with developmental delays or disabilities, and then talk a bit about partnerships and hopefully wrap up at that point.

We'll lead off and look at the mandate for our ministry itself, which is really to ensure that all of Ontario's diverse communities are supported and protected by law enforcement and that public safety and correctional systems are safe, secure, efficient and accountable. When we take that a little bit further into the correctional services mandate, ours is into direct operations, direct supervision, so we're directly supervising detention and release of adult inmates, adult offenders—that's people over age 18—parolees, probationers and people on conditional sentences in the communities. We're creating an environment where they can achieve this change in attitude and help them make better decisions and changes to their behaviour and their responses to different situations by giving them training, giving them rehabilitative programming, treatment, and different services that will

help them succeed in adjustment back into the community. On any given day, our combined system will support and serve about 64,000 different people in the province.

The first area that I want to bring some focus to is institutional services. The institutional services—in the slide deck, we get into some definitions, which our minister doesn't like, because we're getting into these different categories and it's almost something where people in the system—it's an everyday conversation for us, but for someone looking in, you're saying "correctional system" and it's jails.

We have 29 different facilities across the province in four regions. They're categorized as jails, detention centres, correctional centres and treatment centres, so you look at it as the jail being the location where people first go after arrest, and the correctional centres and detention centres handle people after they've been disposed of in the courts. The treatment centres are specialized facilities located across the province providing care for people with special needs, such as the mentally ill.

We have detention and release of adult inmates, so people serving up to two years less a day under our supervision, and people that are remanded and before the courts, that have an order, through bail or other types of conditions, to be in custody awaiting the proceedings.

We're responsible, when you get into the bigger picture, for care, custody and control: the supervision of food, health care, transportation. It's a really multi-faceted team. The one area that would be the highest profile is the correctional officer and the correctional supervisor, but the team also includes, at even our smallest institution, cooks, clerks, supervisory staff, nursing staff and people responsible for programming at various levels of qualification, from someone who might provide an orientation-level program to an inmate group to someone who is a psychologist or social worker or has another type of qualification.

The institutional side, in 2012-13, supervised an average of about 8,800 people, 14% of the overall population in corrections. You'll see that the larger number of people under supervision of our ministry are in the community. The remanded population accounted for about 60% of the population. Through the Justice on Target initiative and other initiatives, the number of people on remand before the courts has dropped. While this deck doesn't get into it so much, it does provide us with more of an opportunity, once we've stabilized the person in their court proceedings, to be able to bring programming to that person. When they're going out to court every day, it's a little bit harder for us to intervene in any meaningful manner.

Some 39% to 40% of the population are in other types of holds, like sentences and immigration holds.

The average length in custody in 2012-13 was about 38 days on remand and 53 days in sentence, so we're holding people on average in the province for about two months.

In community services—this is our probation service—they are responsible for probation and parole

services. They're also responsible for different types of supervision and rehabilitative programs through trained staff at the probation offices and through partners in the community that we contract with.

I should mention too that we have over 3,000 people in the community that are volunteers and come into our institutions and probation offices from all walks of life and provide supports to us. They might be coming in and teaching basic literacy and numeracy. They'll come in and teach art therapy programs and other types of services for us. It's a very valuable part of our system.

#### 1420

Community sentences are being served in the probation service—also, conditional sentences, where someone is given a condition to pay back the community with a certain number of hours or other types of services in the community, and people are being supervised under parole. Some 122 probation and parole offices across the province provide the service, and in 2012-13, just under 54,000 people were under some kind of community service or community supervision—850 probation officers providing that supervision.

So, in the probationary, you can see it's a longer time for service: 15.3 months on probation; conditional sentences, where they work in the community, 7.9 months; and provincial parole of 6.5 months.

Now I want to go a little bit deeper into some of the different services we're providing, given the context of the operations that we have in corrections. In the institutional system, when someone is admitted to custody, one of the first things that they have is they are assessed by a nurse. The nurses are one of our primary care people who are at the front lines. The admitting staff will identify the inmate coming in, or the client. They'll go through a list of questions, they'll process them into our system, and then they'll be given a referral to the nurse. The nurse will see them as soon as possible—it's within about a day to two days—and they'll provide an assessment. The assessment is this interview to talk about suicide ideation, to talk about past and current treatment the person has had, including mental illness, and we'll talk to them about their medications and other types of care issues and make sure that their care file is in good hands.

The inmates are further assessed by our primary care physician. We have physicians from the community who are contracted, and they provide service to our institutions. Some of them are in there on a daily basis; some are in once a week, depending on the size of the facility. Some of our facilities are as small as under 20 beds. Our largest one right now is about 1,500 beds. So the services, you'll see as we get into this presentation, vary depending on where you are in the province and what size of a facility you have and how you can resource it.

Referrals take place frequently to other services, other professionals. That multi-faceted team I talked about—as they assess the needs of the inmate or the probationer, they make a referral off. If we don't have the services within the facility, we try to find a connection to them in the community, and that would also include connecting

with different community organizations that that offender has told us that they have partnerships with or they've been getting care from.

Our staff could talk to an organization like Operation Springboard and look for services. They might connect with the Salvation Army and talk about discharge, and they might go back to other types of organizations and other ministries and look for services that will help that offender. So the referrals are taken; they're tracked carefully. They're followed by our social workers, our psychologists, psychiatrists and other professionals.

The community resources, again, as I mentioned, vary greatly depending on where you are in the province. Some small communities would have less access. This is where, I mentioned earlier, when we have that amount of time before the courts shortened and get them into our program faster, we're able to refer them off. Quite often, it means moving them a few hundred kilometres to a larger facility, like the Central North Correctional Centre in Penetang, or the central east one in Lindsay, or Algoma up in Sault Ste. Marie, where we have a facility built around programming and larger services. So when you go into the smaller jail, move them out into the bigger facility and bring better services to them.

Varying greatly from community to community, from facility to facility, a number of our facilities have special needs units. These units are based on identifying the pressing needs, or presenting needs, that the person has, and they can handle mental health and fetal alcohol spectrum disorders. We have cells that are made for types of clinical equipment that are needed, and also wheelchair-accessible locations. So it's dealing with developmental disabilities and disabilities of different types.

It does pose a challenge when you look at the correctional system for institutions. Some of the facilities are pre-Confederation, and our newest facility opens in a couple of weeks. So there are a number of different standards and challenges for us that we have to grapple with.

Community correctional services—that's the probation service. Again, they create a case plan. So the probation officer, either getting referral right from the courts or from an institution, creates this plan to care for that person. That includes identifying developmental disabilities and other types of challenges the person has and making sure they're connected to services, and, if we don't offer them within our service, finding other services. That includes dealing with someone with dual diagnosis and other challenges. They work with community agencies. They have fee-for-service contracts to provide service for us as part of that plan of care.

There's limited access, again, similar to the institutional services side. We recognize that the person from correctional services is going into a field that's—I want to say that there's a lot of competition. But when we're bringing someone forward from an institution, they're trying to find services, the same one that would serve someone's family and the community. So it is an area where we're having to work with the community ser-

vices, trying to find scheduling, find time, and make sure the interventions and supports are very timely and are located at the right time in that person's rehabilitation to get that best possible result.

You'll see examples of that where, in the past, you've heard of us taking an inmate to a hospital and then going into an emergency room with ambulances coming in, and we've got an inmate with two or three correctional officers and what kind of impact that has on the community. Similarly, we're trying to bring people in to find services for counselling for addiction and other services in the community. So we're trying to work with partners.

We have special needs funds to help fund some of the work that we do. It has a set budget and set eligibility, and it's managed by our community services group. It's based on things that include specialized and criminogenic needs. So it's tailored to the offender to make sure we have that result.

I started to allude to some challenges, and there are quite a few challenges in the correctional environment with dealing with people with developmental disabilities or developmental delays. Quite often, we require additional and specialized resources that we just don't have. Our system is pretty wide-ranging already, so it's a challenge to have enough resources to handle all the different challenges coming towards us. That's where our partnerships in the community are essential.

We have unique and complex needs of the person with a developmental disability. There's a physical environment in the institution that's just not built for some of the programming that's required: limited access to specialists, competing to get hold of specialists for services and the lack of resources in some communities that require us to move people around the province to try to find the best service.

Clinical resources are specialized from facility to facility. Some of the institutions have 24/7 nursing. Some of them have dedicated psychologists/psychiatrists on staff, and other ones will contract for those services or have a reduced amount of services. So it is localized.

As I mentioned, our treatment facilities are staffed in a much different manner than a small jail in northern Ontario would be staffed. We try to manage that very carefully.

Talking about the challenges, we also look at housing options that are limited within communities. As we look towards that discharge plan, our staff are engaged really from the first point of contact with that person through the courts to that last point when our final warrant or our document expires to try to find housing and some good succession for that person to get into the community. Again, that leads to us finding a rather limited-resource re-entry into the community for different types of residential centres or residential environments and waiting lists, and we try to manage that. So we try to match up.

Some are releases. Our parole system works carefully to try to match the move from incarceration to a community support or a step down into the community, and we work very carefully with other organizations to deliver that.

The access to community resources does vary greatly across the province. It creates quite a challenge for us, and we're constantly grappling with that. We work with our partners carefully to try to find ways to mitigate it. We meet with an advisory council three to four times a year, and the advisory council has representatives of wide-ranging areas of the community. They come in, they provide us with advice, and they talk to us about the different challenges and help us grapple with it all.

We deal with different eligibility processes. We work with other ministries, and we talk about how that might challenge us at times. Working with someone from ODSP, for example, when they come into custody, we're trying to make sure that that person doesn't suffer greatly and lose any progress in their program when they're in custody. We try to transition them out as fast as possible to get back into the care that they had before.

Slide 14: Our staff are very active with the Human Services and Justice Coordinating Committees. HJCC, I think, has their annual meeting here in Toronto next week actually. These organizations—we've been involved with them for over a decade—are very helpful and they cross the whole province. Institutional and community staff participate, and they use us to talk about how we manage developmental disabilities, drug addiction, mental illness, fetal alcohol spectrum disorder and other challenges.

The collaboration with CAMH is something you may have heard about. The Centre for Addiction and Mental Health is opening a special forensic mental health assessment unit for us at the Toronto South Detention Centre, which enters operation this year. This will help us with assessing, processing and supporting mentally ill people before the courts with a dual diagnosis.

We also work with the Ministry of Health and Long-Term Care. They provide us funds and programs that are focused on release from custody, successful release from custody, and that also deal greatly with the mentally ill and mental health services.

So, really, if I can clearly summarize correctional services, it's the challenge of working on a transition. A lot of it is trying to create an environment where the person is ready to accept the kind of supports that the community and the institution and the services have and to have that person transition appropriately out into the community at the end of the term—which, as I mentioned, might be two months, but it may also be two years or longer, depending on how long they're before the courts.

1430

**The Chair (Mrs. Laura Albanese):** Thank you. Are you almost at the conclusion?

**Mr. Dan Hefkey:** Yes.

**The Chair (Mrs. Laura Albanese):** The time is up and I need to—

**Mr. Curt Arthur:** I go right to the second.

**The Chair (Mrs. Laura Albanese):** It's one of my duties, and I apologize for the earlier false alarm.

I will now turn it over to the third party. I don't know if it's Ms. DiNovo or Miss Taylor.

**Miss Monique Taylor:** I'm going to go first. Thanks, Chair. Thank you for being here with us today. I have a specific question around autism and the training of officers for autism. I know specifically of Ottawa, which is working—they have a project put together with a data bank to deal with people with autism so that officers know what they're walking into and how to deal with those people in particular. Is that something that the province is looking at doing province-wide?

**Mr. Dan Hefkey:** The answer to the question at this point is no, it's not province-wide. What we do, though—and this is where, for example, Chuck Bordeleau, the chief of Ottawa, or his staff would bring that particular project or initiative and that approach. He would bring that back to the province and say, "Hey, for us this is a best practice." Then what we do is share that across with other police services, and those services where they think it's applicable and it's something that they could use within their community—it goes to the point that Curt made with respect to one size not necessarily fitting all. What's happening in Ottawa works for Ottawa and we're really pleased. Again, it goes back to the point about the guideline. It's not so prescriptive that you can only do it one way.

**Miss Monique Taylor:** Are there other regions of the province that are looking at doing this?

**Mr. Dan Hefkey:** That I don't know; I'll have to ask that question because I specifically don't know the answer on others. What I do know is that in terms of process, anything that is a best practice used in other municipalities is brought back to the centre and then it's shared as a best practice with others, who then can either adopt it or not.

**Miss Monique Taylor:** Okay. When you were talking about the fire codes and moving forward with the disabilities act—we all know how important that is. Nobody is disagreeing with that. I have a Community Living in my riding in particular. It's one organization with 30 homes that need to be retrofitted.

**Mr. Dan Hefkey:** Thirty homes or 30 beds?

**Miss Monique Taylor:** Thirty homes at \$25,000 per home to bring it up to fire code. Was there funding even thought about when those things were put into place? What would we do with all of these folks who are currently in these homes and are already completely strapped and underfunded?

**Mr. Dan Hefkey:** There are two things. One, to answer the question specifically, no, there's no funding, but what we have done is, in speaking with those owners and operators—and it isn't like, "Let's do this overnight." There's actually a period of time over which they can implement, so over a five-year period you can have those 20 homes where you're bringing it.

What we also asked—and we asked the experts this—was on retrofitting these homes: What does it cost? As you know, it does vary from place to place, depending on its condition, but these are things that are taken into consideration. It's something that as a group, the owners and operators felt that yes, this was doable; that yes, they

could, in fact, work to meeting the new requirements under the fire code.

**Miss Monique Taylor:** These are facilities that are not even within the three-storey—I mean, these are regular, residential homes in communities. I'll tell you, these are the challenges. The average is \$25,000 per home, and she has 30 homes in her mandate. Like I said, they already can't make ends meet. They have no idea how they're going to face these challenges.

You said that in a previous life before this position, you were—

**Mr. Dan Hefkey:** Chief of Emergency Management or in policing. I did both.

**Miss Monique Taylor:** Right, and you were part of a working group that I believe you said was dealing with other challenges and working to make new mandates.

**Mr. Dan Hefkey:** You mean developing the book? Is this what we're talking about?

**Miss Monique Taylor:** No, no. I was just wondering if you had brought forward different ideas that you felt had not been implemented through your working history. Have you seen these ideas brought forward that haven't been implemented, that should be implemented and that could come forward out of this?

