



SENIORS FOR SOCIAL ACTION (ONTARIO)

Brief to the

ONTARIO MINISTRY OF LONG-TERM CARE

ALTERNATIVE RESIDENTIAL OPTIONS FOR OLDER ADULTS WITH COGNITIVE AND NEUROLOGICAL DISABILITIES AND COMPLEX HEALTH CARE NEEDS



March 2026



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WHO WE ARE

Seniors for Social Action Ontario (SSAO) is an incorporated provincial social advocacy organization with over 1900 members as well as partner organizations in Ontario. We were formed by 12 co-founders with backgrounds in academia, the law, research and policy initiatives, elder and disability rights advocacy, and health and human services.

Having witnessed the carnage in long term care facilities during the pandemic, SSAO was formed to ensure that institutional environments never again put both residents and staff at risk of infection and death.

Our objectives are to provide well researched policy and program options to government to support a re-direction away from a 19th Century poor house model of

institutionalization towards a 21st Century model of care in the community focused on the principles of inclusion, not exclusion and segregation, non-profit and municipally-led community care, not institutionalization or institution-based service provision or for-profit service delivery, and care that is relational and person-directed, not transactional.

All of SSAO's Advocacy, Editorial, and Research and Policy work can be found on our website under those tabs:

<https://www.seniorsactionontario.com/>

Our recommended alternatives to institutionalization and speakers with expertise in implementation of these alternatives can be found on our YouTube channel:

<https://www.youtube.com/@seniorsactionontario>

SUMMARY OF RECOMMENDATIONS

That unspent funding earmarked for long-term care institutions be redirected and invested in the residential options in the community outlined in this brief.

That MLTC fund and expand existing Assisted Living Residences with Integrated Care Options like PACE and Hub and Spoke models as non-profit, community-based and cost-effective alternatives to long-term care institutions.

That MLTC provide secure funding for the acquisition, building, and/or renovation of small neighbourhood care homes throughout the province developed, built, and operated by not-for-profit community organizations or municipalities, and located in the community where the home is proposed, and where residents and team members live.

That positive behavioral support programs and trauma-informed care approaches be delivered in small neighborhood homes and assisted living residences rather than in locked wards in institutions which tend to exacerbate behavioral issues rather than effectively addressing them.

That the Ministry of Long Term Care examine residential hospice expansion as an alternative to long term care institutions and hospitals being used for palliative and end of life care, and work with the Ministry of Health to ensure that residential hospice is available in areas of highest demand.

INTRODUCTION

The History of the Call for Alternatives to Institutional Care of Older Adults

For decades older adults have been calling for alternatives to being institutionalized. Previous governments began, but failed, to create the necessary alternatives to support aging in place and community. These failures put more strain on the institutional long-term care sector and hospitals.

In June of 1985, Ron Van Horne was appointed Minister Without Portfolio responsible for Senior Citizens' Issues. His Ministry produced the One-Stop Access report which was the precursor to what became Ontario Long Term Care Reform. It was co-written by a member of Seniors for Social Action Ontario's Provincial Policy Panel, Ray Applebaum.

Across Ontario the Minister and Ray consistently heard loudly and clearly from older adults that they wanted to live at home with support and services to avoid being institutionalized. That is still the case today. But the five pilot projects to support aging in place that were given one time funding across the province never came to fruition because of a change in government.

Throughout the 1980's some long-term care administrators, including the Administrator of Fairview Mennonite Home in Cambridge who later established residential alternatives supporting independent and assisted living on their property - a model since replicated - and an author on the History of Homes for the Aged, Norma Rudy, echoed the same sentiments - it is

time to stop warehousing elders in long-term care institutions.

Doug Rapelje, Director of Seniors Services in Niagara, also established community-based housing alternatives.

In 1987, [Lawrence Crawford, former director of Ontario's Homes for the Aged](#) its Office on Aging, and Seniors' Secretariat also leaned toward aging in place initiatives rather than continuing to focus on funding more institutions. Since then, numerous non-profit providers have initiated Active Living Centres (formerly known as Elderly Persons Centres) and a number of other means of supporting older adults to age in place and community.

