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BY E-MAIL: Housingstrategy.MAH@ontario.ca

Housing Policy Branch
Ministry of Municipal Affairs and Housing
777 Bay Street, 14th Floor
Toronto, ON M5G 2E5

Dear Sir/Madam:

Re: Comments on the Supportive Housing Framework

We are writing in response to the Draft Supportive Housing Policy Framework, Best Practice Guide, Improvements to Client Access Systems and Outcome-Based Performance Measures distributed by the Ministry of Municipal Affairs and Housing ("Ministry"). We thank you for the opportunity to provide our submissions in this regard. This submission also responds to some of the questions outlined in the survey provided by the Ministry.

In this response, for the reasons that follow, ACE makes the following recommendations:

- Adding a section on accountability in the Draft Supportive Housing Policy Framework, including a bill of rights for tenants, a complaints procedure and a system of regular inspections;
- Ensuring that an independent agency co-ordinates access to supportive housing;
- Ensuring that service providers are appropriately trained;
- Continuing to respect and uphold tenant confidentiality, seeking consent to share personal health information; and,
- Including the length of time from application to waiting list to placement, and indicators related to accessing complaints mechanisms as performance measures.

About the Advocacy Centre for the Elderly

The Advocacy Centre for the Elderly (ACE) is a specialty community legal clinic, funded by Legal Aid Ontario. It was established to provide a range of legal services to low income older adults in Ontario. These legal services include individual and group client advice and representation, public legal education, community development, and law reform activities. ACE has been operating since 1984 in Toronto, and is the first and oldest legal clinic in Canada with expertise in legal issues of the older population.

On average, ACE receives over 4,000 calls from older adults, families of older adults and health and social service providers annually. Most of the telephone inquiries come from the Greater Toronto Area with approximately 20 percent originating from other areas of the province. From time to time, ACE receives inquiries from outside of Ontario.

Clients regularly seek our advice on issues relating to accommodation and care in supportive housing, including “care homes” under the *Residential Tenancies Act, 2006* (RTA).¹ Care homes include retirement homes under the *Retirement Homes Act, 2010* (RHA).² ACE also receives numerous calls regarding long-term care homes under the *Long-Term Care Homes Act*.

Specifically, ACE has received numerous calls regarding:

- Callers being unhappy with the care services³ being provided;
- Callers incurring increases in the costs of their care services without regard for the reasonable costs of the care service;
- Callers being over-charged for accommodation, meals and care-services during periods of hospitalization or other absences from care homes;
- Callers being sent to unsuitable homes on a discharge from hospital although they wish to apply to long-term care;
- Callers having care services withdrawn when the care homes wishes for the caller to leave the home; and,
- Callers being detained or denied visitors in care home and in supportive housing.

Given our expertise, ACE receives many requests from community legal clinics, lawyers, advocates and others across Ontario for assistance and recommendations on legal approaches on care homes and supportive housing issues more broadly.

ACE is also involved in significant law reform activities. In 2010, ACE made submissions to the Standing Committee on Social Policy regarding then Bill 21, the RHA. Our Executive Director is a member of the Stakeholder Advisory Council which provides advice to the Board of Directors of the Retirement Home Regulatory Authority (RHRA) on matters relating to the RHRA’s mandate. ACE has recently made submissions to the Ministry on the Long-Term Affordable Housing Strategy Update.

Given ACE’s experience over the years of working on tenant law and policy issues as they impact older adults in Ontario and across Canada, we trust that our submissions concerning the Draft Supportive Housing Policy Framework and related documents will be of assistance.

¹ S.O. 2006, c. 17

² S.O. 2010, c. 11

³ “Care services” in the RTA means health care services, rehabilitative or therapeutic services or services that provide assistance with daily living. This includes, for example, nursing care, bathing assistance, and assistance with dressing and personal hygiene. Recreational or social activities, housekeeping, laundry, and assistance with transportation are considered care services only if they are provided along with another care service.