**Mr. Dan Hefkey:** Not at this point. Again, it went back to—so the product that I was mentioning—

**Miss Monique Taylor:** It was just specifically the book?

**Mr. Dan Hefkey:** Yes, and what we did with that—now, again, and why I was mentioning that in terms of the website, we would like for everyone to access this resource. Personally, I think it's a really good step forward. Could it go further? Absolutely, we would like for it to go further, but this is what we've got so far.

**Miss Monique Taylor:** Thank you. I'll move it off to my colleague here. Thanks.

**Ms. Cheri DiNovo:** Thanks. First of all, for you, my husband was a police officer, so we have the utmost respect in my household for what you both do.

However, we have a problem. Edmond Yu, Sammy Yatim, Ashley Smith—I mean, the stories come forth constantly in the press, and I've seen it in my own neighbourhood of Parkdale–High Park, where people with a diagnosis—and who can tell whether it's developmental or not, when you're in a crisis situation?—again, are met with force that perhaps is undue. I know that that's being looked at, but it's still an issue.

The question is, in the short term, as it's being looked at, are police right now, across Ontario, being brought up to speed on some of the work that you've been doing?

**Mr. Dan Hefkey:** Yes, and thank you for the question. You're right: While I can't speak to any specifics—for example, the recent case in Toronto—because I wouldn't—again, if you have someone in your family, you understand the armchair quarterbacking that goes on, on a daily basis.

**Ms. Cheri DiNovo:** Absolutely.

**Mr. Dan Hefkey:** So I won't speak to that. But the question is, are police services attuned or alive to this

issue? Absolutely. I can tell you, in fact, that not a week ago, we had a ministers' discussion table with representatives from the defence counsels, from civil liberties—the Canadian Civil Liberties Association are representatives on this committee—as well as our police associations, our chiefs and our boards. They all form part of this committee where we talk about—the term is “police interaction with persons with mental illness.”

What we've done—and to share this, while I appreciate it's not the scope for this group, but just since the question was asked—what we did is, last year, prior to anything going on, we undertook a two-phased approach.

The first phase is what I'm calling “gathering the evidence,” and we've completed that. What we've done—and it goes to the question that MPP Taylor asked with respect to, you know, in Ottawa. We asked Ottawa, we asked Hamilton, we asked Toronto: “What is it you do in your communities, in interacting with persons with mental illness, that's actually working, that's something you could share?” We've been gathering that information—

**Ms. Cheri DiNovo:** Thank you. I just have limited time, and I want to focus on you as well. My question really is under-diagnosis, and I don't expect that you break it down in terms of developmental disabilities or others. But if you could give a kind of snapshot of corrections at any given time, how many people, percentage-wise, are in corrections right now that have a diagnosis?

**Mr. Curt Arthur:** I don't have the number off the top of my head for diagnosis. What we do is we have volunteered information, we have assessments by our staff and we have other information-gathering. It's about one in five.

**Ms. Cheri DiNovo:** About one in five? Now, you talked about the lack of resources. Very quickly, because I'm sure I'm running out of time, what resources do you need that you don't have, given that?

**Mr. Curt Arthur:** We're currently actively increasing our nursing coverage for institutions. We're reviewing our physician contracts to make sure that we have the deliverables, the understandings and the expectations. We're undertaking a strategy to review our treatment and care for the mentally ill. Those are some of our top priorities that we're dealing with right now.

**Ms. Cheri DiNovo:** And just a quick question: You talked about getting some of your inmates into beds in CAMH, for example. There's lag time, I assume, between bed availability and your inmates' needs. Is that—

**Mr. Curt Arthur:** Yes, and that's why, with the Ministry of Health partnership and CAMH, we're actually opening beds within one of our facilities so we don't have that lag anymore and we take the pressure off the community by having our own operation ourselves.

We have a schedule-A mental health facility in Brockville called the St. Lawrence Valley Correctional and Treatment Centre. Again, it's primarily for the mentally ill. This Forensic Early Intervention facility here in Toronto will be 27 beds, again, for those that are before the courts, so that we're not having to take up hospital space.

1440

**Ms. Cheri DiNovo:** Okay. Thank you very much.

**The Chair (Mrs. Laura Albanese):** Thank you. Ms. Wong?

**Ms. Soo Wong:** Thank you very much. Curt, I wanted to ask you a question, starting with slide number 7. You indicated that the correctional services supervise adult inmate probationers. Do you have a split of all the data in terms of these individuals who have what we call an intellectual disability?

**Mr. Curt Arthur:** I could get some more information and send it back. We do have some categorization. Again, for a lot of it, it's just what the person has told us when they came in. So we have them saying, "I meet this category," and then we create what's called a flag. We have information by these flags that we monitor, and then our staff will use that to prompt other services to come in.

I don't have the numbers with me, though—

**Ms. Soo Wong:** That's fine.

**Mr. Curt Arthur:** —but we do categorize and we use that to help us with our referral. And going a little bit off, if there was an incident or a situation, as we talked about earlier, with a violent situation in an institution, the staff would be better aware of who is in this area, and what kind of demands and what kind of needs they'd have, and be able to tailor the response to that.

**Ms. Soo Wong:** If you could provide that to the committee, it would be great.

On page 10 you identify special needs units, and then on page 11, you talked about a special needs fund. Can you share with the committee, for both the units and the fund, what numbers are we looking at and, year over year, how much of those special needs units are servicing individuals with intellectual disabilities, or any type—because you identify fetal alcohol spectrum disorder. How much money are we talking about for the special needs fund this past year?

**Mr. Curt Arthur:** I'll have to report back. The special needs units are the ones in the institutions, and the special needs fund is in the community correctional environment. I'll confirm the numbers.

An example would be a probation officer dealing with someone who has some kind of a disability that we need to hire a contractor for, to give them some individual one-on-one counselling and care. Then we would use the fund to set up that plan of care for the person.

**Ms. Soo Wong:** On page 12, you identify some challenges for correctional services. You mention "managing institution and community offenders." What resources are available through MCSCS to support staff to ensure robust, comprehensive support so that your staff is safe, first of all, and second, that they are providing adequate support for those offenders in suicide care? Do you have a dedicated line to support correctional services staff so that they are successful in helping the individuals who are under your care?

**Mr. Curt Arthur:** We do, and there's a number of things that play into it. We have our own training college

in Burlington, and at our Ontario Correctional Services College, the health of the individual, the health of the employee, is included in the training.

We have support teams that are also brought out: Critical Incident Stress Management teams, or CISM teams. When there is an incident at an institution, the team may be called in by the facility to work with the staff in group and individual sessions and make sure there are referrals.

We also have an employee assistance program that's available to all employees and is paid for by the employer.

Also, through our clinical staff that we have in our institutions, and our management staff—they're all trained to watch out for each other and also to watch out for behaviours or illness or other aspects of behaviour in the employees.

Our management team has an attendance support program that they utilize that has a number of steps in it such that if an employee is ill or needing supports, we have the supports lined up for the employee.

We'd prefer to be able to deal with it up front with the training and not to enter the situation, but we know sometimes that there are some pretty violent, traumatic situations in institutions and we make sure that, as fast as possible, care and support for the employee is there.

**Ms. Mitzi Hunter:** I'm wondering about special training that is provided and that, particularly, will get to front-line officers in enforcement, and first responders. How are they receiving that training in relationship to developmental disabilities? What partnerships, if any, are you active with in the community, whether with community agencies, institutions such as hospitals, maybe even housing providers, so that the community knowledge is influencing what is happening with enforcement?

**Mr. Dan Hefkey:** On the first question, with respect to responders, there are a couple of things, one from the policing side, and I'll talk about fire in just a bit.

On the policing side, every officer in the province of Ontario has to go to the Ontario Police College. It's a must. You have to pass by that particular checkpoint before you can ply the trade in Ontario.

It is during that what we call basic constable training where the officers receive training as it relates to the various dimensions of a community, and it is there where they talk about—and I can remember, we have scenarios, and that's how we work through it. It's, "Here you are." They're faced with it, in that, "How do you deal with it?"

The first step is, "How do you identify?" because in some cases—again, as I said, we're not physicians or nurses—we may misdiagnose or mis-assess the situation. So with the assistance of the instructors, they come to learn what kinds of cues they're looking for. And it isn't just the officers, but you have to appreciate that there are also the call-takers in communications centres. Having been a unit commander of a communications centre, I can tell you it's a big piece. It broke my heart: I remember listening to this one individual who was actually from eastern Ontario phoning in to my call centre. It was clear

after, when you listened to the tape, the individual had a developmental disability. The way he was treated by the call-taker was absolutely unacceptable. We had the conversation; that individual was disciplined for the manner in which it was done. It speaks to this, and that is that during both the initial and ongoing training, we speak to that customer service standard, and so all have to meet that—when I say “all,” all police services.

Fire services also, although not to the same extent, because the legislation is not as—how can I put it?—prescriptive; they too receive that information, and they receive it both initially at the fire college and also, more so, they get it in their what we call in-service training. Where in policing it’s on a yearly basis, these individuals get it from time to time, and that’s where they, the firefighters, get to understand how they work it.

Now, to go to the second part of your question with respect to whether we involve community groups, I just want to be real clear—and, for us, this is a big distinction. When we develop products like this, we use provincial organizations. We don’t use community-based organizations. We use those organizations that represent a particular community at a provincial level. The reason for that is, we then ask the Ottawas of the world, as they are working through their tools, that they then go down and they are interacting with their communities. It has been, again, from us, while our guidelines, even in policing, and again in firefighting, are not by law mandatory and it’s totally—you know, these are just that; they are guidelines. What we have come to over time is police services want to do the right things. My point is, I have the power to detain, like he does. I have the power to enforce. But I also have other powers. It’s the power to protect, the power to assist. We talk to police and to fire about those things because, as important as it is to detect crime and to detain people, it’s even more important to be able to protect the victims of crime and to help individuals who are looking for police and firefighting, as well as correctional services officers, and asking them to help.

When we talk about the groups, I can give you a list of the 20-odd that created this and the 27 that created the emergency responder tool that we put together. I can give you that. Those are all provincial. But we ask the municipal police services and municipal fire services to go to their communities and seek out those community organizations or advocates that will help them develop programs specific—like the autism one in Ottawa, the example you gave, getting it so that it’s relevant and it hits the mark.

1450

**The Chair (Mrs. Laura Albanese):** We have only 20 seconds left.

**Ms. Mitzie Hunter:** What has changed from the various ministry inquests and inquiries?

**Mr. Dan Hefkey:** What has changed?

**Ms. Mitzie Hunter:** Yes.

**Mr. Dan Hefkey:** As it relates to—

**Ms. Mitzie Hunter:** Developmental services.

**Mr. Dan Hefkey:** My apologies. That’s something we’ll have to bring back to the committee: the number of coroner’s inquests that would have had some kind of a recommendation related to persons with a developmental disability. Again, for me, what’s changed is that, through the accessibility act, the onus is on us. It’s not a nice-to-do; no, we shall do it.

What has changed is the creation of tools that police services, for example, must abide by. They have to provide those services in that way. If they aren’t responsive, that means they’re going contrary to the legislation. It’s a very strong tool, especially for those who want to respect the law.

**The Chair (Mrs. Laura Albanese):** Thank you. We’ll now turn to the Conservative Party.

**Mr. Rod Jackson:** Thank you. Thanks for coming, gentlemen. A lot of the questions I actually had have been asked and somewhat answered. I do have one question, maybe, for both of you. Do you have—and I’d be very impressed if you did have this—some information about the number of complaints that have been made by people with developmental disabilities within the law enforcement and emergency services area, and the correctional services area?

I’m not trying to play gotcha; I just think it’d be interesting to see, because I think you’re doing some good work and I know that there’s a real willingness and eagerness to improve the system in that respect. I’d be curious to see some historical data around that and measurables about where you are now and where you might like to be later. In other words, do you have goals and benchmarks for where you are now and where you’d like to be in the future?

**Mr. Curt Arthur:** Great question. As you know, we work very closely with the provincial Ombudsman. The Ombudsman would have statistics of complaints. The kind of complaints that our staff would collect would be complaints about—we have client conflict resolution in our division; they will deal with issues of complaints about racism or differential treatment. They’ll call in to the number, and we have that. That area may have something. I’ll check and see what kind of stats they have. The Ombudsman would collect the number of complaints, and then we meet with the Ombudsman on a monthly basis to review complaints and trends and talk about things that are emerging. It might be issues over use of force or use of segregation.

Something I didn’t mention earlier: We’re looking at the use of segregation and how it impacts on people who are developmentally delayed in some way, and how that isolation can make an impact. We take the information from those discussions, review it with our policy review committee that we have in our operations, and try to find ways to look forward. We’re constantly trying to mitigate, address and reduce the number of complaints that are coming in; we haven’t set a specific target, though.

**Mr. Dan Hefkey:** From my end, I can tell you that there is no mechanism currently in place for police officers—or firefighting, for that matter—that tries to

capture the number of complaints related to service delivery and, also, from the developmental disability community. I gave you the example of that comm centre; when that came to us and we logged it, it was a service complaint. That's how it was recorded, and that's how we dealt with it, so I don't have—I can tell you, we have no data. We're not asking services to provide us that.

To go to your next question, which was, "But what about in the future? Should we not look at that?", I think it's worth having a conversation with our stakeholders, be it the fire services or the police service, to find out how we work through this. If the question is with respect to persons with mental illness, we're pretty clear: Sadly, it's usually the big ones where death or serious injury is involved and the Ombudsman is involved. We've got some statistics on that—not complete, but we do have more statistics. It's a good question.

**Mr. Rod Jackson:** Thank you for that.

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

**Ms. Sylvia Jones:** Commissioner, you made reference to the policing standards and guidelines in slide 4. I understand that the regulation stipulates that each police services board must set out their own unique policies, procedures and processes. My question is, would you support those policies and processes to be province-wide consistent?

**Mr. Dan Hefkey:** The short answer is that what we try to do is provide a template for policy development that police service boards can use. This goes to Justice Morden. If you remember, Justice Morden was the one who, at the behest of the Toronto Police Services Board, was asked to do a review post-G20. In his work, he said that police services boards needed to be a little bit more active in the development of policy—policy specific to their particular communities. So what we've done, again, in working with the boards as well as the chiefs is work at developing that template that can be applied across the province—and we do that—but encouraging the boards to actually take those and not just simply put "Kawartha Lakes" on it and say, "This is our policy," but to actually use it and to customize it to Kawartha Lakes.

**Ms. Sylvia Jones:** But by extension, in providing that template, you are suggesting—strongly, I would suggest to you—that there has to be some consistency and a base model for what police services boards need to provide.