In 1995 Mike Harris became Premier of Ontario launching what was termed "the Common Sense Revolution". In April, 1996, the [Health Services Restructuring Commission](#) was established with two objectives:

- To make decisions on restructuring Ontario's public hospitals, and
- To make recommendations to the Ministry of Health and Long-Term Care on reinvestments in, and restructuring of other parts of the health system

During this period the government [cut health spending and laid off thousands of nurses](#), also closing hospitals, including chronic care hospitals. This put more pressure on long-term care facilities to house a greater number of individuals – many with more complex care needs - and laid the groundwork for the staffing shortages seen today.

In 2011 the Ministry of Health and Long Term Care introduced an [Assisted Living for](#)

[High Risk Seniors](#) policy paper laying out a supportive housing strategy "for frail or cognitively impaired seniors."

For the first time government policy enabled local communities to help older adults at risk of hospitalization and institutionalization to remain safely at home by funding cost-effective and accessible options for community care. Local Health Integration Networks were given the flexibility to adapt to clients' changing health care requirements and assisted living services were added to create a more functional residential continuum of care.

Since then, long-term care reform in Ontario has taken a long and winding road leading from then until now, ending with the establishment of [Ontario Health Teams](#).

Deviating from the original plan to support aging in place in the 1980's and 2011, the Ontario government has, instead, returned to an outdated policy by investing billions in building more institutions - an expensive, unwieldy model that has failed over a period of decades to meet standards established in the Act and is not what older adults want.

This brief is recommending a change in direction by the Ministry of Long-Term Care, and outlines several non-profit, community-based, residential models of care with proven track records that could greatly reduce the pressures on both hospitals and long-term care wait lists.

It addresses the needs of those most at risk of institutionalization – those with cognitive disabilities; individuals requiring palliative care, and those with complex health

conditions requiring assistance with activities of daily living and needing a range of health-related services.

STATEMENT OF THE PROBLEM

[Older adults do not want to be institutionalized.](#)

[Staffing shortages continue to be an issue](#) meaning that Ontario’s targets for hours of care in long-term care facilities are not being met. The Ontario Nurses Association reports that the [number of nurses wanting to work in long-term care is plummeting](#).

[Attempting to enforce compliance with provincial legislation in long term care institutions has been problematic](#) (Pedersen et al, 2020).

Long term care institutions afford little privacy or safety especially for women, as evidenced by the [Toronto Star report of yet another elderly, disabled woman sexually assaulted repeatedly](#) in a Toronto nursing home.

[The Ontario Long Term Care Association projected over 50,000 people waiting for long-term care beds in 2025.](#) Waitlists for long term care exist primarily because of a lack of non-profit, community-based residential options that could serve as alternatives to costly institutions.

High Demand, Too Little Supply

There is a high demand for more respectful and inclusive residential community care options, but not nearly enough supply,

because funding has been directed towards the institutional rather than the non-profit and municipally-operated community residential care sectors.

Seniors for Social Action Ontario is proposing that unspent funding earmarked for long-term care institutions be redirected towards the residential options in the community outlined in this brief.

PROPOSED EVIDENCE-BASED RESIDENTIAL SOLUTIONS IN THE COMMUNITY

Non-profit and Municipally-Operated Assisted Living Residences with Integrated Care Scaled to Residents’ Needs

With the aging demographic growing significantly in Ontario and across Canada, and [96% of individuals over 45 wanting to age in place in their own homes and communities rather than be institutionalized](#), a change in public policy and funding in the provision of housing, care, and support for older adults has become a necessity. But is our community-based residential support system able to provide quality, integrated person-directed care that is respectful of older adults’ autonomy and independence?

Seniors' Multi-Service Buildings with Integrated Care Built In: Kenora

In 2022 the Ontario [Ministry of Long Term Care](#) invested \$4.5 million to build a new seniors' housing complex in Kenora with dedicated spaces for a range of specialized services and supports on site. At the time then Minister Calandra described it as an alternative to hospital and long-term care admissions.

SSAO agrees that this kind of build with dedicated space to provide integrated care to residents that can be scaled up based on need is an excellent alternative to institutionalization.

SSAO recommends that many more of these sites be funded across the province, especially in areas where there is pressure on long-term care wait lists and hospitals.