Background

Supportive housing plays a vital role in the lives of older adults, including those aging with disabilities. While the ability to “age in place” is important to all older adults,⁴ this may have greater significance for persons who also have a disability, as they are likely to have built up a considerable support network in their community. For people whose disabilities may appear in older life, these disabilities can mean a dramatic change in their independence and they can require new support services and the ability to access these support services. Moving to a new setting can mean having to access these supports from different service providers, which can be a jarring experience. ACE appreciates that the Draft Supportive Housing Policy Framework recognizes the need to support older adults to enable them to stay in their community as long as possible and seeks to ensure “meaningful opportunities to participate in community life.”⁵

ACE strongly supports the funding of affordable housing for older adults. While retirement living is available, ACE has found that the costs are high and continue to rise. According to the Canada Mortgage and Housing Corporation’s 2016 Seniors’ Housing report, the average cost of accommodation and care services in Ontario in seniors’ housing residences where on-site meal plans are offered is \$3,499.00 per month, up 6.7 percent from 2015.⁶

Owing to the cost, such housing is outside of the reach of seniors whose only income consists of a public pension or for single older adults. The 2012 Canadian Income Survey compiled by Statistics Canada indicates that the incidence of poverty for seniors living in a family was 6.2%, in contrast to seniors living alone, where the rate was 28.5%.⁷ In addition, people aging with disabilities may age into low socio-economic statuses. For example, aging persons with intellectual disabilities who have lived with parents might find themselves without these financial supports as these parents themselves advance in age.

ACE has found that low-income seniors must often wait years for a supportive social housing unit to become available. We are heartened to learn of the Ontario government’s commitment to construct 1,500 new supportive housing units, and we encourage the government to strongly consider that these units be designed to meet the needs of older adults as they age.

ACE strongly supports the flexible approach to supportive housing outlined in the Draft Supportive Housing Policy Framework, which emphasizes tenant choice and advocates for the right level of support for the client, recognizing that it may change over time. Reports have indicated that flexible housing programs which allow tenants control over

⁴ Ontario Human Rights Commission, *Time for Action: Advancing Human Rights for Older Ontarians*, (2001), pg. 48

⁵ See Draft Supportive Housing Policy Framework, pg. 7

⁶ Canada Mortgage and Housing Corporation, *Seniors’ Housing Report, 2016*, pg. 1. online: <http://www.cmhc-schl.gc.ca/odpub/esub/65981/65981_2016_A01.pdf?fr=1466021463993&sid=YEZgOnCL8mqjgsEFJFMPt6u6NlivdXe4bL47zQvIZRVYD6fmtCSw5Efb6vtRs4UR>. The report addresses housing of which over 50% of its occupants are seniors.

⁷ Canadian Income Survey, 2012, *Statistics Canada*, online: <http://www.statcan.gc.ca/daily-quotidien/141210/dq141210a-eng.htm>

their living spaces are most successful as tenants are empowered to address their own needs.⁸

ACE supports the efforts of the Ministry in coordinating with other ministries including Health and Long-Term Care, Community and Social Services and Children and Youth Services. ACE would also recommend that the Ontario Seniors' Secretariat have a role in the Supportive Housing Framework so that housing transitions that older adults face can be well-managed – whether post-hospital, home care, community support services, supportive housing, or long-term care. We have often heard from our clients that they fall through the cracks in respect of care after hospital discharge or that they are not placed or referred to appropriate housing options for their needs. ACE receives on average at least two calls every working day about hospital issues. A great preponderance of these calls are about hospital discharge issues, including those from patients who feel pressured by hospital discharge staff to leave the hospital to accept accommodation in retirement homes that they cannot afford or do not provide appropriate care to meet their needs. Greater co-ordination between these Ministries will ensure that older adults who have care needs but do not require the level and intensity of care provided in a long-term care home will be able to access supportive housing.

With these circumstances in mind, we will comment below on the following four areas of Draft Supportive Housing Policy Framework and related documents:

- Accountability to tenants;
- Selecting appropriate co-ordination mechanisms;
- Training and educating service providers;
- Maintaining the privacy of tenants; and,
- Measuring performance.

1. Accountability to tenants

Presently, there is a patchwork of regulation across supportive housing.

Retirement Homes

The *RHA* only governs homes which are (1) occupied primarily by at least six people are not related to the operator of the home and who are 65 years of age or older; and (2) offer at least two care services to its tenants, either directly or indirectly.

⁸ Bonnie Kirsh, Rebecca Gewurthz, Ruth Bakewell, Brenda Singer, Mohamed Badsha, Nicole Giles, *Critical Characteristics of Supported Housing: Findings from the Literature, Residents and Service Providers*, Wellesley Institute, (August 2009), online: http://www.wellesleyinstitute.com/wp-content/uploads/2011/11/Critical_Characteristics_of_Supported_Housing_0.pdf, See also, Allison Jones, *The Role of Supportive Housing for Low-Income Seniors in Ontario*, CPRN Research Report (December 2007), online: <http://homelesshub.ca/sites/default/files/Role%20of%20Supportive%20Housing%20for%20Low-Income%20Seniors%20in%20Ontario.pdf>, v and 2.