**Mr. Dan Hefkey:** Yes.

**Ms. Sylvia Jones:** So again, my question becomes, why aren't we looking at a consistent model of providing that? But I think you've answered it sufficiently for us to percolate on it, so I'll turn it over to my colleague.

**Mr. Dan Hefkey:** Thank you.

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

**Mrs. Christine Elliott:** Thank you, and good afternoon. I have several questions on the correctional services side, and specifically on slide 10 when you speak about the special needs units at some facilities. Could you tell me how many there are and where they're located, and for what purpose?

**Mr. Curt Arthur:** Okay. I'll have to report back with the numbers and locations and the number of beds we have.

**Mrs. Christine Elliott:** Okay.

**Mr. Curt Arthur:** The purposes will vary. Some institutions set up a space where it's a quiet space. It's a space with a little more room rather than the kind of cell that you might see in some institutions, a little more space access. Our cells are really built around security, so we have some areas that will be a special needs unit. It might be equipped with medical equipment or areas to access medical equipment or to plug things in that you wouldn't have in a regular corrections cell.

Some of the cells also have negative pressure, so if someone has a communicable disease on top of other challenges you have, it's also managed within that area. So you don't have to put them in the hospital.

The special needs will also deal with people who have—there's the accommodation, and there are also the programs. The program might be heavy on social workers and extra access to psychologists or have dedicated nurses applied to it who have specialized training, such as a special needs area for developmentally delayed male adults at one of our facilities. They'll have the different services and then a group of volunteers and other providers under contract.

What I can do is I can get a breakdown on the different locations.

**Mrs. Christine Elliott:** Okay, thank you. I'd appreciate that.

It's such a vulnerable population, people with developmental disabilities or those who are dually diagnosed. To what extent is that a problem in your facilities, and what do you generally do to deal with it?

**Mr. Curt Arthur:** It is. It can be a pretty significant problem, especially if someone's refusing to follow a treatment plan that they've had in place in the community, or they're decompensating in some way.

Even the security of having someone who might be confined to a wheelchair is a challenge for us because you want to make sure the person has access to a full range of services and fresh air, for example, which does bring limits. If you think someone might be victimized by other offenders or might be having problems with their judgment—maybe presenting as violent—we have to try to put that kind of service and program around them.

It does lead to a challenge where someone might find themselves isolated for extended periods, which we don't want. So we try to find maybe another institution that has a better service. It is a pretty challenging file for us. Not all of our institutions can handle it, and quite often we move offenders with these disabilities, or different challenges that they pose, to different institutions, which in the end creates other challenges for the family, not being able to visit, and we lose some supports with other workers. It's an individual case-by-case.

I don't have a number for you off the top to see how many create that challenge. We could spend a lot of time

dealing with one person out of a thousand trying to find the right kind of balance or care for them. Our team really just spend a lot of time trying to balance that. I don't know if I've answered your question.

**1500**

**Mrs. Christine Elliott:** So there is a degree of movement, then, among various correctional facilities or institutions to find a spot where that person will be safe.

**Mr. Curt Arthur:** There can be. If a person is before the courts, we might work with the courts and say, "We need to have this person moved to another location, so let's make more use of video court if we can or try to look at the amount of time between court appearances so that we can get the person off to another spot that might have better access to technology or programming or other services."

Once a person is sentenced, we can move them and we'll classify them, as it's called. We'll match up based on a number of different need criteria and the risks that they pose, and we'll send them to a facility that matches that, such as going to a facility that might specialize in drugs and alcohol, or one that specializes in dealing with a sex offender.

If they're before the courts, though, it gives us a challenge because they might have a court hearing every week and then we have to hold them very close to the court, especially if defence counsel demands that they're out at the hearing. So it does pose a challenge.

**Mrs. Christine Elliott:** Thank you. The other question I wanted to ask is on the discharge planning process and the difficulty of finding residential housing options. You've heard about the wait-lists; that's one of the biggest issues that we're dealing with. What do you do in a situation where somebody is about to be discharged and you simply don't have a residential placement for them in the community? What happens then?

**Mr. Curt Arthur:** Our staff talk about this quite a bit. They'll go and contact the Salvation Army. They'll contact different organizations; it might be the Elizabeth Fry Society; it could be some of their different partners. The discharge plan does commence quite a bit in advance, but we do have a number of inmates who might be released with no notice. If we have a chance to plan for it, we're able to try to set up that housing. There might be some cases where we try to find a place and some might have to move to another location that has better services.

If we look at western Ontario, we might move someone from, let's say, Windsor over to London to try to find a place that would provide better service for them. It's a bit of a challenge, because people are demanding and expecting that service closer to home.

Again, that's where the team has to weigh in, but it is the staff working quite a bit in advance, trying to find that good landing, because we know the risk that's posed if we release someone to homelessness. If we release them on a Friday night, they're going to spend the first couple of nights in a doorway or a park someplace. It's the last thing we want to have happen, so we do work with the cities and the communities.

The bigger challenge that you have with that area is when someone is released in court and we don't have any chance to plan ahead for their release. You might have someone who goes out and they don't come back. We don't have that intervention, so they become a bit of a challenge for the rest of the services.

**The Chair (Mrs. Laura Albanese):** Thank you. That concludes the time. I also allotted a bit extra so we could hear the end of the answer, but thank you so much for appearing before our committee this afternoon. That concludes the ministries that are speaking to us today.

#### CUPE ONTARIO

**The Chair (Mrs. Laura Albanese):** The next presenters that we'll be hearing from are from CUPE Ontario. The format here changes: We'll have 10 minutes for their presentation, followed by 10 minutes for each party.

Please come forward and make yourselves comfortable. Good afternoon, and thank you for being here.

**Ms. Sarah Declerck:** Good afternoon.

**The Chair (Mrs. Laura Albanese):** As with all of the other presenters, I would ask if you could please state your name and your title before you begin your presentation.

**Ms. Sarah Declerck:** Great. Thank you. My name is Sarah Declerck. I am, in CUPE, the social services coordinator. I'm here today with my colleagues. To my left, I have Jim Beattie. Jim Beattie is the chair of CUPE's developmental service sector coordinating committee, and Jim also works at Community Living Hamilton. To my right is my colleague Joe Courtney. Joe is a researcher with CUPE in the developmental services sector.

Thank you very much for the opportunity to talk with you today. We are very, very pleased that the committee has been formed to examine the challenges facing this sector and we are very, very much looking forward to continuing to listen to the important questions that you're asking about the challenges that the sector faces, and I'm very much looking forward to your recommendations.

We'd like to start by describing who we are. In Ontario, CUPE represents 240,000 workers, members. Of that, in Ontario, we represent 8,000 developmental services workers, the majority of whom are women. About 80% are women.

CUPE members in this sector work in 55 different agencies across Ontario, providing services to adults with developmental disabilities in 50 different communities. For example, in Oshawa, in Ms. Elliott's district, CUPE members work at Community Living Ajax-Pickering and Whitby and Community Living Oshawa/Clarington. In Scarborough-Agincourt, Ms. Wong's district; in Parkdale-High Park, Ms. DiNovo's district; in Scarborough-Rouge River, Mr. Balkissoon's district; and in Scarborough-Guildwood, Ms. Hunter's district, CUPE members provide supports through Community Living Toronto, which has several locations throughout the GTA. In Dufferin, Ms. Jones's district, CUPE members work at Community Living Dufferin, and in Hamilton, Miss

Taylor's district, CUPE members provide supports through Community Living Hamilton, Rygiel and AbleLiving.

CUPE members are very passionate about the work that they do in this sector, and they have a very strong commitment to the individuals they support. If you speak with them, and we hope you'll have the opportunity during the public consultation phase, you'll see that they care very deeply about the people they support.

We'd like to describe, from our perspective, from a labour perspective, a bit about what's happening in this sector.

We conducted a survey of our members in the developmental services sector over the summer months this year. The survey results supported what many of the members have been telling us anecdotally. The ability of our members to provide a quality public service to a highly vulnerable population is being compromised due to the financial pressures on the agencies where our members work, pressures to cut staff and staff hours in particular.

Many of our survey findings have been supported as well by a 2012 survey that was conducted of 139 agencies in Ontario by OASIS. OASIS is the acronym for the Ontario Agencies Supporting Individuals with Special Needs and is an employer organization, which many of you will know, that brings together 173 member agencies across Ontario, agencies where many of our members work.

Our survey, for example, revealed that 22% of our members reported their direct support hours reduced on average six hours per week. The OASIS survey revealed that 64% of respondents reported cutting staff hours in order to cope with budget pressures. For example, at Community Living Guelph Wellington, 90 direct support hours per week were cut this year alone. CUPE members report that many agencies are not filling vacant positions due to those ongoing financial pressures, which means, of course, fewer staff to provide consistent levels of care. The OASIS survey reveals that 59% of agencies are cutting costs by not filling vacancies.

Our members report that the number of individuals that they support in programs has increased, but at the same time, the staff complement has either stayed the same or decreased. Again, the OASIS survey reveals that 24% of our respondents said that they were reducing program hours of operations; 58% said they were eliminating staff positions entirely. When the staff positions are cut or the hours are reduced, agencies are then changing the ratios of staff to supported individuals.

There has been a shift as well in this sector towards increased part-time work away from full-time work—many fewer full-time job opportunities, again due to operating cost pressures. In fact, in several of the bargaining units where we represent members, the majority of workers would be part-time. They would have fewer or no benefits. Many of them would have lower wages. Sixty-three per cent of part-time members in this sector report to us that they are looking for full-time work in the

sector, that they would like to work full-time in the sector.

The issue we think is important to raise is that with fewer permanent full-time staff to provide supports to support individuals, there is less continuity of care for supported individuals. Family members tell us that it is incredibly important to have stability and consistency in the support that is provided; that when there are changes such as changes in the staffing relationships, there's an impact, often a negative impact or negative consequences, on the emotional and physical well-being of the people that our members support. What we've just described, then, are some of the changes that are occurring within agencies.

#### 1510

There are, of course, the wait-lists, and we're very pleased that you have asked for some of that data. We don't have a lot of that data on a geographical basis. We know, for example, that in Guelph-Wellington there are 490 families on wait-lists for support; in Sarnia, 120 families that are waiting for placements. Some of those families report to us that they're using retirement homes for people who are younger because they simply don't have placements.

What we would like to emphasize and discuss with you is that, with fewer staff and support hours, as well as, and coupled with, increased administration and paperwork, which has been a phenomenon in this sector for several years now, our members report that they have less one-on-one time to spend with the individuals they support, and there are fewer community outings for supported individuals. This becomes increasingly the case as the people whom our members support age.

For example, to make it very concrete, one of our members describes a residential home that provides care to five supported individuals. Four of those five individuals are in wheelchairs. Four of the five are in briefs that need to be changed throughout the day. Two require support to eat food. All need assistance in dressing and bathing. There are times when this residential home I am describing is single-staffed. Single staffing in this home often happens for periods on the weekends. Instead of double coverage from, for example, 8 a.m. until 9 p.m., a long period of time, this home now has double coverage only from 10 until 6.

To take a supported individual out into the community to do groceries, visit with friends and for other activities, it would require one-on-one staffing. It then becomes impossible to take someone out into the community when a residential home, for example, is single-staffed. It is impossible to take people out into the community when there is not enough staffing for one-on-one support, depending, of course, on the level of need and the complexity of needs. Evening outings, for example, in this scenario, where there is single staffing at 6 p.m., are cut short, and there is less time to spend one-on-one in the home, time that would be spent talking together or colouring, time that would be spent making someone feel special. For the members we represent, those are the

moments that provide for the opportunity to create a home that is a space where someone can live with dignity.

We believe that unfortunately this is not a unique scenario. We believe what we're describing is a situation in which funding pressures are eroding the quality of supports. We are seeing a shift, and it has been more commonly talked about in this sector in terms of custodial care arrangements. These changes undermine the objectives we all firmly value—all of our values—those objectives that are set out in the legislation governing this sector, values such as social inclusion, integration and citizenship, and fairness and equity.

We would like to make a few observations about direct funding because, of course, direct government funding is available in Ontario for those supported individuals and their families who are interested in purchasing and managing their own disability-related services and supports. We have several concerns about the direct-funding model. We are concerned, for example, that direct funding is often or may be ultimately a replacement for public investment in the provision of services for people with developmental disabilities. We are also concerned that direct funding may be a mechanism by which government will continue to underfund this sector.

For example, direct funding, of course, provides families with a fixed amount of funding so that when the funding runs out, so too do the services and supports. To stretch funding further, families are sometimes forced to make compromises: Should they hire a highly qualified worker and pay them based on their qualifications, or should they hire a less qualified worker to save money? These are the challenges, and it needs to be mentioned that they are obviously more difficult for families that have fewer resources than others, so there are differences among families, depending on their resources.

From our observations, another effect of direct funding is that it downloads the responsibility for the provision of services and supports to individuals and their families such that the individuals and their families then become the employer. Acting as an employer is a particular challenge for those family members who are elderly or who have health problems of their own.

We believe that the problem with the system in Ontario isn't the model of providing services and supports through publicly funded community-based non-profit agencies. We believe this model has the potential to ensure social inclusion, citizenship and dignity for persons with developmental disabilities and their families. We believe—

**The Chair (Mrs. Laura Albanese):** Sorry; you're about a minute over already, so if you could—

**Ms. Sarah Declerck:** Okay, I'll wrap up.

What I'd like to say is just that the challenge for the system, we believe, has been to provide services within a discretionary fixed envelope. That has really been the challenge from the outset for the system and for the network of community-based non-profit agencies that

haven't ever enjoyed the public investment to meet the demand for services and to ensure a high quality of supports.

I know I'm over, so I'll leave some of the recommendations and ideas that we have for enhancement of service until the question and answer period if that comes up.

**The Chair (Mrs. Laura Albanese):** We'll now turn to the government side for questions.

I wanted to add, I hope I didn't miss anything, but I hope you are also present in my riding of York South-Weston. You mentioned everyone else's riding, so hopefully you're there, too.

**Ms. Sarah Declerck:** Certainly, yes.

**Mrs. Christine Elliott:** Chair?

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

**Mrs. Christine Elliott:** If I may just make a comment before we get started with questions, I just need to apologize to the committee and to the presenters who are here today. I have to leave briefly because I'm delivering closing remarks at the Health and Wellbeing in Developmental Disabilities conference that's just down the street. I do apologize. Thank you very much for your presentation. I will be back, but unfortunately, I won't be here for the remainder of your presentation or for OPSEU's presentation. I'll certainly read it with great interest.