PACE (Program of All Inclusive Care for the Elderly) Halton Region

An older adult receiving assistance from Ontario's home and community care programs has described their experience in this way:

"When they were sending people to me, I became very confused about the names of the different organizations and who, what, where, when, why and how they were scheduled, what was free, or with fees, or the names of all the different people who came to my door. Some PSW's spoke little English so communication was a challenge, and getting naked to have another

stranger shower me was most uncomfortable. I didn't know what kind of training, if any, they were given. After a while the PSW help felt more invasive than supportive so I ended up telling the agency I didn't need help, even when I did."

This illustrates clearly why a PACE Wellness Hub providing integrated care within a seniors' building is so important. Rather than a revolving door of PSW's and other unknown professionals providing care, the same professionals would be assigned to residents in a building, get to know them and develop a caring relationship with them, explain their role and what services they offer, and receive instructions from the older person on what care they would like and when.

Halton Region has pioneered assisted living residences for older adults with PACE (Program of All Inclusive Care for the Elderly) Wellness Hubs built in. PACE can be scaled up to address residents' changing needs and is supported by the local Ontario Health Team. A recent Zoom presentation by Councillor Paul Sharman, Chair of Halton Housing and Deputy Mayor of Burlington featured the PACE Model of integrated care.

<https://www.youtube.com/watch?v=IkP9mRQ9V2Q>

Hub and Spoke Model

Peel Region has also developed an integrated care model called Hub and Spoke that incorporates a Supports for Daily Living (SDL) approach that addresses the needs of high-risk older adults with complex care needs in their homes and apartments by serving them in their buildings and

surrounding neighborhoods. It uses a service coordination model that is available 24/7. At the time of the Hub and Spoke slide presentation 3000 high needs older adults were maintained in their own homes at a cost saving of 17 million according to Local Health Integration Network data. Ray Applebaum the former CEO of Peel Senior Link presented this model via Zoom: <https://www.youtube.com/watch?v=-wMf-ApnVZw> A slide presentation is available at: <https://peelseniorlink.com/content/uploads/2018/08/Board-Orientation-version.pdf>

Additional Resource: Assisted Living Backgrounder

These models are outlined in a brief sent to your Ministry last year and can serve as a Backgrounder to this briefing document: [https://mcusercontent.com/36363a028fc1d1a14890ff48e/files/820b9941-1ca8-4fc6-a0f1-9000da539408/SSAO Assisted Living Paper Final.pdf](https://mcusercontent.com/36363a028fc1d1a14890ff48e/files/820b9941-1ca8-4fc6-a0f1-9000da539408/SSAO_Assisted_Living_Paper_Final.pdf)

It is recommended that MLTC fund and expand existing Assisted Living Residences with Integrated Care Options like PACE and Hub and Spoke models as non-profit, community-based and cost-effective alternatives to long-term care institutions.

Small, Non-Profit or Municipally-Operated Neighborhood Homes

Seniors for Social Action Ontario has prepared a report on Small Not-for-Profit Neighbourhood Homes. This extensive report is based on evidence from around the world where there is a growing interest

in small care homes that enable frail older adults to remain in their local communities.

Not-for-profit neighbourhood care homes provide supportive living to a small group of individuals or couples (four to six individuals) who live with complex health conditions and related physical and/or cognitive disabilities requiring 24/7 care. They are homes, absent of institutional and clinical markers found in retirement and long-term care facilities, and are embedded in local neighbourhoods.

There are several values and principles that guide the development of small neighbourhood homes, including: not-for-profit; non-institutional/clinical supports; collaborative decision-making; sustainability; accessibility, both within the home and to the outdoors; relationship-centred; active participation and sense of purpose; and respect for human rights and social citizenship.

Care and support in these neighbourhood-based homes would be provided by a team of compassionate, flexible, multi-skilled, and well-trained team members who offer personal care, meaningful activity, medication management, and delicious and nutritious meals, with access to integrated care services and supports to address current and future needs.

There is much to learn from other disability-related sectors. The Ontario Ministry of Children, Community and Social Services (MCCSS), for example, funds a range of out of home residential options through a purchase of service agreement with over 200 non-profit organizations for over 9,000 adults who have a developmental disability and other serious care and support needs.

