

Spindel: Ontario can't build its way out of the long-term care crisis

No one wants to be warehoused as they age, and there are many better ways to care for our elders. Yet the province keeps sinking money into problematic institutions.

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Why has Ontario chosen the most costly, restrictive and unworkable option for looking after its older population? Getty Images/iStockphoto

Seniors warned the Ontario government four years ago that institutionalizing elders and people with disabilities was unworkable and inhumane. In 2020, with the onset of COVID-19, it was clear that congregating vulnerable people in institutions was dangerous and infection prevention and control was almost impossible. Long-term care institutions had been problematic for decades prior to the pandemic. One press exposé after another had shed light on horrendous conditions there. Inspection reports had also, for decades, revealed that many nursing homes were not meeting regulatory requirements.

Older adults have also made it clear that they do not want to be institutionalized. Staffing these institutions is also problematic.

The government should have listened to its elders. Instead, it pressed on, allocating more than \$6 billion to long-term care companies, many with poor track records, to build thousands more beds in which to warehouse elders and others with disabilities.

The Ontario government often paved the way for these companies with Minister's Zoning Orders forcing unwilling municipalities and citizens' groups to accept these companies' institutions in their towns. Ignoring their own Ministry of Health statistics showing that many residents in these facilities have "no significant disabilities," the government continued to institutionalize large numbers of people.

Using Bill 7 as a legislative club, the government forced older adults who were considered "alternate level of care" patients, and their families to accept forced placement in these institutions miles away from their home communities and social support systems or face \$400-a-day hospital bills if they refused. Legitimate questions were being asked about whose interests the Ontario government was serving.

The warning issued by elders that the government could not build its way out of the long-term care crisis has now come true.

Five nursing homes have closed in Toronto with others closing in Guelph, Burlington and Orléans, leaving residents and their families scrambling to find care elsewhere. More will likely close in the near future.

Another Mississauga nursing home found itself under water, with residents having to be evacuated.

A brand new Owen Sound facility owned by Southbridge corporation has had its resident admissions stopped twice by the Inspection Branch because conditions in the facility were, as documented, exposing residents to harm.

The message should be clear by now that institutions, based on a 19th-century houses of industry model are no way to provide "care."

Institutions for people with developmental disabilities were closed amid a successful class-action lawsuit by former residents that resulted in a settlement of millions of dollars and a public apology by the premier of Ontario. Psychiatric institutions had also been closed amid allegations by ex-residents of horrible conditions. Residential schools for Indigenous people: closed. Yet at

the same time as Ontario was deinstitutionalizing facilities for all these other groups, it began institutionalizing elders. Now those institutions are also facing class-action lawsuits for gross neglect.

Requiring care does not mean someone needs an institution. Other countries, such as Denmark, have not built an institution since 1988, opting instead to provide up to 10 hours a day of home care; staffing apartments as assisted living facilities; and creating a range of other options so that no one has to enter an institution.

Ontario could be helping caregivers ease their financial burden by paying them, as Newfoundland and Labrador has done. That would also help ease the staffing shortage while ending the financial distress experienced by families caring for loved ones.

Ontario could be boosting its intensive in-home support program, removing the cap on home care hours, and creating a needs-based, instead of a system-based, home care program.

It could be expanding its Family Managed Home Care program, giving caregivers the option of using direct funding to organize their own care and support services.

It could be funding non-profit organizations and municipalities to acquire and staff neighbourhood homes, condos and apartments, thereby creating smaller, safer ways to provide residential care. Ontario has no memory care homes for people with dementia even though the United States has had them for years.

There are so many alternatives to warehousing older adults and people with disabilities. Why has Ontario chosen the most costly, restrictive and unworkable option?

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