



**Advocacy Centre
for the Elderly**

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January 10, 2012

SENT BY EMAIL

**Budget Committee
Executive Committee
Members of Toronto City Council**

**email: buc@toronto.ca
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Toronto City Hall
100 Queen Street West
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Dear Members of the Budget Committee, Executive Committee and Toronto City Council:

**Re: Submission of the Advocacy Centre for the Elderly (ACE) concerning
City of Toronto Budget 2012**

The Advocacy Centre for the Elderly (ACE)

Established in 1984, ACE is a specialty community legal clinic funded by Legal Aid Ontario located in Toronto that provides legal services to low-income seniors across Ontario. The services that ACE provides include: individual and group client advice/representation; public legal education; and community development. ACE also engages in law reform and policy initiatives concerning issues of particular relevance to seniors. We are the first and oldest legal clinic in Canada with a specific mandate and expertise in legal issues of the older population.

ACE receives, on average, over 2,500 client intake inquiries a year. These calls are primarily from the Greater Toronto Area. Older adults contact our office with inquiries relating to the following areas of law: capacity; health care consent; retirement home tenancies; long-term care homes; patient rights in hospital; and elder abuse. On December 7, 2011, ACE Staff, Heather Conklin, made a deputation before the Budget Committee as part of the Budget Hearing.

We are providing at this time for the consideration of the Budget Committee, the Executive Committee and Toronto City Councillors in the wards where the three proposed shelters discussed below are located with our written submission concerning the proposed 2012 Operating Budget and the 2012-2021 Capital Budget.

Proposed closure of three homeless shelters (Bellwoods House, Birchmount Residence, and Downsview Dells)

While our deputation on December 7, 2011, focused specifically on the proposed closure of the Birchmount Residence, ACE's submission herein is of relevance to the proposed closure of all three of the above noted shelters. All three shelters provide housing and services to clients who are marginalized and vulnerable. Many of the residents living in these three shelters have mental health and/or substance dependence issues that they have dealt with their entire lives.

In the case of Birchmount Residence and Bellwoods House, these two shelters provide accommodation to older men (age 55 and older) and to older women (50 and older), respectively, who may have been homeless at some point, have a history of mental illness and/or substance dependence, and be survivors of abuse. ACE submits that the closure of these three shelters and the elimination of ninety-five (95) beds may very well mean that many of these residents will find themselves without housing and having to live on the street or going into the general shelter system.

a. Retirement Homes

Based on ACE's expertise, retirement homes are not an option for many of the residents living at Birchmount Residence and Bellwoods House. ACE is familiar with retirement homes in Ontario. We provided submissions to the provincial government on the *Retirement Homes Act, 2010*, and its proposed regulations. According to the Ministry of Health and Long-Term Care, retirement homes are privately owned rental accommodations with fees ranging from \$1500.00 to \$5000.00 for accommodation and services.¹

ACE submits that many of the residents currently residing at Bellwoods House, Birchmount Residence or Downsview Dells either receive disability benefits through the Ontario Disability Support Program (ODSP) or benefits from income support programs for seniors such as the Old Age Security (OAS), Guaranteed Income Supplement (GIS) and/or Canada Pension Plan (CPP). Should these three shelters close, retirement homes would not be a viable housing option for many of these residents as they simply would not be able to afford the fees.

b. Long-Term Care Homes

According to the Ministry of Health and Long-Term Care:

To place all seniors on current LTCH (long-term care home) waitlists in LTCH beds (i.e., all current demand for LTCH is met) would require over 130,000 beds by 2021 (assuming the same level of demand continues in the future) or an

¹ Government of Ontario, *Seniors' Care: Retirement Homes*, online: Ministry of Health and Long-Term Care < http://www.health.gov.on.ca/english/public/program/ltc/14_retirement.html>.

approximate 75 per cent increase in bed capacity; it would also require additional investments in community services.²

ACE submits that long-term care homes are not necessarily a viable alternative accommodation for the residents living in these shelters. In order for an applicant to be eligible for long-term care, he or she must meet the criteria set out in the *Long-Term Care Homes Act*, 2007. The Community Care Access Centre (CCAC) is responsible for assisting clients in applying for long-term care. Clients who do not qualify under the criteria set out in the legislation will not be eligible to apply for long-term care.