The MCCSS approves and funds non-profit small homes of up to six people. While some of these homes are too institutionalized, many have proven to be very effective in responding to a wide range of care needs.

Seniors for Social Action Ontario is proposing that MLTC provide secure funding for the acquisition, building, and/or renovation of small neighbourhood care homes throughout the province developed, built, and operated by not-for-profit community organizations or municipalities, and located in the community where the home is proposed, and where residents and team members live.

Every community has resources, skills, and land that could be used for small neighbourhood homes.

Since the release of the SSAO Report in 2025, Ontario Health at Home has indicated that they will fund the care in small homes. They are currently having conversations with some key not-for-profits and municipalities in the province to consider how these small homes might be implemented.

What is required at this point is secure funding for the acquisition, building, and/or renovating of small homes. This is an important role for the Ministry of Long-Term Care.

As outlined in the recent Ontario Long-Term Care Home Capital Development Funding Policy, applicable funding subsidies could be available for the construction or renovation of small homes that can be made available

to not-for-profit operators. This capital funding, along with the 'care' funding from Ontario Health at Home, would ensure that several homes could get off the ground within the next year.

It is important to emphasize that small neighbourhood home construction is simpler, faster, less costly, and familiar in most neighbourhoods for many local building contractors, trades and building supply providers who know common local practices, climactic idiosyncrasies, and permit approvals. A shorter construction schedule and earlier completion of the homes is assured - most projects of this size can be completed within a year. While some homes may need to be purpose built, it is most desirable to search for existing neighbourhood homes that could be renovated. This has cost advantages and ensures that the house will be a regular neighbourhood home.

Additional Resources: Small Neighborhood Homes Backgrounder and Slides

Report on Small Homes:

https://mcusercontent.com/36363a028fc1d1a14890ff48e/files/610e4273-7631-c044-84e6-f551d8b65aa1/SSAO_Small_Neighbourhood_Homes_Project.pdf

Slides:

https://mcusercontent.com/36363a028fc1d1a14890ff48e/files/04f00511-e498-3b01-6c5e-600076216d0c/Small_Neighbourhood_Homes_Report_Summary_Slidesfor_mail.pdf

Presentation on Small Homes:

<https://www.youtube.com/watch?v=WoxWDNSdpsl&t=69s>

ALTERNATIVE APPROACHES TO PROVIDING BEHAVIORAL SUPPORT

Applied Behaviour Analysis and Aging at Home

This section of the brief will outline the importance of providing behavioral support at home and in non-profit, staffed small homes and assisted living residences where it can be more effectively and humanely employed than in institutional settings that fail to provide the safety, peer support, collaboration and mutuality, voice and choice (empowerment), and cultural sensitivity required for behavioral and trauma-informed approaches.

Applied Behaviour Analysis (ABA) is a scientific approach grounded in the principles of behaviourism, emphasizing the assessment and systematic modification of socially significant behaviours (Cooper, Heron, & Heward, 2020). While ABA has traditionally been applied to developmental disabilities and educational settings, its relevance to gerontology—particularly in community-based contexts—has gained scholarly and clinical attention. Community-based ABA interventions for older adults present an opportunity to enhance quality of life, maintain independence, and address problem behaviours in aging populations.

Behavioural Assessment

Aging is associated with a range of behavioural and cognitive challenges, including declines in memory, mobility, and social engagement. Additionally, older adults may exhibit problem behaviours such as aggression, wandering, or withdrawal, particularly in the context of dementia or acquired brain injuries (Trahan et al., 2011). These behaviours often lead to institutionalization, reduced autonomy, and caregiver burden.

From a behaviour analytic perspective, behaviour is the result of the interactions of the organism and the environment. In general terms, a behaviourist defines behaviour as “a process, rather than a thing, it cannot easily be held still for observation. It is changing, fluid, and evanescent” (Skinner, 1953, p. 15). “Environment refers to the full set of physical circumstances in which the organism exists” (Cooper et al., 2020, p. 27; as cited in Johnston and Pennypacker, 2009). This includes physical areas, people, temperature, expectations, internal events, etc.