However, the *RHA* does not regulate premises or parts of premises that are governed by or funded under the following legislation:

- the *Homes for Special Care Act*,
- the *Long-Term Care Homes Act, 2007*,
- the *Ministry of Community and Social Services Act*,
- the *Private Hospitals Act*,
- the *Public Hospitals Act*,
- the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*,
- premises at which emergency hostel services are provided under the *Ontario Works Act, 1997*,
- Premises, or parts of premises, at which a supportive housing program or a residential treatment program is provided and funded under the *Home Care and Community Services Act, 1994*, the *Local Health System Integration Act, 2006* or the *Ministry of Health and Long-Term Care Act*; or
- Premises or parts of premises funded under the *Community Homelessness Prevention Initiative of the Ministry of Municipal Affairs and Housing*. O. Reg. 416/12, s. 1.⁹

The *RHA* contains a regime to protect the rights of tenants in the retirement home. For example, tenants have the right to:

- Know what services are in the home and the costs and be informed in advance of any increase;
- Apply and be informed about publicly funded care services;
- Be afforded privacy;
- Live in a safe and clean environment where they are treated with courtesy; and,
- Raise concerns without reprisal.¹⁰

The *RHA* also creates the RHRA which licenses retirement homes, takes complaints from tenants or others and conducts inspections of the home. Under the *RHA*, each retirement home is required to have its own complaints process. The legislation requires immediate reporting to the Registrar (a senior official at the RHRA) by any person (except a tenant) where there are reasonable grounds to suspect any of the following which result in either harm or a risk of harm to a tenant:

- Improper or incompetent treatment or care;
- Abuse of a tenant by anyone;
- Neglect of a tenant by a landlord or retirement home staff;
- Unlawful conduct; and
- Misuse or misappropriation of a tenant's money (whether there is harm or a risk of harm).¹¹

⁹ *RHA, supra*, note 2, s. 2 "retirement home"

¹⁰ *Ibid.*, 51(1)

¹¹ *Ibid.*, s. 75

The RHRA also addresses complaints from the public that relate to “the *Act* and its regulations, which provide protections against abuse or neglect of residents, and standards relating to:

- the care services provided to residents (for example, administration of drugs, dementia care);
- the safety of residents in the retirement home (for example, emergency plans, building maintenance, infection prevention and control); and
- consumer protection (for example, administration of trust accounts, information packages for residents).¹²

Homes for Special Care

The *Homes for Special Care Act* governs homes “for the care of persons requiring nursing, residential or sheltered care” licensed by the Ministry of Health and Long-Term Care.¹³ The regulations under the *Act*, while not containing as many requirements around the provision of care services, food or other services as the *RHA*, do include fire safety standards and require inspections. It is unclear whether these inspections can be triggered by complaints, however, the regulations specify that the inspection must be completed not more than four months before a person’s admission to the home and at regular intervals after that.¹⁴

Domiciliary Hostels

Domiciliary hostels are governed by municipalities and often operate under the *Ontario Works Act*, 1997¹⁵ and *General Regulation 134/98*¹⁶ pertaining to emergency hostel services. These hostels often offer some support or care services to tenants. Generally these hostels are regulated by regional guidelines and do not have independent, robust complaints or investigations mechanisms. Where there are complaints mechanisms, ACE callers report that they are not widely advertised. As such, the domiciliary hostel tenants form a highly vulnerable, marginalized and powerless population that is left without any protection other than those available under the *RTA*.

Care Homes

The *RTA* applies to care homes, which include retirement homes, domiciliary hostels (in part) and most supportive housing units, other than Homes for Special Care as outlined above. Care homes are defined under the *RTA* as “a residential complex that is occupied or intended to be occupied by persons for the purpose of receiving care services, whether or not receiving the services is the primary purpose of the occupancy.”¹⁷ The purposes of the *RTA* are “to provide protection for residential tenants from unlawful rent increases and unlawful evictions, to establish a framework for the regulation of residential rents, to balance the rights and responsibilities of residential

¹² “Complaints”, *Retirement Home Regulatory Authority*, online: <http://www.rhra.ca/en/complaints>

¹³ *Homes for Special Care Act*, R.S.O. 1990, c. H.12

¹⁴ R.R.O. 1990, Reg. 636, s. 22

¹⁵ S.O. 1997, c. 25, Schedule A

¹⁶ O. Reg. 134/98

¹⁷ *RTA*, *supra*, note 1, s. 2(1); definition of care homes

landlords and tenants and to provide for the adjudication of disputes and for other processes to informally resolve disputes.”¹⁸ The tenant rights include rent regulation, notice provisions, protection against eviction and specific protections for tenants of care homes.