**Ms. Sarah Declerck:** Okay. Thank you, Mrs. Elliott.

**The Chair (Mrs. Laura Albanese):** Thank you. Ms. Hunter, it's now your turn.

**Ms. Mitzie Hunter:** Sarah, I just want to say thank you for your presentation. On the weekend, on Saturday night, I was invited by one of my parishes to a community dinner and dance. While I was there, I noticed a woman dancing with a young man, and he was in a wheelchair. They came over and asked to take a photograph with me. In my conversation with them I discovered, actually, that they were part of a group of residential service homes, and there were actually quite a few people in the room from the home.

What struck me about what I witnessed was the care and the bond that they obviously had. I had thought that that was a family member, in fact. She just was so professional and so caring and compassionate. I think that your members are doing wonderful work, and it's definitely evident.

I wanted to just pick up on a comment that you made with regard to direct funding and supporting individuals with developmental disabilities and their families, because your concern was that it would result in reduced supports and services being provided by the government. Do you see that there could be any benefits as well? I just wanted you to comment on it. It's something that's being contemplated. Are there any benefits that you could see from doing something like that?

**Ms. Sarah Declerck:** I don't think that there is any doubt that there are some families that report that direct funding is of some value to them. Particularly, there are many families who we speak with who know very acutely that they, in fact, do not have any alternative.

They have been on a wait-list for many years to access a residential setting in the system or even respite services or day programs. Many families we speak with say that without direct funding, they simply would not have services and supports, and that is very important.

Our concern lies chiefly with what we see happening within the network of services that are provided through Community Living and other agency networks, the erosion of those services as a result of what, in our view, is a lack of the kind of investment that is needed to provide quality services and supports and then, of course, to extend those services and supports to those families in need.

1520

Many of the families that have been quite high-profile recently are families that are in crisis because they are in need of a long-term, permanent residential home setting. That's not a kind of service or support that can be provided through the direct funding model. Many of the families that our members work with are elderly. Those are families for whom it is actually quite difficult—and they've done it their whole lives, so they've found a way—increasingly to provide the comprehensive set of supports that their loved one would need, a comprehensive set of supports that we believe is best offered through a well-funded system of non-profit, publicly supported agencies. I don't know if that answers part of the question.

**Mr. Joe Courtney:** I would also add that as the population of supported individuals ages, the provision of direct funding is probably not the best way to come about it. We know, for example, through the research, that our population is aging, that supported individuals are aging, and their needs are becoming much more complex and require more intensive supports. From our perspective, individualized funding perhaps does not have the ability to address those needs. That's something that we have a concern about.

**Ms. Mitzie Hunter:** Are you concerned about a return to institutionalization of individuals with developmental disabilities? I'll stop there, and then I have a follow-up.

**Ms. Sarah Declerck:** I think that in this scenario, the scenario that I described, which was described to us, a home in which four of five individuals need wheelchairs etc., the situation I described is a situation where—and it's not, unfortunately, uncommon—we believe people aren't getting the kinds of supports that they need, the kind of quality services and supports.

So are we concerned, again, about institutionalization or a kind of custodial care arrangement? Yes, very much. We are. We are very concerned that unless there is a significant investment in this sector, those are the kinds of scenarios that will become, unfortunately, all too common.

There are other scenarios we could describe where there are just important connections on a day-to-day basis being made, as you described, between the members who support individuals, that are providing the kind of quality of care and support that we could love to provide in every

instance. But without proper staffing, those are some of the challenges.

Jim, did you want to add something to that?

**Mr. Jim Beattie:** I was going to give you an actual example that was reported in the Hamilton Spectator, probably within the last month, where parents and individuals were looking for residential accommodations that don't exist. It's actually a young woman who wants to move out of her home but can't. The parents had found a location in Dundas, but it's in the top of a Catholic church monastery or something like that. It would involve putting a whole bunch of people together, warehousing them in a residential accommodation. Minister McMeekin was commenting publicly, saying, "That's not the way we want to go," and we agree with that. But those are some of the pressures that are there to go in that direction.

**Ms. Mitzie Hunter:** How do you see, from your perspective or your members' perspective, creating a greater culture of inclusion for people with developmental disabilities?

**Mr. Jim Beattie:** I think, first of all, it would require more resources. It can happen. Staff at Community Living Hamilton and other agencies that I'm aware of do their best to bring individuals into the community. I'm sure that communities will welcome individuals more, but, like Sarah mentioned, with cutbacks, we increasingly find our ability to bring individuals into the community curbed.

For example, in Hamilton—I realize it's just a minor example, but it just pops in my head—in the location I work at, we have to take turns taking individuals to the community pool because we no longer have enough staff to take everyone at the same time, so they have to switch off week by week. That's just one example. There are more examples of that.

The interesting thing about that example, too, is that when we first started going to this community centre that has a pool—it was probably about 10 or 15 years ago—the people whom our people swim with were mostly aged, and they were very resistant to having them there. Now they are coming up and giving them—"Here's a pair of shoes that I got the other day. I think they might fit you," and stuff like that—inviting us to their Christmas party. So it can happen.

**Ms. Soo Wong:** How much time do I have, Mr. Chair?

**The Acting Chair (Mr. Bas Balkissoon):** A minute and 20 seconds.

**Ms. Soo Wong:** A minute. Quickly, I just heard, Sarah, in your presentation—I just want to get some clarification for the record—that your primary concern is the underfunding with respect to the staffing issue, with respect to this particular sector. Am I correct to hear that?

**Ms. Sarah Declerck:** Our primary concern has to do with the kind of quality of services and supports that are being provided through the network of community-based non-profit agencies. The main issue that we see is that those agencies are facing enormous funding pressures.

Where do they spend most of their money? It's operating costs, and a lot of those costs are staffing costs.

There is also increased pressure that agencies face in terms of infrastructure changes. As people get older, there is a need to retrofit homes. Some of the members of the committee have already talked about that.

**The Acting Chair (Mr. Bas Balkissoon):** Thirty seconds left.

**Ms. Sarah Declerck:** That's an important issue, but the main issue is that where agencies are cutting is staffing resources. There are also cuts being made in terms of lack of homes being retrofitted as well. That's where we're seeing a lot of the cuts made that are having a very direct impact on the kind of quality service that we're able to provide through the network of agencies.

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

**The Acting Chair (Mr. Bas Balkissoon):** We have to move to my colleagues over here.

**Ms. Sylvia Jones:** Thank you for your presentation, Sarah. I wanted to actually follow up on what Ms. Hunter was saying. Part of the reason that I wanted to be on the select committee is, it's about a continuity of care through the ages, from diagnosis until death.

I wonder if you could comment a little further on that direct funding. I hear you, and I understand that there would be a different desire for someone who is 50 and looking for housing. But anecdotally, in my own community, as those children transition out of school, they're not looking, at this point in their development, for residential services. They're absolutely looking for inclusion, absolutely looking for opportunities within the community, but they're not at the stage where they are saying, "We need to look at a transition into different living arrangements." That's why I personally think there is an opportunity for that direct funding model. I absolutely agree with you that it is our responsibility, as government, as legislators, to make sure that the money that is funded for these families, for these individuals, is spent properly and directly.

I wonder if you could talk about the different level or need for service, depending on the age—you must have some members who are working in the school system; we've just spent an hour talking to the Ministry of Ed—and then the transition from 21 into the community and, as they age, different needs. Can you talk about where you see that playing out with your representatives?

**Ms. Sarah Declerck:** First of all, I think you've identified a number of very important challenges. Our members have been talking for a while now about the important issue of kids, as they age out of schools, finding themselves again on wait-lists, whereas they might have been on wait-lists, as school-aged children, for access to children's services through another ministry. They then find themselves again on wait-lists.

There's no doubt, in terms of your comments, that different families have different needs, depending on the age of the person with the developmental disability. But what we also know is that there are families that may not, as you rightly point out, need residential service but who

may, when their child ages out of the school system, want to continue with some kind of a setting that provides a day program that mirrors in many ways the kind of continuity, again, of services and supports they would have received in the school system, but they're on a wait-list for those day programs. I think the last number we heard—it may have changed—was 23,000 families on wait-lists, and that wasn't just the number of families on wait-lists for residential services; there were families there on wait-lists for day programs.

**1530**

We know families that would like to have their loved one in a day program that simply just don't have access to it, or who would like some combination of services, and then back to sort of, you know, what is a comprehensive model of services, the whole kit that is needed to properly support an individual. At the heart of it, what we're saying is that we are fearful that with an underinvestment in the network of community agencies, we will see a shift towards a private model, where we see it would be incredibly important—one of the recommendations on the outcomes here—to see an investment in that community agency network, because we're seeing that families simply don't have access to it, and those that do are experiencing an erosion of the quality of services.

**Ms. Sylvia Jones:** But in the same way that an individual who is 80 doesn't need the same basket of services, I see in my own community that an individual with a developmental disability needs/wants different levels of services. I think—I hope—that as a select committee we can come forward with some ideas on how to serve both. I don't think it's a one-size-fits-all. I think we tried that with the three institutions. You know, I'm proud to say that they are closed and we've moved on from that model, but I think we always have to be cognizant that it doesn't just have to be one way; we can provide a basket of services, if you will, depending on the age, depending on the needs, and depending on the abilities of the surrounding community, whether that's friends, family, brothers, sisters, siblings, whatever. So we can't just look at it through the one lens of, everybody wants to be in that five-bed or four-bed group home.

**Mr. Jim Beattie:** The other thing, I think, is we've tried to concentrate on making a distinction between the individual funding and individual supports. From what I've seen personally, working for Community Living Hamilton for 25 and also being involved in my capacity in CUPE, if a community-based agency is properly funded, it can provide a whole range of supports. That's really what we want, isn't it, for the individuals, their being able to choose what they want to do? And properly funded agencies can then provide those supports for an individual to choose. There are a lot of benefits.

I recognize, too, that there will be a certain percentage of parents and individuals who want individualized funding. We think that it's not that high. It seems to be fairly consistent in different jurisdictions, too. But what we're concerned with is where a government may artificially determine a direction that they want to see things

go in and where a community-based agency system gets eroded at the expense of other systems that, you know, because of government policy, they want to go in a certain direction.

When workers who are working on their own supporting individuals become sick or they get hurt on the job, there's no one there to back them up. Working at our agency, if I'm sick and I can't go into work, somebody can take my place. That's just one example of some of the weaknesses in an individualized support system, and there are many more that we could go into.

**Ms. Sylvia Jones:** I think you're right about supporting the community-based model. I guess I want to brag for a minute about some partnerships that have been very successful in my own community.

Community Living Dufferin shares a space right now with Theatre Orangeville. So there have been some joint partnerships with the physical structure to start with, but ultimately out of that came a partnership in theatre, a partnership in all aspects of theatre, whether it's backstage or front of the house, so to speak. So there are ways that we as government can get out of the way and let those partnerships thrive. I'm sure when they first started talking, people said, "Why is a Community Living agency having any kind of discussions with a theatre group?" Now there wouldn't be anybody in the community who says that it's a model that didn't work.

There are opportunities for those partnerships, and we need to do a better job of figuring out why that one worked and how we can duplicate it in other communities.

**Mr. Jim Beattie:** For sure. We've developed some in Hamilton.

**Ms. Sylvia Jones:** Do you have anything?

**Mr. Joe Courtney:** From—

**The Chair (Mrs. Laura Albanese):** You have a minute and a half.

**Ms. Sylvia Jones:** Oh.

**Mr. Joe Courtney:** Sorry. May I jump in?

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

**Mr. Joe Courtney:** I think, from my perspective, there are two philosophical or ideological positions on this debate around direct funding. From my perspective, direct funding introduces a two-tiered process into the sector.

I guess our concern is that opening the door to direct funding imposes a market model on the sector. You have a non-profit sector and then we have a direct funding sector that presumably would be predicated on profits, and from our perspective, CUPE's position has been, and continues to be, that we are opposed to private entities or private enterprises making profits on the backs of vulnerable populations.

That's where we're coming from. We understand that direct funding is here. It's probably here to stay. Recent announcements have suggested that direct funding is going to be expanded. We're seeing that it is expanding, but that's our position.

**The Chair (Mrs. Laura Albanese):** Thank you very much. We'll move on to the third party.

**Ms. Cheri DiNovo:** Welcome. Thank you for your presentation. First question: Ted McMeekin and Comsoc, who've already come before us—he wasn't here, of course, but they were—announced funding to basically lessen that 23,000 waiting list.

I was in Oshawa and talked to a group of front-line agencies there. I asked where the money had gone. People were a little confused about where the money had gone—it didn't come to them. I guess my question is, there seems to be a gap between the announcement of funding and funding actually getting through to the sector. So that's number one. They're not seeing the reduction in wait-lists that that would necessitate; they're not seeing the change in their funding.

I'll give you all the questions and then you can answer them because I know Monique wants to ask some too.

It's bleak. I hear it. So the question is: How much has been cut back in terms of raw dollars? Where does that cutback across the sector look like, and how much is needed to catch up? How much do you need to do what you need to do and how much has been cut back, say, over the course of this administration at least? Ten years, let's say.

**Ms. Sarah Declerck:** Okay. I'll answer the first question and I'll leave Joe to answer the second question.

In terms of the \$42 million that was announced and where did it go: We've asked all of our CUPE locals to ask that same question of their employers, of the agencies. The agencies share with us that they haven't seen any of the money, either to address wait-lists or to address agency-based budget operating challenges. So we, too, I guess, would like to have a better understanding of where that funding has gone. One of the concerns we had is that when it was announced, it seemed to be that at least a portion of the funding announced was to be one-time emergency funding, which is important for some families, but many of the families that we know to be in crisis are looking for much more long-term, permanent, year-over-year services and supports.

I don't know, Joe, if you wanted to add anything else to that. It was a two-point-something increase, a 2.3% increase on the overall budget—

**Mr. Joe Courtney:** Two point four.

**Ms. Sarah Declerck:** A 2.4% increase, which is, I think, in our minds, much less than what would be needed to actually make some change on the ground in agencies, never mind the important changes that you mentioned in terms of addressing wait-lists.

**Mr. Joe Courtney:** When we look back, for example, to the 2006-07 and 2007-08 fiscal years, year over year the budget had increased by 7.3%, and we know fully that the DS budget has been incrementally increasing over time for the last 10 years or so. But since that time, if you look at the date, and I've crunched the numbers, the year-over-year increase to the DS budget has dwindled.