In clinical applications of ABA, clinicians conduct functional behavioural assessments by tracking the occurrences of specific target behaviours (e.g., aggression, yelling, wandering) to determine the various topographies of the target behaviour and the antecedents and consequences of the behaviour. “The term antecedent refers to environmental conditions or stimulus changes that exist or occur prior to the behavior of interest” (Cooper et al., 2020, p. 28; e.g., in the morning, during the shower

routine, when in pain). Consequences are events or stimulus changes that “affect the relative rate at which similar responses will be emitted in the future under similar stimulus conditions” (Cooper et al., 2020, p. 34; e.g., told to stop, redirection to an activity, no response from the environment).

Functional behaviour assessments (FBAs) are critical tools within ABA for identifying the antecedents, behaviours, and consequences (ABCs) that maintain such problem behaviours (Iwata et al., 1994). Problem behaviours have been demonstrated to serve specific functions (Iwata et al., 1994; e.g., attention, escape, access to tangibles, sensory or automatic reinforcement). Interventions are designed to address the function of a problem behaviour.

Applied Behaviour Analysis and Positive Behavioural Support are rooted in the science of behaviour - a natural science (Skinner, 1953). As such, procedures designed to assess and modify challenging behaviour and develop adaptive skills should be developed by professionals regulated by the College of Psychologists and Behaviour Analysts of Ontario. Further, these procedures should be implemented in the community where people live, work, and play.

By applying FBAs in community settings like small homes and assisted living residences, practitioners can design individualized interventions that are both ethical and effective.

Similarly, and most importantly, functional behavioural assessment can determine the optimum conditions under which desired

behaviours can occur. By providing antecedent conditions and positive consequences, we can develop and maintain desirable behaviours.

These are the most effective approaches to decrease problem behaviour and increase desired behaviour. Put succinctly, providing appropriate environmental conditions followed by positive consequences results in the development and maintenance of desired behaviour.

Positive Behaviour Support and Person-Directed Care

Positive Behaviour Support, which emerged from ABA (Carr et al., 2002), focuses on behaviour change using “positive” approaches and addressing quality-of-life issues. Central to this approach is [person-directed](#) care, i.e., consideration of the person’s history, preferences, and strengths. Older adults with cognitive disabilities often suffer from a loss of control. Affording them control wherever practicable can help to reduce distress. Unfortunately, [Behavioral Supports Ontario still relies on person-centered](#), not person-directed language.

The integration of Trauma-Informed Care (TIC) principles into ABA practice holds significant promise for creating a more compassionate, safe, and effective therapeutic environment for older adults. This integrated approach fundamentally shifts the focus from merely managing or suppressing "problem behaviours" to understanding their underlying causes, which are often [rooted in past](#) or re-triggered trauma.

The key components of Positive Behaviour Support are a behaviour support plan to decrease challenging behaviours and/or increase desired behaviours, a functional behavioural assessment which includes a thorough assessment of environmental conditions, behaviour and quality-of-life strategies (based on the assessment) to be implemented, and a plan on how and where to implement these strategies (Carberry et al., 2024).

SSAO is recommending that positive behavioral support programs and trauma-informed care approaches be delivered in small neighborhood homes and assisted living residences rather than in locked wards in institutions which tend to exacerbate behavioral issues rather than effectively addressing them.

RESIDENTIAL HOSPICE AS AN ALTERNATIVE TO HOSPITALS AND LONG-TERM CARE INSTITUTIONS

Many individuals approaching the end of their lives [worry about whether or not their symptoms can be managed at home](#). Many are also unfamiliar with what residential hospices can offer, and at the present time, residential hospice services are largely unavailable to those who require them.

The default option is often hospitals and long-term care institutions - contributing to higher wait lists when these individuals could be better served in hospices located in their own communities.

Hospital acute care bed costs are \$1564.00 per day (Average Ontario Hospital Interprovincial per diem rates for inpatient services effective April 1, 2025), versus hospice residential care which is \$840.00 per day (average HPCO Hospice Residence costs for all facility sizes).

At the present time [most residential hospice programs are always or usually operating at full capacity](#).

In 2024 the Ministry of Health [funded an additional 84 hospice beds](#) rather than the requested 144 beds (Interview with Rick Firth, CEO, Hospice Palliative Care Ontario) bringing the total to only 768 province-wide.