A major gap in the *RTA* is that there is no limit to the amount a care home landlord can raise the cost of care services or meals and no mechanism for oversight of these increases. This leaves care home tenants at risk of economic evictions – where a person is forced to leave because they cannot afford the increased costs. The *RTA* also does not include any provision regarding quality of care service, although it does have remedies for when care services are withdrawn.¹⁹

The main remedy for tenants under the *RTA* is to apply to the Landlord and Tenant Board for relief or to complain to the Investigation and Enforcement Unit of the Ministry of Municipal Affairs and Housing.²⁰

Long-Term Care Homes

Long-term care homes (LTCHs), while not supportive housing in the sense intended in this submission or the Draft Supportive Housing Policy Framework, offer a valuable model for monitoring and regulation of entities which provide accommodation and care services.

LTCHs have a robust accountability procedure. LTCHs are health care facilities licensed by the Ministry of Health and Long-Term Care to provide long-term care services to eligible persons. LTCHs are required to provide specific care and services including 24-hour nursing care, restorative care, recreational and social activities, medical services and dietary services.²¹ In addition to exhaustive regulations governing the above, the *Long-Term Care Homes Act, 2007 (LTCHA)* contains a clear bill of rights for residents specifying 27 rights, including the right to:

- be treated with respect;
- be protected from abuse;
- be properly sheltered in a clean and safe environment;
- be cared for in a manner consistent with the resident’s needs;
- be afforded privacy;
- participate in decision-making; and,
- raise concerns.²²

It also requires that any person who has reasonable grounds to suspect that there has been improper or incompetent treatment or care of a resident or that there may have been unlawful conduct that has resulted in harm or a risk of harm to the resident, or that

¹⁸ *Ibid.*, s. 1

¹⁹ *Ibid.*, s. 29

²⁰ See “Investigation and Enforcement Unit”, *Ministry of Housing*, online:

<http://www.mah.gov.on.ca/Page142.aspx>

²¹ *LTCHA*, 2007, S.O. 2007, c. 8, s.8 to 12.

²² *Ibid.*, s. 3

there has been misuse or misappropriation of a resident's money or of funding provided to a licensee under the *LTCHA* or the *Local Health System Integration Act, 2006* to immediately report the suspicion to the Ministry of Health and Long Term Care.²³

Reports are made to the Director, who is appointed by the Minister of Health and Long-Term Care.²⁴ The Director is required to conduct an inspection in order to determine compliance with the *LTCHA*.²⁵ This inspection must be conducted immediately in certain instances, including where there is "harm or a risk of harm to the resident."²⁶

A complainant may complain in writing to the Director of the Performance Improvement and Compliance Branch of the Ministry, or contact the Ministry by calling the toll-free Long-Term Care Action Line. The complainant's information is taken and triaged, and in most cases, assigned to an Inspector. A complaint **must** be assigned to an Inspector to conduct an inspection or to make inquiries to ensure compliance with the legislation, if the allegations address any of the following:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident;
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident;
3. Unlawful conduct that resulted in harm or a risk of harm to a resident;
4. A violation of the whistle blowing protections;
5. Misuse or misappropriation of a resident's money;
6. Misuse or misappropriation of funding provided to a licensee;
7. A failure to comply with a requirement under the legislation; or
8. Any other matter provided for in the regulations.²⁷

If a person is unsatisfied with the way in which the complaint was dealt with by the Ministry, a complaint can be made to the Ontario Ombudsman.

Access to remedy

As can be ascertained from the discussion above, in supportive housing, the protections afforded by these regulatory frameworks are far from uniform, despite the fact that many of the support services provided may be the same. It is often unclear whether there are complaints mechanisms available and there is generally no system for periodic inspections by relevant authorities with expertise, who would be able to determine whether care or other services are being appropriately provided.