**1540**

For example, by the time the huge infusion of \$220 million to the sector was announced in 2006-07, an 8.5%

increase year over year to the provincial budget for DS—by the time you look at the 2009, 2010-11 budget, the year-over-year increase is 1.4%. Following from there, the year-over-year increase between 2010-11 and 2011-12 is 2.3%. For 2011-12, 2012-13, the year-over-year increase in the budget is 1.4%. Then, in the most recent provincial budget, it's an increase of 2.4%. We've yet to see—the one-time big funding commitment of \$220 million has not been matched since, and the overall increase in spending as a percentage has declined over time.

**Ms. Cheri DiNovo:** It doesn't sound like cutbacks, so what I'm interested in is per capita. Is there a better way of measuring that, then?

**Mr. Joe Courtney:** That data we don't have.

**Ms. Sarah Declerck:** But we've been listening, I think, very closely to some of the questions that the committee members have been asking, and that's a very important question that you're asking. One of the things that we'd like to be able to do is to actually calculate in a better way, have a better sense of the demand.

We know that people are living longer, that there are more people in the system. At least, our members report that. We also know that there is increasing complexity of needs, dual diagnosis etc. We feel a combination of pressures in terms of fewer resources, but also more demand.

But to actually quantify that and to compare it we think would be very important to do.

**Ms. Cheri DiNovo:** If you could have a per capita—

**Ms. Sarah Declerck:** A per capita, exactly.

**Ms. Cheri DiNovo:** —that would really tell the story better.

**Ms. Sarah Declerck:** Yes.

**Miss Monique Taylor:** Thank you so much for being here with us today. Thank you for the work that you do. I know that you don't do it for the paycheque, because the paycheque is just not there to show for the work that you do. I've seen it first-hand; I've visited many Community Living homes within my riding, within the entire city, and I commend you all for that great work.

Sarah, you mentioned a survey that was done over the summer. Would it be possible to share that survey with this committee and those results, as well as the report that you gave today? There were a lot of facts and figures in that. Could you please share that with us also? I think that information is absolutely relevant to the work that needs to be done here by this committee.

You also mentioned that if you had time, you would like to share some further recommendations that you had. I think as the workers of this province and the people who are on the ground facing the challenges that our people are facing, I would love to give up my time for those recommendations, please.

**Mr. Joe Courtney:** Maybe I'll address your first question with respect to the surveys. Yes, over the summer months, we conducted the first-ever province-wide CUPE bargaining survey for developmental services workers in Ontario: 8,000 workers. The goal of that survey was to establish bargaining priorities for the 2014

round of coordinated bargaining, which we are now going into. A lot of those results, as you can well imagine, we cannot share because it's confidential—

**Miss Monique Taylor:** The ones that you can share that are vital to us.

**Mr. Joe Courtney:** —but the information we brought here today, absolutely we can share with you.

**Miss Monique Taylor:** Please.

**Mr. Joe Courtney:** Yes, that's not a problem.

**Ms. Sarah Declerck:** But also what we found is that—and I mentioned a survey that was conducted by OASIS. It was a survey of 139 agencies, and in many senses, it corroborated what our members were telling us, both anecdotally and through our survey. We brought copies of that survey, and many of you may have already read it, but in case you haven't, that would be available on the OASIS website, and we also brought copies today. It's a survey of many more agencies than where we represent. The workers, as well—it covers both CUPE, OPSEU and non-union workplaces, so that might be helpful.

Thank you for asking about some of the ideas or recommendations. Many of them will be issues that many of you will have raised around the table. We have talked, I think, for a while about the importance of having multi-year funding commitments. Many of the agencies have talked about the need to have multi-year funding commitments to allow for longer-term planning. They don't have that right now.

A program of action is needed to reduce and eventually eliminate wait-lists for all supports. In particular, we need to look at wait-lists over a person's lifespan—wait-lists for children who age out of the school system, for example, and find themselves back on wait-lists again.

We need some specific policy development and planning with stakeholders to address the challenges of an aging caregiver population, which is more and more an issue, and a comprehensive review of services and supports—and some of that, I'm sure, will happen through this committee—to ensure that services are appropriate, including age-appropriate and need-appropriate. There are many stories where we are seeing loved ones, supported individuals in services—a retirement home, a long-term-care home—and it's not age-appropriate, for example.

Fair compensation for direct support workers to allow agencies to recruit and also retain highly qualified staff and to create the kind of stable arrangements that I talked about earlier, including full-time support work; stable arrangements that allow a caregiver to provide supports on a day-to-day basis and not on a shift work basis, or once or twice a week as a part-time worker—we believe that we really need to talk in this sector about mandated standards of care and, by extension it would follow, minimum staffing ratios. We need to talk about this. Those ratios will change, very obviously, depending on, again, the need and the complexity of needs. But we need to talk about what kind of staffing ratios are necessary in order to actually provide a quality service and honour the

commitments and the values that we've made through legislation.

**The Chair (Mrs. Laura Albanese):** Thank you. The time has concluded.

**Miss Monique Taylor:** Thank you. Could we just have that in writing, please?

**Ms. Sarah Declerck:** Yes, of course. Thank you, Miss Taylor.

**The Chair (Mrs. Laura Albanese):** Thank you very much for joining us this afternoon.

**Ms. Sarah Declerck:** Thank you for the opportunity.

**Mr. Joe Courtney:** Thank you.

#### ONTARIO PUBLIC SERVICE EMPLOYEES UNION

**The Chair (Mrs. Laura Albanese):** I would now call OPSEU to come forward. I would remind you that you have up to 10 minutes for the presentation. I would also let my colleagues and members of the committee know that, as you know, by the order of the House, we need to conclude at 5, so I will caution everyone to be on a concise end from here on, because otherwise—we're running about eight minutes late, but that comes off of questions if the presentations take the full 10 minutes. We cannot sit after 5.

Good afternoon. Thank you. You may begin. Please state your name for the purposes of Hansard and we can proceed.

**Mr. Smokey Thomas:** My name is Smokey Thomas. I'm president of the Ontario Public Service Employees Union. On my right, I have sister Patti Markland, our developmental services sector chair; and on my left I have Nichola Martin, our research officer. I'll try not to take you past 5.

Social services are in crisis. The Ontario government is going ahead with bureaucratic restructuring schemes and individualized funding plans instead of providing adequate funding for social services. Developmental services are part of this larger problem.

All social services—children's aid, developmental services, children's treatment, mental health services and so many more of the social services we depend on—are suffering from long-term neglect, which has now led this province to a crisis in care. While we are focusing on the specific issues addressing developmental services today, they are part of the larger problem of Ontario's social services, which this government will also have to address. It is time to make the needs of those often-overlooked citizens our priority.

What we're experiencing in developmental services is the effect of long-term, systemic underfunding. Let's be clear: This is about people's lives. This is about aging parents fearing what will happen to their child when they are gone. It is about desperate families who struggle every day to care for their loved one under extreme stress and with little respite. It's about leaving a family member behind at an agency because you can no longer care for them. It's about care providers who struggle to produce

healthy meals on a shoestring budget and no longer have the funds to take people in residence on outings. We're all here today because there is a crisis in developmental services. I'm going to share with you our concerns about quality care, as well as ideas for sustainable solutions that address both immediate and long-term needs.

Quality care must include dedicated, caring staff for whom work and developmental services is the career of choice. Full-time jobs are being replaced by part-time jobs, and wages in this sector are low. This means that staff struggle to make ends meet. They must often work two or three part-time jobs to make up one full-time salary. This has in turn led to a high turnover rate. Continuity of care is an important part of quality care. This chronic issue must be addressed.

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Quality care requires timely access. However, waiting lists are chronic and growing. Some 24,000 Ontarians with developmental disabilities are on waiting lists for services. Of those, 12,000 people are currently on wait-lists for residential opportunities. Families can wait years to receive the care they need for their loved ones.

Out of desperation for assistance, some people with developmental disabilities are receiving the wrong kind of care. Many are in long-term-care facilities, psychiatric hospitals, nursing homes and even in jails. These people deserve the dignity and respect of access to services. Their families should not have to suffer with stress and anxiety as they struggle with the unmanageable burden of caring for their loved one without support.

Restructuring the system will not solve the problem. It is not a substitute for adequate funding. Moving resources around and around will not make them grow. Privatizing services, as encouraged by the new Passport system, is leading to difficulty of access.

The new Passport system has many problems. Families are waiting a very long time for Passport funding. The backlog appears to be growing, and many are getting increasingly desperate, as they see no end to the wait. When the promised Passport funding does come through, it is often insufficient to meet the need for care and specialized developmental services. Simple respite care is a top priority for overburdened families, and must be a priority for their use of Passport funds. More expensive specialized care is difficult to afford when there are such limited funds.

The Passport system is also causing defunding of existing specialized care programs. Specialists require reliable, sustained funds and cannot operate if they depend heavily on unpredictable individual care requests. Once the existing support-system infrastructure is lost, it is very difficult to get back.

I am also deeply concerned about talk of social impact bonds. We are hearing more and more about social impact bonds, which are a popular new idea and are already widely used in the United States. Jim Flaherty announced that social impact bonds will hold promise, during the 2012 federal budget. Don Drummond's report recommending cuts to Ontario public services also called for

pilot projects using social impact bonds. We would do well to look at the effect they have before considering implementing this dangerous strategy in Ontario.

Social impact bonds are designed to extract profits from services, not help people. The results are a dismantling of infrastructure. Once that is gone, it will be difficult to piece back together again. Agencies will mistake this new source of funding for a miraculous windfall instead of recognizing it for what it is: Social impact bonds download responsibility from public services onto investors. Profits will come out of the bottom line, and those depending on services will sacrifice quality care to pad shareholders' pockets.

Let's talk about solutions.

The select committee will be travelling across the province, and I commend you for taking this initiative. During these important meetings, I encourage you to pay special attention to the experiences of front-line staff. They provide an important perspective on priorities in care.

Fixing the system starts with taking responsibility. Developmental services require more infrastructure, better funding and a serious commitment from the government of Ontario. We believe the only way to serve the best interests of those relying on developmental services is to ensure sustained and reliable funding in the long term. This will require acknowledging that there is a crisis, and making developmental services a priority.

We must move away from the damaging austerity agenda. Improving our developmental services will require this government to create a plan to reduce income inequality in Ontario. This plan must include an increase in taxes on high-income earners and corporations, to pay for the services people need—and I might say they'll still be rich after you tax them a little more. There is tremendous wealth in Ontario. In fact, there is more money in our province than there has ever been. We can afford to care.

You have all received an overview of OPSEU's position on developmental services in Ontario. A thorough research paper is forthcoming that Nichola is working on. I'd now like to ask Sister Patti, from our developmental services sector, to share a few words.

**Ms. Patti Markland:** As chair of OPSEU's developmental services sector, I am proud to speak to you today about the effects experienced on the front lines every day as a result of the current crisis.

I want to thank everyone here who came to OPSEU's developmental services lobby day here at Queen's Park on September 18 of this year. Many of our developmental services workers came from all over the province to be here that day with you. Some of us brought families and the people we care for so that you could hear directly what the current crisis in developmental services means to all of us. I'm certain you were impressed and overwhelmed, as I was, by the powerful stories that were shared here at Queen's Park that day.

I was particularly moved by the story of a single mother who was struggling to hold on to her job as a bus

driver. She's barely managing day to day while waiting for Passport program funding to provide services for her son, and has been waiting for years.

A mother told us how worried she is about her son who is non-verbal and still waiting for residential care. She is growing older now and is anxious to know that he will be cared for when she is gone. That time is coming soon.

We also heard about how beds were standing empty at certain residential facilities because lack of funding means there is not enough staff.

I know many of you here are personally affected by this crisis in developmental services. The people who deliver the services that so many in our communities depend on are being pushed to the limit. We are stressed, anxious and worried about the people we care for. Many of us cannot find the full-time work we need to make working in this sector possible as a long-term career. We chose this profession and are dedicated to the people we provide services for. We are doing everything we can to help, but we need your support. We need decent funding for this sector. It's urgent.

Thank you.

**Mr. Smokey Thomas:** Thank you. That's all we've got until there are questions.

**The Chair (Mrs. Laura Albanese):** Thank you very much for the presentation. I will turn it over to Mr. Jackson.

**Mr. Rod Jackson:** Thank you for coming and presenting today. I know that you're all very busy and it takes time out of your time. You could be somewhere else, so thank you for coming—a very well thought out presentation. I took a quick look through what you presented here, and I liked listening to your oral presentation.

I think we can all agree that there have been years of neglect for those in the disability sector, not just the workers but certainly people with developmental disabilities. It probably lies equally at all our feet as parties, too, which I think is what brings us here today to try to resolve this problem.

I would definitely agree with you that part of that neglect is financial. It is a very complex funding model that we work with. We heard earlier this morning of different ministries that are trying to work together and in many cases failing to work together efficiently to come to a solution, to their own frustration and admission.

Outside of the fact that I think we do have some issues around funding and what should get funded and how it should be funded and how people should be paid, there's also an opportunity to talk about what can be done to improve quality of service for people with developmental disabilities, whether it's through education, whether it's through housing opportunities, any number of the complex pieces that we have to put together and that may not cost money.

Your members work very hard and have a genuine care for the people they serve—I know that for a fact—and must have thought about what sort of changes could be made in the system, organizationally or other, that will

have little cost impact. I think that would be an interesting angle to take, and I'd be interested to hear your views on that.

**Mr. Smokey Thomas:** Two points on that. One is, you hear all the talk of supportive housing, affordable housing, and we don't have the billions of dollars to build the infrastructure. The answer is simple and it's a fraction of that: Just give people enough money to afford housing, to afford to pay rent. That's a really small cost.

The other one is, in the haste to close the institutions, in the rush, two ministries should hang their heads in shame: Comsoc and health.

I'll give you but one example. At Ongwanada in Kingston, in partnership with Queen's University—and Queen's paid to keep this program going to the tune of \$1 million a year for a couple of years—they used to train social workers, psychologists, medical doctors and psychiatrists specializing in developmental disabilities at Rideau regional. It was a cross-appointment, so they would go learn how to do things and learn how to deal with people in this sector of society—particularly GPs. They did a lot of work with GPs. So when that was failing—my son is a recipient of care from Ongwanada. Dr. Jones—there are two Dr. Joneses there. They both approached me and said, “Could you help us get a meeting with the government? We're trying to save this program. Queen's is running out of the money.” They had been taking it from pots of money.

I arranged a meeting with the government for them, and to say that they were insulted, ignored—they came home totally frustrated, twice—would be an understatement. The Ministry of Health said, “It's not our problem, it's Comsoc's,” but Comsoc dumped people on the Ministry of Health. So I say hang their heads in shame.