This means that the majority of people at the end of their lives – [over 60% will continue to die in hospitals](#).

SSAO is recommending that the Ministry of Long-Term Care examine residential hospice expansion as an alternative to long term care institutions and hospitals being used for palliative and end of life care, and work with the Ministry of Health to ensure that residential hospice is available in areas of highest demand.

A good beginning would be to complete the 2025 new bed rollout by adding the beds that have not been funded.

CONTRIBUTORS TO THIS BRIEF

Jennifer Brooks, R.N. Jennifer is a retired RN, Professor of Nursing and Nurse Practitioner of 45 years. She joined the Council on Aging - Ottawa upon retirement in 2016 to chair the NORC Working Group. Its mandate is to advocate and procure supportive services for NORCs in Ottawa (170 in all) and across the province

Dr. Patricia Spindel Patricia is Chair and a co-founder of SSAO, and a former full-time professor, University of Guelph-Humber, Coordinator of the Social Services Program and Associate Dean of Health Sciences at Humber (retired). Her doctorate is in Education (Sociology) from U of T and she has authored three textbooks for Canadian Scholars Press. She is a former President of Concerned Friends of Ontario Citizens in Care Facilities, co-founder of the Advocacy Centre for the Elderly, organizer of the Ontario Coalition for Nursing Home Reform and a recipient of a Government of Canada medal for service to the community.

Dr. Jo Anne Nugent Jo Anne is the Program Coordinator for the Bachelor of Behavioural Science Program at Humber Polytechnic, Toronto. Her previous employment includes working in the developmental services sector with Community Living Mississauga, Community Living Toronto, and Community Living York South. She is the author of several publications, the most recent being *A Handbook on Dual Diagnosis*, 5th Edition, 2026. Her upcoming research project with the University Health Network in Toronto will be entitled "Reimagining Aging in Place: Advancing Community-Led Integrated Care."

Dr. Andrew McNamara Andrew is a retired Professor and Coordinator of the Honours Bachelor of Behaviour Analysis degree program at George Brown College. He also taught in the Behavioural Psychology degree program at St. Lawrence College and was an Adjunct Faculty in the Masters of Applied Disability Studies program at Brock University. Dr. McNamara has 20 years of experience working as a Behaviour Consultant in community-based and hospital behavioural programs for individuals with intellectual disabilities and individuals with acquired brain injury.

Dr. Mary Lou Kelley Mary Lou has been engaged in practice, teaching, and research in gerontology and palliative care since 1972. She was founding Director of the Centre for Education and Research on Aging and Health (CERAH) at Lakehead University, and was the recipient of the Canadian Hospice Palliative Care Association's 2011 Award of Excellence, the Queens Diamond Jubilee medal in 2012 and the Ontario Hospice Palliative Care Visionary award 2015, in recognition of her contribution to Canadian palliative care practice, education, and research.

Ray Applebaum Ray was the CEO of Peel Senior Link for over 26 years (now retired) where he developed innovative approaches to elder care including the Hub and Spoke model. He was a member of the senior leadership for the Metamorphosis Network - an organization that provides health and human services in Peel region. Ray has had extensive experience in policy and planning at the government level, and has been a post-secondary educator.

Dr. John Lord John is the founding director of the Centre for Community-based Research in Waterloo, an independent, non-profit research and education organization that utilizes participatory approaches and draws on the knowledge and experiences of citizens who struggle with barriers to inclusion. He is a co-founder of Seniors for Social Action Ontario, the author of ***Aging and Elder Care: Time for Transformation***, and a recipient of the Order of Canada. Considered an innovative leader of the Canadian disability movement, he established the New Story approach to build creative, inclusive communities through individualized funding, independent facilitation, and community engagement.

Mario Longo Mario is a healthcare executive and Vice President of Quality and System Integration at CHATS, known for driving strategic transformation across community-based aging-in-place services. He specializes in building system partnerships, advancing innovative models such as NORCs, and strengthening organizational performance through disciplined execution. Mario brings a pragmatic, outcomes-focused leadership style grounded in clarity, accountability, and measurable social impact.