²³ *Ibid.*, s. 24(1)

²⁴ *Ibid.* s. 175(1)

²⁵ *Ibid.*, s. 25(1)

²⁶ *Ibid.*, s. 25(1) and s. 25(2)

²⁷ *Ibid.*, s. 25(1)

Furthermore, ACE often encounters “supportive” housing which we believe should be regulated by the *RHA* but are not. For example, ACE has found that some homes have elected to “get around” the licensing requirements under the *RHA* by carefully managing the number of tenants above age 65 who reside in the home to remain below six. However, these tenants remain vulnerable and require the same form of oversight (inspections and complaints) afforded to those who live with six or more tenants above the age of 65.

The Draft Supportive Housing Policy Framework and related documents do not explore the issues of accountability outlined above. While the Draft Supportive Housing Best Practice Guide explicitly discusses rights of tenancy under housing, it does not indicate that these rights will be bolstered in any way.²⁸

ACE strongly recommends that the rights of tenants receiving care be uniform across the sector, especially in terms of the ability to access to a remedy. ACE suggests adding an accountability section in the Draft Supportive Housing Policy Framework which includes:

- **A bill of rights** for those in supportive housing, clearly stating the rights of the tenants, similar to the rights provided in the *RHA* or the *LTCHA* (including rights under the *RTA*, should it apply). This bill of rights should be provided to all tenants when they move into the supportive housing unit;
- **A complaints procedure** regarding care or other services: Any complaints procedure should include access to an impartial decision-maker and a transparent process for resolution. The process itself should be accessible and provide timely resolution. This complaints process should be widely advertised. There should be a mechanism for urgent investigations in situations where a person is at immediate risk of harm.
- **Regular inspections** by relevant authorities: Serious complaints should be investigated on an urgent basis. A periodic inspections system, similar to the systems under the *RHA* and the *LTCHA*, should be implemented. Reports resulting from these inspections should be provided to the appropriate Ministry and be publically available and anonymized as necessary. In addition to providing valuable information to the public, the information obtained on these inspections would inform further regulatory or legislative changes.

²⁸ Draft Supportive Housing Best Practice Guide, Housing, pg. 3

2. Selecting appropriate co-ordination mechanisms

The Client Access document discusses whether access to supportive housing should be coordinated.²⁹ ACE agrees that such coordination would be helpful to our clients seeking services – however, it is unclear who the entities or system managers are that will co-ordinate the supportive housing in Ontario.³⁰

ACE strongly asserts that access to supportive housing should not be directed through hospitals or hospital discharge planners. At ACE, we receive large numbers of calls annually on behalf of patients who are forced into inappropriate situations because of the hospital's insistence that they be discharged, despite their requiring admission to a long-term care home. These hospital discharge planners are trying to avoid the long wait times that plague most long-term care homes in Ontario and prevent patients from waiting for long-term care in hospital. Notwithstanding the fact that CCACs, not hospitals, are legislatively mandated to admit patients to long-term care, some discharge planners coerce patients into community settings, back into their own home or into retirement homes where they are required to spend large sums of money on care that is neither publicly funded nor sufficient to meet the care requirements of the patient.

ACE also submits that access to supportive housing should not be maintained by the supportive housing providers themselves. In our experience in the long-term care sector, we have found that if the LTCH is in charge of who is admitted to the facility, the LTCH may choose patients who do not require as many resources. This leaves behind the patients who are more vulnerable and have higher care needs.

The organization that co-ordinates access to supportive housing must be independent of the point of origin of the tenant and of the supportive housing entity accepting the tenant in order to prevent a conflict of interest, as noted above, and to ensure that people are placed in the appropriate setting.

3. Training and educating service providers

The service providers of such an entity and service providers who provide service in supportive housing more broadly should have significant training and education in addressing the diverse population that will reside in supportive housing.

Older adults often complain of discrimination in housing and service provision. Often, older adults are not affected by the actual experience of disability itself but by the perception that they will eventually become disabled, despite the fact that the vast majority of older adults do not have such limitations. While some of the experience of older age is based in the biomedical aspects of aging, the barriers faced by older adults

²⁹ "Possible Options for Improving Access to Supportive Housing", pg. 2 to 3

³⁰ Draft Supportive Housing Best Practice Guide, pg. 3 and 8

may be a result of the social environment in which aging takes place, including the attitudes of service providers.³¹

Staff should be appropriately trained to ensure that they do not display negative or stereotypical attitudes to older adult clients, such as speaking to family members instead of speaking to the older adult themselves, presuming cognitive decline in older adults, or not involving older adults in leadership roles in housing.