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There are solutions that, if you want to sit down and talk to front-line workers and talk to people like Patti, who lives in this sector and bargains in this sector—there are solutions, but I despise local solutions coming out of Toronto and bureaucrats at Queen's Park just dismissing people. I can give you hundreds of other sectors where I've personally asked people to come in and try to help the government, only to be sneered at and dismissed out of hand and ignored.

There are solutions out there, my friend. They don't cost a lot of money, but yet they cost some money, and that “some money” is what we really need, right?

**Mr. Rod Jackson:** All right. Thank you. I appreciate your answer, and certainly it answers the question.

**The Chair (Mrs. Laura Albanese):** Further questions?

**Mr. Rod Jackson:** I think my colleague has a question.

**Ms. Sylvia Jones:** No, I'm going to—  
*Interjection.*

**Miss Monique Taylor:** Thank you. Thank you for being here. Thank you for the work that you do. As I had said to CUPE, it's definitely not for the pay, and we know that. There's so much heart that goes into the work that you do.

MPP Jackson raised a good point. Could you provide us with a list of low-hanging fruit? What little changes can be made that are affordable? Because we all know that there's a money problem. There's a huge funding problem within this sector that needs to be addressed. But some of that low-hanging fruit, too, just might make that little bit of difference that is an easy fix. There's no better place for that to come from than the workers themselves and the people who are dealing first-hand with the challenges that people are facing daily. So I would love to see that.

I'm also curious about what you feel you're not getting in the form of possible training and in tools in making your job better for yourselves, for your workers. There are safety issues; there are so many issues that your workers face on a regular basis. What are those challenges, and what is it that you need to make it better for everybody all the way around?

**Ms. Patti Markland:** The pieces of fruit that you're talking about, we try to do every day. But you get called in to work, or someone calls in sick—there's not enough staffing. People's places that they're supposed to go—you might have them a placement in a school, handing out library books in the library, which is great; they're out in the community. But you're having to cancel it every day because staff calls in sick, they can't replace it or there isn't staffing.

Just this last summer, where I work, we were told up front that the hours were just not there for the outings, they call them, so people didn't get to church every Sunday who normally did and didn't get to do things. So it's hard to, with the funding we have, and with the everyday world we live in, find a piece of fruit to get at, because you can't. It's not there.

**Miss Monique Taylor:** And they're the important keys. They're the things that this committee needs to hear about. I would so appreciate if you could compile some of that stuff and put it in a report and send it to us so that we can—that's what we're here to do, right? We're here to face these issues, and these are the issues I want to hear about. So please, please, please send us that report.

**Ms. Patti Markland:** Sure. We will do that.

**Mr. Smokey Thomas:** I'd like to add two points. One is bosses. We've seen funding either flat-lined or cut to all kinds of community agencies, so there has been really a marked reduction in front-line staff. But there has never been a reduction in the management ranks.

We almost had a strike in a little agency in Trenton that used to have 30 workers. They're down to 11 workers; they've still got the eight managers for 11 workers: director of finance, director of resources. I've raised this with two Premiers—now three Premiers, but anyway—countless ministers, and nothing happens. I don't want to see anybody lose their job, but what does the boss add to the bottom line? They don't get in the van and take people on an outing or help with the individual care.

I would just say, on funding and money, they're two separate things. There is a remarkable lack of funding, but I believe the money is there if the government of the

day decides to put the money there. I could say “power plants” or I could say all kinds of stuff, but it is a question of choices, a question of priorities, and this Premier ran on being a social justice Premier, right? I’d like to see some of that compassion. There’s a role for government to play in helping to look after people who cannot look after themselves.

I can remember sitting in church—some time ago, but still sitting in church—and the couple in front of me, they were getting older. She’s now dead; she died a few years ago. This young lady—well, she’s not a young lady; she’s in her early fifties—lived at home all her life, and her dad is getting frail. He actually turned to me one day and said, “I know who you are. Can you help me? I don’t know what I’m going to do. I can’t look after her anymore. What’s going to happen to her when I’m gone?” I damn near cried. If you’ve got money for anything at all in life, and I said this in our budget presentations, too, put some serious money into ODSP and put some serious money in social services. Have people have enough. If you want them to live on their own, have them have enough money so they can afford to live on their own. Right?

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

**Ms. Cheri DiNovo:** Thank you for your presentation, and thanks for your candid words. It’s refreshing. We’ve heard a lot of ministry-speak here.

Some \$42 million was announced to address those wait-lists. When I’ve talked to front-line agencies and workers, nobody knows where the money went. Do you know where the money went? Did some money come down? What happened?

**Mr. Smokey Thomas:** I’ve got a hundred catty answers, but I won’t give them. We don’t know where the money went, either. It takes a long time. I’ve worked for the government since—I started in 1970, and then we got divested and stuff. It takes a long time, in my experience, for money announced to flow. CUPE talked about the \$220 million, and I often wonder how much of that \$220 million actually got to clients and group homes and services. So \$22 million would be a nice start, but you’re right: We don’t know where it went. We’ve seen no evidence of it anywhere, actually. I asked Patti when CUPE was presenting.

**Ms. Cheri DiNovo:** The other question is the same one I asked CUPE, actually: How much is the shortfall? I know you don’t want to put a dollar amount on it, but you must know from cutbacks etc. How much is needed to play catch-up here to provide the services that are necessary?

**Mr. Smokey Thomas:** We’ll let our researcher—

**Ms. Cheri DiNovo:** Sure.

**Ms. Nichola Martin:** We don’t have exact numbers, but we could do a back-of-the-envelope sort of approach. If we look at residential, 12,000 individuals are on the wait-list, and if we guesstimate \$75,000 per person, there’s a shortfall of \$900 million, which would barely touch the needs out there. This represents a 50% increase

in the current total budget for developmental services. Of course, that’s not even touching the other 10,000 to 12,000 on the wait-lists for programs and care.

**Mr. Smokey Thomas:** Just to add to that, though: All those institutional closures which saved the government money, that money was supposed to go into community care, right? We can’t find any evidence of that happening, either, in psychiatry or in anything.

**Ms. Cheri DiNovo:** Right. Thank you.

**Miss Monique Taylor:** Sorry. How much was that per person?

**Ms. Nichola Martin:** We were just doing a guesstimate of \$75,000. I actually did talk to Manitoba, and there was a pilot project—I didn’t talk to the whole of Manitoba, but someone who was on a pilot project 10 years ago. They were estimating \$100,000 per person at that time, so the figure I gave you is a conservative figure.

**Ms. Cheri DiNovo:** I have one other question, since we’ve got a bit of time. Who does it better? Is there a jurisdiction that does it better in Canada?

**Ms. Nichola Martin:** I think that’s something that we need to do more research on, but I think you too need to do more research on that.

At this point, I just want to point out that there is a philosophical difference between direct funding and self-managed care.

**Ms. Cheri DiNovo:** Of course. We’ve heard that.

**Mr. Smokey Thomas:** We have a national working group through NUPGE that has done a lot of work on it. We’d be happy to share some of that with you as well.

**Ms. Cheri DiNovo:** Yes. That would be great. I’ve travelled to Sweden. I know some other ways of doing things that are better. It would be interesting to know if there are jurisdictional examples here that we can draw from.

**Mr. Smokey Thomas:** My recollection is that the problems in Canada are pretty much the same all across Canada.

**Ms. Cheri DiNovo:** Yes.

**The Chair (Mrs. Laura Albanese):** Thank you. Now to the government side.

**Ms. Mitzie Hunter:** I’ll start. Thank you for appearing before the committee and for presenting and also for the document that you circulated to us. I agree that it’s very good.

You talk about the investments and that putting that in the workers is important. I’m wondering if you can talk about how you see that would benefit the person with a developmental disability.

**Mr. Smokey Thomas:** Well, if you have constant and rapid turnover of staff—in most relationships in any kind of caring situation, trust is the immeasurable thing in the relationship. In this sector, we’ve seen increasingly that it’s a part-time, predominantly female workplace, so it’s sort of ghettoizing women workers. But also, if you’re working with clients, as they’re called, it’s important to have some continuity of care.

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Like I say, when there's a rapid turnover, and what we saw back in 2007, when the government put the money in—we had seven strikes in OPSEU to force the government to put that money in, and what we found was workers were travelling all over. In Ontario, workers living in two towns fairly close together just jump agencies every time somebody gets a little bit of a raise. There's no loyalty to the agency, because you don't have a pension, you may or may not have benefits, and certainly you're treated like dirt beneath the boss's feet. Your goal in life is to work in the sector, not to work for a bad boss.

There really needs to be an intensive amount of work with the employer groups on labour relations and, actually, on human relations, how you treat people who work for you. We're happy to do that, and I encourage that all the time. We could do that through the Ministry of Labour. It has programs to work with unions and management groups.

But also, there really needs to be an emphasis on full-time, good jobs that pay enough to live on, so people can settle in and stay and make a career out of working in an agency or a group home.

There is no loyalty. I'd go for a dollar an hour if I was in that boat; I'd quit. They can go back and forth, believe me.

I'm a boss too. I'm the boss of the union, believe it or not, so I wear two hats. There's quite a tremendous cost with staff turnover—recruitment, retention and retraining—so there's an added burden there on the agencies.

I think there's lots of room for improvement that can realize savings for both sides that I would be very happy to see our union partake in, if those savings were put into the clients.

**Ms. Mitzie Hunter:** Okay. Do you have any concerns about the ability of the current workers who are in the system?

**Mr. Smokey Thomas:** No. If you can get a service, or if you can get into a residential setting, you've got it made. No, I'm serious. It's getting in that's the problem.

**Ms. Mitzie Hunter:** Getting in. So let's talk a little bit about that in terms of—and I asked the previous presenter this as well. The concern about a return to institutionalization of individuals: Do you have any concerns about that?

**Mr. Smokey Thomas:** Again, I come out of an institution, the former Kingston Psychiatric Hospital. We weren't all monsters and we weren't all bad. There were good things in the institution that are now lost.

So do I have concern about going back to those ways? No. Community is better. But community is more expensive, and that's the part that has not been recognized or funded. Do you know what I mean?

But there has to be someplace safe for the individual who has a high need, who maybe has issues with assaultive behaviour or other aberrant behaviours. What's lost in Ontario is that avenue of last resort. It used to be the psychiatric hospitals, but that got taken away back in the

mid-1990s. So in Ontario, there's nowhere for somebody who nobody can look after. There's nowhere for them to go. There's nowhere right now—like I say, it's difficult to get in.

There needs to be some serious thought given to how we handle people with higher needs, their expenses, so the agencies don't end up paying overtime 24—I can tell you one incident in Kingston where somebody had to have two staff, 24 hours a day. They had to buy a house; they had to secure the house. They had security outside the house. He was about a \$1.2-million-a-year person. But he had a really good setting before he got divested to the community, right? Health shifted him off their budget and dumped him into Comsoc's.

Yes, there are answers there, but it takes open-mindedness on the part of government, and policy-makers to sit down and actually listen to workers.

**Ms. Mitzie Hunter:** I'm just wondering, because I know the member opposite also referred to the \$42.5 million. Part of the announcement was actually intended to be provided to help families with adults who were in high-risk situations, as well as reducing the pressures on the wait-list. Do you see any benefits that could be derived from having a direct funding model? Because you do talk about that sort of high need and how do we respond. So that was a way to put some resources in the system to help address that.

**Mr. Smokey Thomas:** My fear with direct funding, and it's probably not politically correct, is that the money doesn't go where it's intended and doesn't get used. So I don't know how you put safeguards into that kind of a system.

Again, I'll just go back to that in any civilized society, in my humble opinion—and it's shared by many old politicians who, like myself; have been around, all three parties, and other walks of life—government does have a duty to people in society, to keep them safe and cared for, and I would submit that direct funding is a dangerous way of abdicating that responsibility. We see all kinds of problems with it, and the potential is, you never know what's going to happen.

It's like giving money to municipalities for ODSP and Ontario Works. If they do ODSP, I think that's a mistake. It should be run by the province. Ontario Works: From municipality to municipality, there are all kinds of differences. You know what I mean? So you're going to have some haves, some have-nots, and I think individual funding would really create a lot of haves and have-nots.

**Ms. Mitzie Hunter:** Am I out of time?

**The Chair (Mrs. Laura Albanese):** You have time for another question, if you wish.

**Ms. Mitzie Hunter:** Okay. Just in summary, one of the things that we're trying to do as a select committee is to look for solutions and to look for how we can look at that life cycle of care and support that an individual with developmental disabilities needs and how we can work across ministries. So is there anything that you would add that perhaps you have not stated or heard today that could assist us in that work?

**Mr. Smokey Thomas:** Well, we'll send you a whole bunch of paper and ideas. Also, Nichola's working on a research paper that will come out in the new year. We'll send you that.

But just on that cross-ministry stuff, I've got to tell you that drives a guy like me just around the bend. I don't know how you get over that silo thing, but somewhere in here Comsoc and health have got to come together and create some kind of a working group that's action oriented, not "It's your problem"; "No, it's your problem." I hear that. I go to meetings with ministers and deputy ministers—I'm not kidding you, it's very frustrating. So if it's frustrating for me, and I'm very well looked after in the world, what about somebody who's struggling to put food on the table or find a place to sleep tonight—you know, couch surfing?

When I tour the jails, I see people that I know have developmental disabilities, who come out of institutions, because the officers find out sooner or later—not that they're ever told a lot about inmates. That's just wrong.

I went through Elgin-Middlesex a year or so ago. I haven't been on a ward in a psych hospital in a long time—I've been doing union stuff—but I heard three times, "Hey, Smokey, how are you doing?" "What are you doing in here?" "It's a hell of a lot warmer in here than it is out on the streets." That's not a real good reflection on us as a society.

But I would like to say that I do commend the three parties working together. I hope you come up with some good recommendations. We'd really like to be part of the solution. I can't say enough that the front-line workers can really be a tremendous part of that solution, right? But you've got to listen to the front-line workers.

**Ms. Mitzie Hunter:** Thank you.

**The Chair (Mrs. Laura Albanese):** Thank you for appearing before the committee this afternoon, and thank you for your presentation. We look forward to the other documents that you'll be bringing our way.

**Mr. Smokey Thomas:** Thank you.

#### COMMUNITY LIVING ONTARIO

**The Chair (Mrs. Laura Albanese):** The last presenters of the day—last but not least—is Community Living Ontario. We would invite them to come to the front and please be seated. If you could kindly introduce yourselves before you begin your presentation, stating name and title. We'll have up to 10 minutes for the presentation.