In the event that an individual is determined to be eligible for long-term care and CCAC assists him or her in making an application, this does not mean that he or she will automatically be accepted in the long-term care home of his/her choice immediately. Waiting lists for long-term care homes can be long. Further, clients who have mental health, behavioural, and/or substance dependence issues face barriers to placement due to the lack of long-term care homes that are qualified to meet their complex care needs.

c. Cost to the Health Care System

ACE has concerns that the closure of the three emergency shelters will mean that residents will find themselves living on the street, in emergency shelters or, in the case of Birchmount residents, having to return to Seaton House where their safety may be at greater risk because they are more vulnerable. For these residents, not having somewhere to live where they can receive the medical and social supports they require may put them at greater risk suffering from an acute episode and ending up at hospital in the emergency department and subsequently requiring long-term care.

ACE submits that the potential savings to be gained from the closure of these three homeless shelters by no means outweighs the impact that these closures will have on the residents and the potential future cost to our health care system. Given that all evidence points to the fact that our population is aging and the need for services for seniors is increasing, the closure of homeless shelters, especially those that provide specific services to older adults who are vulnerable, is short-sighted and ill-advised.

Recommendation: ACE recommends that the Budget Committee, the Executive Committee and Toronto City Council reject the proposal to close Bellwoods House, Birchmount Residence and Downsview Dells. ACE submits that City Council consider using the surplus funds to continue operating these three vital services.

Alternatively, ACE submits that the City should engage in discussions with the provincial government and the Toronto-Central Local Health Integration Network (Toronto Central LHIN) to determine whether funding can be secured to keep these three shelters open.

² Dr. David Walker, *Caring for Our Aging Population and Addressing Alternate Level of Care: Report Submitted to the Minister of Health and Long-Term Care*, June 30, 2011, online: <http://www.health.gov.on.ca/en/public/publications/ministry_reports/walker_2011/walker_2011.pdf> at 9.

Proposed Elimination of the Hardship Fund

ACE submits that the elimination of the Hardship Fund will have the greatest impact on low-income seniors and disabled people with serious medical needs. ACE has concerns that the decision to eliminate the Hardship Fund will mean that the health, well-being and dignity of those Toronto residents who rely on the Fund will be jeopardized. Further, ACE submits that the elimination of the Hardship Fund may again result in costs and further strain being placed on the health care system.

The Hardship Fund provides low-income Toronto seniors and disabled people with serious medical needs with the necessary resources to purchase special items that they would not otherwise be able afford; items that make it possible for many of these individuals to remain in their homes and live with dignity. In the case of Ms Shirley Schillinger, as reported in the Toronto Star on December 6, 2011, the Hardship Fund allowed for the purchase a special hospital bed for her that will address some of her care needs so that she can remain in her apartment longer. The bed will also reduce the risk of Ms Schillinger having to go to hospital or long-term care at this time.³

The potential savings to be found through the elimination of the Hardship Fund will not outweigh the potential serious impact that it will have on the lives of those Toronto residents; particularly low-income seniors and disabled people with serious medical needs. Nor will the savings to be found from the elimination of the Hardship Fund outweigh the potential strain that will result on our already under-resourced health care system.

Recommendation: ACE recommends that the Executive Committee and City Council reconsider the decision to eliminate the Hardship Fund by June 2012. ACE recommends that the Executive Committee and City Council consider maintaining the Hardship Fund from the surplus revenue available.

Thank you for your consideration. Should you have any further questions or concerns please do not hesitate to contact me at hoc@lao.on.ca or at (416) 598 2656.

Yours very truly,



Clara Ho
Staff Lawyer

cc. **Ms Camille Orridge, CEO**
Toronto Central LHIN

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³ Laurie Monsebraaten, "Hardship Fund on the chopping block", *The Toronto Star*, December 6, 2011, online: < <http://www.thestar.com/news/article/1083581--hardship-fund-on-the-chopping-block>>.