



## SENIORS FOR SOCIAL ACTION (ONTARIO)

### *Editorial*

# WHY ARE MUNICIPALITIES AND NOT-FOR-PROFITS NOT JUMPING ON SUPPORTIVE HOUSING OPPORTUNITIES FOR OLDER ADULTS?

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As Seniors for Social Action Ontario (SSAO) continues to push for more [supportive housing options](#) for all of us as we age, we are faced with a new challenge - from an unexpected sector. SSAO is hearing from too many municipalities and non-profit seniors' agencies that they are not in the housing business.

Why is that? Are modern non-profits and municipalities dropping the ball when history shows us that the reason other disability groups have supportive housing is because advocates and non-profit providers used to work together?

Our [Federal government is making it easier to develop new housing options](#) for everyone including older adults through Build Canada Homes (BCH) and Canada Mortgage and Housing Corporation (CMHC).

Our provincial government now has a [hospital to home policy](#) which requires that those leaving hospital have somewhere to go.

Our municipal governments continue to focus on managing their long-term care institutions rather than creating small neighborhood homes, PACE wellness hubs in community housing and condos, and supporting naturally occurring retirement communities with supportive services (NORC-SSP's) built in by funding service coordinators.

Many not-for-profit seniors' support agencies are offering too many excuses for not entering the housing development business - even as [new opportunities abound](#).

Too many are choosing to partner with for-profit and institutional providers in delivering services rather than taking the initiative themselves to provide both supportive housing options and enhanced in-home support.

What could possibly go wrong with that kind of arrangement?

The argument is always the same. “We’re underfunded”. But the real problem may be an absence of innovation. [Non-profits need to re-think how they show up to meet the moment.](#) Why the hesitation to be bolder and more innovative?

We are now in a situation where older adults with disabilities have fewer housing options per capita than other disability groups had decades ago. The only people still mass institutionalized in this province are older adults with disabilities and convicted felons, and much of this is because of a lack of supportive housing for older adults in the community.

## **History Has Shown Us What to Do**

Having worked in the community mental health system in Toronto beginning in the 1980’s I was part of the deinstitutionalization of the psychiatric hospital system in Ontario.

While the concept of deinstitutionalization was simple, the implementation was more complex. The government did not institute appropriate accountability measures to ensure that former residents of psychiatric institutions were not just dumped into the community or into commercially operated boarding homes. This failure gave deinstitutionalization a bad name.

But in some cases, government did it right. Back then, as now, the Ontario government looked to community agencies and organizations to create supportive housing options so that residents leaving institutions like Queen Street Mental Health Centre and Lakeshore Psychiatric Hospital could be housed in supportive residential settings.

A large number of family members, community minded citizens, and some professionals and agencies stepped up and formed incorporated charities to provide for the needs of many of the people moving from institutions to the community. In this way the adult community mental health system was created.

At that time individuals with highly complex needs – in many cases as high or higher than the needs of those living with dementia – were housed in high support group homes staffed 24/7.

A similar process occurred with the deinstitutionalization of large facilities for individuals living with developmental disabilities. Family advocates and service providers like associations for community living and other non-profits stepped up and provided supportive housing options.

These agencies did get into the housing business and created comprehensive community service systems in the process. In time, these new agencies had come to realize that they needed to provide community-based bricks and mortar homes for their new clients. One of the agencies to recognize this important need called themselves “Homes First”. Today, [Homes First](#) “supports over 2,500 individuals with the most complex needs including

physical ailments, mental illness, substance use challenges, trauma, and chronic homelessness.”

In 1981, recognizing the need to speed up the pace of supportive housing development for those leaving the institutions, the [Supportive Housing Coalition](#) (SHC) was formed. Leaders in the field like Ron Ballantyne at Community Resources Consultants in Toronto, Steve Lurie of the Canadian Mental Health Association in Toronto, and John Trainor from Queen Street Mental Health Centre helped develop the Supportive Housing Coalition as a model of advocacy and good program development.

Soon the SHC became the main not-for-profit housing provider in the community mental health system. Since it was an independent incorporated entity, it was able to negotiate and use the then available low-cost mortgages from the Canada Mortgage and Housing Corporation to advance housing at a rapid rate. This Coalition, through its Board of Directors and staff, began buying small homes throughout the greater Toronto area, and using Ministry of Health funding, it renovated and opened a number of small, community-based homes for individuals who had lived in psychiatric institutions.

Community-based group homes, as opposed to commercially operated boarding homes, were now being operated by a non-profit organization that focused on housing. Some, but not all, had 24/7 staffing.

[By 1987 supportive housing for former residents of psychiatric facilities was expanding rapidly.](#) The difference was that lobbying by advocacy groups and programming delivered by non-profits were now coordinated. Legal and zoning issues were resolved.

Today the [Toronto Mental Health and Addictions Supportive Housing Network](#) is comprised of a network of agencies working together to provide a range of supportive housing services in Toronto.

### **Coalition Advocacy Worked**

This early advocacy in both the mental health and developmental services sectors laid the groundwork for small home and assisted living residence development.

History shows us what can happen when advocacy organizations which include consumers and non-profit providers work together. Change happens.

So why is it not happening for older adults when it has happened for every other disability group in Ontario?

### **The Time Is Now!**

We are at a critical juncture for aging elders as the [oldest Baby Boomers turn 80 this year.](#) This demographic tsunami requires that the non-profit and municipal sectors and the

Ontario government act now. More housing and supportive living options must be developed. We simply cannot wait any longer.

[96% of those over 45 want to age at home](#) or at least in their own communities should they become incapacitated. [Small, non-profit supportive residences in the community](#) are one of the best options with [assisted living apartments](#) with PACE Wellness Hubs and [Hub and Spoke](#) programs built in an equally desirable option for many.

Some [non-profits](#) and [municipalities](#) are doing it right – developing community-based supportive housing options at pace.

The question is – where are the rest?

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