**Mr. Chris Beesley:** All right. First of all, thank you for inviting us here this afternoon. My name is Chris Beesley. I'm the CEO of Community Living Ontario. With me here today on my left is Claude Sauvé, from Lanark? Where are you—

**Mr. Claude Sauvé:** I'm from around the Ottawa area. I'm from Alexandria, Ontario.

**Mr. Chris Beesley:** And to my immediate right is Rick Strutt. He's our treasurer on our board of directors

and also a parent; and Gordon Kyle, who's our director of social policy.

I think you each have our materials. We have a long version which is 39 pages, which hopefully will serve as more of a reference piece. We're not going to go through all of that today, you'll be happy to know, but I am going to read through our summation, which is much briefer, and hopefully that will form the basis of some discussion here, all right?

1620

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

**Mr. Chris Beesley:** We welcome the opportunity to provide our ideas to the select committee regarding the establishment of a comprehensive strategy for the developmental services sector. Our submission responds to the areas of focus described in the committee's mandate, namely education, employment, inclusionary opportunities, housing support needs of families and how to most appropriately support all of these needs.

In addition to the areas of focus contained in the mandate, we encourage the committee to consider the critical issues related to legal capacity and decision-making. Acknowledging and supporting the legal capacity of the individual is arguably the most transformative reform that can be taken. Such provisions will ensure to the individual the mechanisms for entering into all types of legal agreements, including direct funding agreements, leases, mortgages, financial loans, marriage contracts etc., thereby opening the door to many possibilities that have, to date, been out of reach of many people who have an intellectual disability. At present, the Law Commission of Ontario is studying capacity and decision-making through two initiatives, one focused on reform of existing laws related to substitute decision-making and the other specifically addressing decision-making as it relates to opening and managing a registered disability savings plan. We recommend that the committee study this area of reform and lend support to the need for a progressive new legal framework for Ontario.

We also recommend that the committee consider the central role that families play in the lives of people who have an intellectual disability. Families are the key to making the system work. Systems need to be tailored to them, be easy to navigate, provide immediate help when needed and respond quickly to the specific needs of each family.

The rights to access services and supports: The demand for supports and services continues to grow while the resources to respond do not. There are huge and growing wait-lists for services and supports of all kinds. Many are waiting for personal supports that they need to address basic daily needs. Without adequate support, people are vulnerable to poor health, poor diet, poverty, sub-minimum housing, violence, neglect and abuse of all kinds.

We recognize this as a violation of rights since the absence of such supports restricts the ability of many to participate effectively in his or her community and enjoy the benefits of citizenship. This is a principle supported

by the United Nations Convention on the Rights of Persons with Disabilities, which Canada has ratified. The convention clearly identifies the responsibility of governments to provide a range of supports aimed at ensuring the enjoyment of one's human rights.

Problems with Developmental Services Ontario: The Ministry of Community and Social Services established DSO as a one-stop shopping option designed to streamline access to developmental service supports. By limiting access to a number of specific regional centres rather than through the broad network of developmental service providers throughout the province, access points have, in fact, reduced dramatically. Further, the DSO process has discouraged local Community Living organizations from developing supportive relationships with individuals and families to explore creative approaches to addressing needs. The point of contact and the identification of supports to be provided are both controlled through DSO.

In the past, Community Living organizations had a large degree of flexibility to work with people to find creative solutions to their support needs and often looked to resources other than MCSS funding to address them. The DSO approach offers a far narrower range of supports to people through its system of tracking vacancies that organizations have in the services that MCSS funds. Agencies that used to serve as a gateway to the community for people are being reduced to little more than a delivery vehicle for government-funded developmental services.

The result has been a reduction in the range and type of supports available to people. Reduced availability of supports has meant increasingly that people must be heading for crisis or already in crisis to access services. Crisis is a consequence of the way the system is designed. It is no wonder that the Ontario Ombudsman has seen a dramatic spike in complaints from individuals and families in crisis. Crisis is now a necessary prerequisite for service. Let me say that again: Crisis is now a prerequisite for service.

Our full brief to the select committee contains a number of observations related to DSO, including the following that we recommend the committee include in its comprehensive strategy:

(1) Provide assurance to individuals and families that their future requirements for supports will be provided where and when needed. This will potentially reduce short-term waiting lists, allow more responsiveness to those needing more immediate support and relieve the sense of looming crisis most families feel.

(2) Ensure that the funding levels and policy framework for Passport are appropriate for ensuring that people receive adequate, quality support and are not at risk of situations that might contribute to crisis. Further, ensure that the maximum funding levels for Passport are not used as a benchmark to drive down funding for other services to a level where they will be unable to appropriately support people.

(3) Assess fairness in funding levels on a measure of the outcomes achieved through the supports, rather than a principle of "those with similar needs receive similar levels of funding."

(4) Identify the degree to which there has been an increase in inappropriate admissions to other government-funded services, such as health and corrections, or to unregulated options, such as boarding homes and congregated private facilities, as a result of the underfunding of the developmental services sector, and provide resources to reverse this trend.

(5) Commit to an adequate level of funding now and in the future to maintain a stable system, ensure people have access in a timely fashion to appropriate supports and build new capacity for addressing current and emerging unmet needs.

(6) Make person-directed planning available to any who choose it as soon as the person is determined to be eligible for funding under the new legislation, but before he or she begins the process of needs assessment and funding allocation under DSO.

(7) Reverse the ministry's policy to cut funding to young people as they reach age 18, forcing them onto the wait-list for Passport, and ensure continuity of support during that critical transition period in order to ensure a higher likelihood of young people entering adulthood in a more stable and independent fashion.

Reforming the education system: Education is the cornerstone of a person's citizenship. It is central to a person's opportunities for employment and inclusion in society. Opportunities to learn from, support and develop relationships with one another are not possible when students are streamed into separate and segregated classes.

In Ontario, the concept of an inclusive education system is well-articulated by policy-makers and educators, but all too often is not accessible by students who have an intellectual disability, particularly in the high school years. While many in the education system claim to support the principles of inclusive education, many see the general implementation of the practice occurring sometime in the distant future, perhaps because they see the magnitude of the reforms required.

We've called for changes, but have been told by officials at the ministry that we should not expect to see them for at least 10 years. This is not satisfactory. What we do not have at present is the will of those in authority to legislate that inclusive education as the universal reality in Ontario by diverting resource dollars away from maintaining separate special education facilities and providing individualized education programs in regular school classrooms. We must end the apathy that appears to exist among too many of those in authority within the education system and demand that real reform be implemented for students who are currently not included in the government's diversity and inclusion efforts.

Our full brief provides details on three key areas of reform that are needed to ensure that students who have an intellectual disability have access to an appropriate, inclusive education experience that will help them

develop the skills and relationships necessary for life as an adult. These include:

(1) Eliminating the outdated definitions of exceptional pupils in the Education Act, which currently focus on the student's inability to benefit from their educational experience;

(2) Providing the appropriate infrastructure and support needed to ensure that the regular classroom in the neighbourhood school is the norm for all students and eliminating fully segregated schools as an option for students who have an intellectual disability; and

(3) Teacher education for inclusive practices that utilize models appropriate for individualization, including universal design and differentiated instruction—

**The Chair (Mrs. Laura Albanese):** I would suggest, if you will—maybe you could just summarize the rest very briefly. We're bound to very strict timelines.

**Mr. Chris Beesley:** Absolutely. We discuss income levels, income supports and employment opportunities or the lack thereof. I can just tell you that we also look at appropriate housing options and the wait-lists for those. I could suggest, again, in the interests of time, that if we maybe want to have a discussion or ask questions around those issues, we could do that.

**The Chair (Mrs. Laura Albanese):** Thank you. I appreciate that. I'll turn it over to Ms. DiNovo.

**Ms. Cheri DiNovo:** I just have to apologize. I thank you very much for this. This is really extensive and I look forward to reading it. I have to leave for another appointment, but my colleague will be asking questions.

**Miss Monique Taylor:** Thank you for being here with us. Thank you for the work that you do in our community and for this presentation. We had OPSEU here presenting right before you, and one of their concerns was that the sector is management-heavy. Nine bosses to 11 workers was one of the examples that was given to us. What are your thoughts on that?

1630

**Mr. Chris Beesley:** I guess, first of all, it depends on how you define "boss." I've—

**Miss Monique Taylor:** Okay. Well, if we have 11 on-the-ground workers and nine management overseeing those 11 workers—do you have a set ratio that you usually work by, or how do you work with that?

**Mr. Chris Beesley:** Ratios for service delivery would be based upon, first of all, the type of service being delivered and the needs of the individual being supported. If you have somebody with very high medical needs who needs 24/7 care, clearly that requires more staffing than somebody who is perhaps living in a supported independent living situation whereby they might only be getting a couple of hours of support per week.

Really, I think when you focus on the individual and the supports and services that they require, that dictates the level of staffing or human resource that's needed. If you characterize that as a supervisory or a direct-service delivery—again, depending on what's appropriate—that's what I would be in favour of. I guess what I'm

saying is that I can't comment on that specific ratio without knowing how that was arrived at.

**Miss Monique Taylor:** Okay. There were other comments made about the lack of community outing times that people are getting now because they now have one person working at a time, or two. So one is able to take someone out into the community while the other one is staying home dealing with other people in the home.

These are the kinds of things that we're hearing. They're definitely the kinds of things that you'll be hearing once we get those written reports back that I've asked for. I think they're a really important piece of the puzzle in making sure that people are getting the services that they need while living in Community Living.

I'm also curious. I deal quite often with people from Hamilton in the Community Living sector, and one of the things that was brought to my attention was they were willing to do respite care during the day while some of their residents were out doing other things in the community during their outing times. Right? So they go out and they participate in whatever it is. They could be working in the community; they could be doing whatever they do. But that leaves empty spaces in that home, where there are already workers there. What are your thoughts on using some of those times available for respite care for others?

**Mr. Chris Beesley:** The idea of respite care being a time and space for an individual to spend time, likely apart from their family living situation—if it's during the day, that may be appropriate and there may be opportunities there. But I suspect that the system, if you care to characterize it that way, being stretched as it is, has pretty much found most efficiencies that can be wrung out of it.

While I wouldn't discount that as a possible option—and certainly in any specific area, that may or may not be a more practical option, and in any specific home, that may or may not be an option—I can't comment specifically. It might be, but I suspect that pretty much everything has been done to get more from less.

**Mr. Gordon Kyle:** If I might, if I understand the proposal, I think it would also have to take into consideration the wish of the people whose home that is. The staff are there to provide support to the individuals who live there.

We wouldn't be supportive of just a programmatic kind of insertion of people coming and using somebody else's home as a respite centre without those people being part of the decision that that's an appropriate thing to do. I think all of that needs to be taken into consideration.

**Miss Monique Taylor:** That's fair.

**Mr. Chris Beesley:** Yes, that's a good point.

Excuse me, Claude wanted to say something, if that's all right?

**Miss Monique Taylor:** Yes, of course. Please go ahead.

**Mr. Claude Sauvé:** Me, I just wanted to say something. When I'm going to speak, I'm going to speak for people with disability. I'm not speaking just for myself,

because I'm a person with disability too, so I see different ways of different things.

The only thing is, too, I thought maybe if there could be a way sometimes with funding, somehow—some of the associations, what they do is, they charge for respite care, and if you can't afford respite care, you've got to go without it. I thought maybe somehow if the government can come back and say—I know it's on the list; maybe it won't happen—but say, “Well, we'll help you with support to have a meaningful day for certain people.” I've had some people that came back to me and said, “Well, we need respite care, but we have to pay out of our pocket, and we can't afford it.” The person doesn't have the money for that. I just thought maybe that's one way we could somehow look into helping with respite care.

**Miss Monique Taylor:** An important piece, Claude. You're absolutely right. We definitely need more respite care, and families need to be able to afford it, right? I think that comes with a lot of the Passport funding and the challenges that the families are facing in dealing with that lack of funding that is available to them.

If you had a wish list and you had a number one thing, what would you ask for?

**Mr. Claude Sauvé:** Especially me? Are you asking me, or—

**Miss Monique Taylor:** Actually, to Community Living specifically.

**Mr. Claude Sauvé:** Oh, okay.

**Mr. Chris Beesley:** Number one thing? Gosh, out of the 39 pages?

**Mr. Gordon Kyle:** Yes. We really do need a comprehensive plan to decide and figure it out. That's kind of the wish list, but that incorporates everything that you guys are undertaking.

**Miss Monique Taylor:** Do you have a wish list in here?

**Mr. Gordon Kyle:** No, because we haven't broken it down to priorities. I think what we're hoping comes from this process is that we actually do think of all of the pieces that need to come together. It's really an intersection of a whole lot of stuff that needs to happen.

**Miss Monique Taylor:** It is. It sure is.

**Mr. Gordon Kyle:** Something that we're hopeful for that wasn't in your mandate, that we pointed out at the beginning, was the issues around legal capacity and so forth. We've been pressing, and we do think it's a really transformative consideration. We're hoping it gets picked up on because it wasn't part of the initial thinking of this. That may be one we wish would get put in.

But other than that, I think the whole range of things you've identified for this committee are essential. It's really hard to pick one over the other, because if you just do it, you haven't really got a proper reform; you've improved that little piece of it.

**Miss Monique Taylor:** Will we see you here often during these delegations?

**Mr. Gordon Kyle:** We'll be here when we can, yes.

**Miss Monique Taylor:** Good. At the end of the delegations, I hope that you would put forward your

responses and your acknowledgements to the things that you've seen in the committee, and to the challenges that you know your sector is facing.

**Mr. Chris Beesley:** Absolutely, and likewise, as this process unfolds. The larger document is indexed under different subject matter, but as you wish for more, have questions about or require more input on certain areas, then certainly we can provide you with that.

**Miss Monique Taylor:** Thank you. Do I still have time, Chair?

**The Chair (Mrs. Laura Albanese):** Well, you have about a minute, so if you want to add something, please go ahead.

**Miss Monique Taylor:** Okay. Go ahead, Claude.

**Mr. Claude Sauvé:** One little thing, not to take away from Community Living—

**Miss Monique Taylor:** No, of course.

**Mr. Claude Sauvé:** But if there's one thing I could add for people with disabilities and all of that, we have a wish list, and we're hoping maybe the government is going to look at it. We would really like it.

One is to get out of poverty, and one way to get out of poverty is if the government could see maybe giving us more money. I know that sometimes it's not possible—but if you go anywhere, you pay \$800 or \$900 for rent. A single person, when they only have \$494 to pay for \$900 rent, where is the rest of the money going to come from? You have to take it from the money that the government gives you to buy your groceries and all that, and that's why we have to go to food banks.