Some of this training could be provided by older adult tenants acting as staff advisors. More training has been shown to enhance program stability, lead to better relationships with tenants and better ability to identify client goals.³²

4. Maintaining the privacy of tenants

One of the strengths of the Draft Supportive Housing Policy Framework is the proposed coordination of services between different ministries to ensure that the client has a seamless transition and portable services.³³ Other reports have recommended a centralized information system with accurate information to serve “seniors, local governments, health care providers, policy-makers and social housing managers.”³⁴ The Client Access document has specifically queried the best way to share information across programs and sectors in order to enable such a transition.³⁵

It is important to continue to respect the confidentiality of the tenants in the home consistent with the requirements of privacy legislation in Ontario. The information that will be shared will include personal health information. The Office of the Information and Privacy Commissioner has indicated the importance of protecting this information, stating:

While this information is needed by health care professionals to provide us with proper care and treatment, its unauthorized use and disclosure can have devastating consequences. For example, it can be used to discriminate based on an individual's mental or emotional state, physical disabilities, lifestyle habits, medication, and genetic information, to name but a few. This is why protecting this information is so important.³⁶

It may not be essential for all service providers to have access to all information. Supportive housing is not necessarily a circumstance in which all an individual's service providers are within a circle of care, where an “individual's implied consent to collect, use

³¹ Ontario Human Rights Commission, *Discussion Paper: Discrimination and Age- Human Rights Issues Facing Older Persons in Ontario*, (2000) online: <http://www.ohrc.on.ca/en/discussion-paper-discrimination-and-age-human-rights-issues-facing-older-persons-ontario/specific-issues-facing-older-persons>

³² Kirsch, *supra*, note 8 at pg. 18, 73 to 74

³³ Draft Supportive Housing Policy Framework, pg. 8

³⁴ Jones, *supra*, note 8 at pg. v

³⁵ “Possible Options for Improving Access to Supportive Housing”, pg. 3

³⁶ “10 Years of PHIPA”, Office of the Information and Privacy Commissioner, online: <https://www.ipc.on.ca/english/PHIPA/Phipa-10years/>

or disclose personal health information for the purpose of providing health care³⁷ can be assumed. Only the information that is necessary for coordination of services or to appropriately accommodate a tenant should be shared, and then only with the express consent of the tenant.

5. Measuring Performance

Most of the performance measures suggested in the Outcomes-Focused Performance Measures document will be very useful in obtaining data on tenant satisfaction and housing stability. The performance measures may also gauge the effect of supportive housing on tenant mental and physical health and housing stability.

However, ACE finds that data around length of time from application to waiting list to placement would be useful as well. Many of ACE's callers have complaints about the inaccessibility of affordable supportive housing or languishing on long waitlists. Therefore, having some indication of the length of time people have to wait to be placed can allow people to better plan. More importantly, such a measure would indicate whether some people are being left behind, and allow an analysis of why these people have not been placed.

ACE also recommends that a performance measure relating to the frequency and nature of tenant complaints be required. Such an indicator would show how satisfied tenants are with their accommodation or services, and particular whether their needs are being addressed in a timely manner. Some indicators could include the use of complaints mechanism, satisfaction with the mechanism and the source of the complaint. In this way, systemic issues in supportive housing can be better identified and addressed.

Recommendations

Supportive housing is an integral part of continuum of housing and supports available to adults as they age. However, it is vital that this supportive housing be designed to be accountable, accessible, non-discriminatory and respectful of an individual's privacy.

As such, ACE makes the following recommendations:

- Add a section on accountability in the Draft Supportive Housing Policy Framework, including a bill of rights for tenants, a complaints procedure and a system of regular inspections;
- Ensure that an independent agency co-ordinates access to supportive housing;
- Ensure that service providers are appropriately trained;
- Continue to respect and uphold tenant confidentiality, seeking consent to share personal health information; and,

³⁷ "Circle of Care - Sharing Personal Health Information for Health-Care Purposes", Office of the Information and Privacy Commissioner, (August 2015), online: <https://www.ipc.on.ca/images/Resources/circle-of-care.pdf>

- Include length of time from application to waiting list to placement and indicators related to accessing complaints mechanisms as performance measures.

Thank you for the opportunity to provide comments respecting the Draft Supportive Housing Policy Framework and related documents. We urge the Ministry to consider our submission and welcome the opportunity for any further discussion.

Yours very truly,

ADVOCACY CENTRE FOR THE ELDERLY

Per:



Judith Wahl
Executive Director
Barrister and Solicitor



Bernadette Maheandiran
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c.c.: Minister Responsible for Seniors Affairs, Ontario Seniors' Secretariat