I do go to food banks, but I don't like going to food banks, because then people point at you, right away. I know you need help, but why judge us? We're not asking to be like that. I'm a person who lives it every day. If people want to ask me questions, I'll tell them how I live it every day. I live on ODSP and all that, and it's month to month. Like, 1% is hard, but sometimes—I'm not saying every year, but once in a while—they could say, “Okay, we'll give you 2% or 3%.” It would help a lot, especially for health care and all that.

I've got a special diet, too, that I need because I'm diabetic. I have high blood pressure and all that. Before, they were giving me \$100-something; now they're only giving me \$85, and most of that goes to pay for the strips I use to check my sugar. The rest, when it comes to a special diet, you can't buy what you want, so you have to go with what you can get with the money you get.

1640

**The Chair (Mrs. Laura Albanese):** Thank you for your comments.

We still have more questions coming, so I'm going to turn to the government side.

**Ms. Mitzie Hunter:** Mr. Sauvé, thank you for inserting your wish list. I can certainly assure you that our government has many tables that we're looking at to address those issues, such as the poverty reduction round table, which is under way right now, in terms of reviewing that. We also had a commission that looked at the social services system as a whole, and that's where that

1% and some of the other improvements came from in this past budget. We know that there is more to be done, and we're committed to doing that work.

**Mr. Claude Sauv :** Thank you very much.

**Ms. Mitzie Hunter:** I want to thank you for the tremendous amount of work you've put into—I know that everyone on the committee will take the time to review your 39-page document. It's just a source of really great information. Then the summary, which you've gone through with us today—I know that you weren't able to finish some of the components such as income and employment. There is one suggestion that I've circled here because it's a concern that I certainly share: just using plain language and letting people who are on ODSP know that it's actually okay to go and explore employment opportunities, that they don't have to worry about loss of benefits, and if they need to come back, there is an opportunity for them to come back on to the ODSP system. I think that some of these recommendations that you have here will inform this committee and even beyond, throughout the ministry, so thank you for that.

Whoever chooses to address this—but with your 60-plus years of knowledge and experience, what have you seen, in terms of the system, that has evolved and that could help inform us as we are looking at delivering a comprehensive report early next year?

**Mr. Chris Beesley:** I don't personally have the 60-plus years, but—

*Laughter.*

**Mr. Chris Beesley:** Not quite yet.

**Ms. Mitzie Hunter:** Not yet.

**Mr. Bas Balkissoon:** Combined.

**Ms. Mitzie Hunter:** Combined.

**Mr. Chris Beesley:** Right. That is the plus part. That's where that comes in.

I'm going to speak—and I would hope that Claude and perhaps Rick could also speak—as a parent, because I have a teenage son with an intellectual disability. On the one hand, I thank God that he wasn't born in the area where, by default, people with an intellectual disability went to institutions. I'm happy that he has access to education. I think in those 60 years we've made a lot of progress, when you look at those areas.

I lie awake at night thinking about what's going to happen when he leaves school and when he's 21. Will my wife have to quit work? Will we, as a family, have 40% less income because supports that are available—first of all, he won't likely get them when he leaves school. We'll combine our ODSP, and luckily, we have some Passport funding. We'll combine that, and that will cover part of whatever day supports and meaningful day programs that we'll be able to hopefully cobble together. Then we'll put some of our own money into that to try and make that work. But they usually end by 3 o'clock in the afternoon, so what will happen with respect to transportation? That comes into, "Will my wife have to quit work?" And we're luckier than most—way luckier than most.

If you're a single parent, and you have several children, one of whom might have an intellectual disability, and you're staring down the barrel of this situation, what will you do? When you're 18, your special services at home, if you were lucky enough to get those in the first place, will be cut off—because you're 18, not because your life has changed or your requirements or your need for support has changed; it's because you're 18. My son had the good sense to be born in the correct fiscal year, such that his SSAH carried over to Passport. But for everybody else, that's too bad.

That's where I really see the fiscal cliffs happening, at transitional times for people, when they are perhaps most vulnerable and most in need of government support. I don't say that government is the solution to everything, and I don't say that throwing more money at it is the single solution. Obviously more funding is part of the solution, but I think there are a lot of untapped resources there in terms of the experience and people who work in the sector, people like myself and Rick who live it every day, people like Claude who live it every day, and people in the community.

I live in a great community where they were very embracing of my son until he had to go to a school for special ed because the school board would no longer accommodate him and his needs. He was one of the most popular kids in his primary school, so he shouldn't have had to do that. Now we're going to have to try and parachute him back into the community and say we want inclusion. Well, it doesn't work that way. Yes, a lot has happened over the last 60 years, but boy, oh boy, there are lots of things that we can do. I think we've got collective will, and that's why I'm really happy about this select committee existing, because, again, there are a lot of things that we need to do.

I'm taking up too much time.

**Mr. Claude Sauv :** The only thing I could add, if I could add something, is that I wish that, out in the community and all that, people would stop labelling us as people with disabilities. Yes, we have a disability; we know we have a disability. All we are asking is to have a chance to prove ourselves. I've always been given a chance; it's a while there and I proved myself. Now I say I might be a person with a disability, but I can put my two cents in where I want to. I find that if you have a person who lives what they're going through every day, that's who you need to listen to. We are people like anybody else. Yes, we have disabilities, but don't look at us as a disability; look at us as a person. I've got the same skin as everybody else, so why should I be looked at differently? I don't know if maybe somehow we could figure something out.

The other thing is that I like to get involved in a lot of things. I'm not trying to make a sales pitch or something like that, but if there's ever any committees that come up or something like that, I think I could put my share in. I would like to participate. I might not have the college degree or the university degree, but if I'm given a chance to prove myself, I'm sure that I could do something. If there's any committees I could sit on that do things with

people with disabilities, don't be shy. If you want my card, I've got cards here. I can give you a card, and you could just contact me—my email and everything.

**The Chair (Mrs. Laura Albanese):** Do you have further questions?

**Ms. Mitzie Hunter:** Do I have more time?

**The Chair (Mrs. Laura Albanese):** About a minute

**Ms. Mitzie Hunter:** Just perhaps if you could comment on what more we need to do across government, in ministries, other than through community and social services, because I think you've addressed that very pointedly—but the wider government and ministries to provide better integration for people with developmental disabilities in the community.

**Mr. Chris Beesley:** I think your previous speaker said a little bit about that in terms of, what drove him crazy was the siloing of various ministries. I know there has been some headway around inter-ministerial co-operation, but certainly a lot more needs to be done in that direction. I spoke about health, and there's obviously MCSS. There's children and youth; there's corrections. What else?

**Mr. Gordon Kyle:** Education.

**Mr. Chris Beesley:** Education, yes, and housing.

When you talk about people's lives, you talk about everything that touches their lives. The reason that we have ministries is to impact on the lives of citizens. Pretty much every ministry that's out there, either directly or indirectly, has some sort of impact or could influence or have input into how we better support some of our most vulnerable citizens.

Anything else?

**Mr. Rick Strutt:** My only thing would be on the transition side. There's certain times in everyone's lives when you go through a transition. The transition with my family—I have a son; he's turning 18 in January. He didn't have the luck of being born at the same time as Chris's son, so his special services at home stops, and now we're into the Passport funding, and we've gone through the DSO.

I was president of Community Living Toronto. I've been in here on numerous committees, meeting with people, government relations. I think I've got a pretty good base of what goes on, and I had to laugh at points during the whole process—not only through the ODSP, because it's very confusing, but also through the DSO.

English is, although my wife may debate it, my first language, so this isn't something that is foreign to me. I know at Tyler's school, he's got a lot of classmates where English is not their first language. That transition stage—and apparently we should be applying for DSO at, I don't know, 14. So it's a long process. It's very confusing. It's really understanding that transition, because that makes that whole system work a little bit better. It's that 18 to 21, 21-plus.

**1650**

As parents, our biggest fear—and Tyler is non-verbal. He needs help with all activities of daily living. When you're talking about our sector, it's a wide variety, right? He's not a big draw, but he needs some of the supports.

We want him in our lives for a long time. He's not to be dumped off on the system. We want to be part of his life, but we need to build it and we need help building it on that transition side.

**The Chair (Mrs. Laura Albanese):** Thank you. I will now ask Ms. Jones to continue with the questions.

**Ms. Sylvia Jones:** Gentlemen, thank you. If I ever have to question why I was sitting here and why we are doing this, I'll just pull out the Hansard and reread what you said, Chris, and what you said, Rick and Claude. So thank you for that.

I wanted to talk about the DSOs. I'm tempted to say, "I told you so." We were involved in this when we were going over Bill 77, and we did raise a number of concerns about what we felt the DSO could morph into. I haven't had a chance to read your full brief, but what I'm reading is that some of that is coming true.

How can we ensure that the DSO model doesn't turn into an intake-form-filling, "See you later when we have something available to you," and ensure that we have those Community Living agencies—because I'm sure we all have them in our own communities that have historically been doing an excellent job finding unique solutions for families. I think everybody who has a child would say that their child is unique. The DSO model is not allowing us to tailor those solutions, and we have the system. So how can we ensure that the Community Living agencies still play an integral role in serving our unique children?

**Mr. Chris Beesley:** I could speak all day.

**Mr. Gordon Kyle:** I can start, actually. There's lots of rhetoric around this table and everywhere about the importance of connecting people to community in ways that they can take advantage of all the resources available. The DSO isn't designed to do that. The DSO takes a very narrow approach of, how do we get people access to MCSS-funded supports and services as narrowly defined?

We have no problem—those are important services, but you'll see in our paper that we've done an analysis of the DSOs, saying they've done a number of things. It really is turning those community organizations that have been developed over the last 60 years into agencies of ministry operations, rather than saying to people, "Go out and explore your community and work through the DSO. When you've identified what you need in terms of"—or working with the ministry to identify what ministry-funded services can do to augment what the community can do. The DSO should be clicking in and helping with that. Right now, though, they're the access—this is even the language that's used. It's kind of the starting point, the access through the door to services, and they've really taken over that concept, the whole approach to getting people connected to community.

We've made a particular recommendation here around planning. It's one we made when the bill was being passed, too: that we give people access to some person-directed planning right at the beginning, before they enter the DSO, so they can begin to explore and think about community more broadly and come to the DSO saying, "What is it I actually need from government?" As Chris

said a moment ago, it's not everything. We certainly don't want that. The problem really is, we've come down to that is the answer. It has restricted the community organizations from interacting with people in ways, as you just said, to explore options beyond what MCSS can do. People aren't being asked to plan outside of the DSO. It's just taken over so much of the decision-making.

**Mr. Claude Sauv :** If I could just add one little thing to it, too. I find the DSO, Developmental Services Ontario—what I find is that we wanted to get rid of the waiting list. To me, what I'm looking for, as people with disability who came back to me or something like that—I find since that has been coming on, the list has been getting longer, because you have to go through them before to get services. So the person has to wait for an answer. How long are we going to wait for an answer?

I find that before, you wait and all that; then you're waiting longer. Other people want more services, so you have to wait more. I think what we should do is maybe look into the DSO somehow. I don't know if they could look into redeveloping one way that would better things for the waiting list and all that—because right now it's just delaying because you have to go with so many people, and there's only one person at the line. This way, the other one, I don't know how it was working before, but I think there was more than one person when you were calling. At least it was getting a little bit faster because you were going through. Maybe if there is some way they could look into the DSO and how they can better things.

**Ms. Sylvia Jones:** Thank you, Claude.

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

**Mrs. Christine Elliott:** Thank you. I would certainly like to add my thanks to all of you for being here today and for your written presentations, both short and long form. I think they'll really form a great basis for our continuing discussions. I also certainly appreciate your personal comments.

Particularly, Claude, just to you I'd like to say, we often focus too much on disabilities. The truth is we all have abilities and disabilities, and you're right that we should be focusing on what people can do and not talking about what they can't do. The emphasis should be on the positive, and that's certainly what our goal is in this committee: to give people opportunities and a chance at a full life, one of inclusion in our community. Thank you very much for your comments.

I do have a question and a comment. The question is with respect to housing and your interactions with the Ministry of Community and Social Services. Do you find that there is any particular view that they take of the ideal type of housing that they would like to see now, or do you find that they're more flexible in terms of housing arrangements?

**Mr. Chris Beesley:** I would like to think that they are open to flexible and innovative housing options. As we look at supported independent living, family home situa-

tions and traditional group homes, I think the ministry is very much in favour of less congregated options.

However, there's also pressure to increase the number of people in any particular group home. You hear through agencies that, "Well, we have four people and we're getting real pressure to add a fifth." So while at this level, it's "No, we want a less congregated model," at the delivery on the ground, it's "No, we need to fill beds. We need to get more people into the system." So there's this little bit of a dichotomy there between what is desired and what is actually happening.

Do you have other comments?

**Mr. Gordon Kyle:** Yes. I would just say I think MCSS is struggling with the reality that for up until now for people with intellectual disabilities, it's really been it with respect to housing. They've carried the ball and provided the house, provided the support and funding. We're seeing increasingly MCSS recognizing the benefit—which we agree with—that the responsibility for the house and the—we really do need to look more creatively.

This goes back to who else needs to be at the table, who else do we involve. We really do need all of the instruments of our society that can create housing to be working to help us so that MCSS can adjust its role to providing the support people need to live in that house. They're working, as we all are, to try to understand that role and pick it up.

I think there's a creativity emerging. We've been very pleased to see their strong stand on congregated living and trying to move towards much more individualized approaches.

**Mrs. Christine Elliott:** Well, I'm glad they're moving towards innovation because we're in a crisis situation, as you've indicated, so I think there's an opportunity to provide a range of housing supports and services across the province, depending on circumstances.

Finally, in closing, my other comment is with respect to the Law Commission—the work that they're doing on capacity and substitute decision-making: Though we haven't really addressed that specifically in the mandate of the committee, I think it is understood in the sense that if you're looking at person-directed planning as much as possible, and having the person affected have more say and more control over what's going on in their own life, necessarily that comes into the equation. I can assure you that we will be taking a look at that, if not directly, certainly indirectly, through that process.

**The Chair (Mrs. Laura Albanese):** Thank you for your comments today. I apologize for the inflexible model we are operating under, but this committee is not allowed to sit past 5 whenever we meet for the full Wednesday. Therefore, thank you, and we are adjourned until November 20 at 4 p.m. We'll be hearing from the Ministries of Health and Aboriginal Affairs. Thank you very much.

*The committee adjourned at 1700.*





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