REFERENCES

- Behavioural Supports Ontario. (2026). About us. <https://www.behaviouralsupportsontario.ca/Pledge>
- Canadian Institute for Health Information. (2023). Access to Palliative Care in Canada. <https://www.cihi.ca/sites/default/files/document/access-to-palliative-care-in-canada-2023-report-en.pdf>
- Carberry, T., Wardale, S., Hutchison, S., Lackey, S., and Vasso, M. (2024). Positive Behaviour Support is effective when implemented correctly: a response to “Restrictive practice – A pathway to elimination” (Spivakovsky, Steele, & Wadiwel, 2023). *Research and Practice in Intellectual and Developmental Disabilities*, 11 (2), 251–264. <https://doi.org/10.1080/23297018.2024.2391804>
- Carr, E. G., Dunlap, G., Horner, R. H., Koegel, R. L., Turnbull, A. P., Sailor, W., Anderson, J. L., Albin, R. W., Koegel, L. K., & Fox, L. (2002). Positive Behavior Support: Evolution of an applied science. *Journal of Positive Behavior Interventions*, 4(1), 4–16. <https://doi.org/10.1177/109830070200400102>
- Cooper, J. O., Heron, T. E., & Heward, W. L. (2020). *Applied behavior analysis* (3rd ed.). Hoboken, N.J.: Pearson.
- Government of Ontario. (January, 2011). Assisted Living for High Risk Seniors Policy: An updated supportive housing program for frail or cognitively impaired seniors. <https://www.msdsb.net/images/ADMIN/correspondence/2011/Assisted-Living-Services-for-High-Risk-Seniors-Policy-2011.pdf>
- Government of Ontario. (October 13, 2022). Ontario building new seniors’ housing complex in Kenora. <https://news.ontario.ca/en/release/1002387/ontario-building-new-seniors-housing-complex-in-kenora>
- Government of Ontario. (September 17, 2024). Ontario expanding access to palliative care. <https://news.ontario.ca/en/release/1005056/ontario-expanding-access-to-palliative-care>
- Government of Ontario. (2026). Ontario Health Teams. <https://www.ontario.ca/page/ontario-health-teams>
- IPSOS. (May 19, 2025). Nearly all Canadians 45+ years want to age at home but only 1 in 10 (12%) say they can afford the cost of a personal support worker. <https://www.ipsos.com/en-ca/news-polls/Nearly-All-Canadians-45-Want-Age-Home-But-Only-1-in-10-Afford-Cost-PSW>
- Iwata, B. A., Dorsey, M. F., Slifer, K. J., Bauman, K. E., & Richman, G. S. (1994). Toward a functional analysis of self-injury. *Journal of Applied Behavior Analysis*, 27(2), 197–209. (Original work published 1982). <https://doi.org/10.1901/jaba.1994.27-197>
- Johnston, J. M., & Pennypacker, H. S. (2009). *Strategies and tactics of behavioral research* (3rd ed.). New York: Routledge.
- Jones, A. (April 16, 2024). Ontario may not hit LTC care target due to staffing shortages. <https://www.cbc.ca/news/canada/toronto/ltc-direct-care-staffing-shortage-1.7174902#:~:text=Difficulties%20hiring%20and%20retaining%20enough%20nurses%20and,minister%20responsible%20for%20the%20sector%20was%20warned.>

Leon, Calvi. (January 7, 2026). Their mom 90, was repeatedly sexually assaulted by a resident of her North York nursing home. They only know because they caught it on camera. *Toronto Star*.

Ontario Health. (n.d.) Health Services Restructuring Commission.
<https://www.ohpe.ca/node/4796/>

Ontario Long Term Care Association (OLTCA). (2026). The data: Long term care in Ontario.
<https://www.oltca.com/about-long-term-care/the-data/>

Ontario Nurses Association. (February 29, 2024). New health workforce data report confirms staffing shortage is worsening, particularly in Ontario long term care homes.
<https://ona.org/news/20240229-cihi-report/>

Pedersen, K., Mancini, M., Common, D., Wolfe-Wylie, W., (October 23, 2020). 85% of Ont. nursing homes break the law repeatedly with almost no consequences, data shows.
<https://www.cbc.ca/news/marketplace/nursing-homes-abuse-ontario-seniors-laws-1.5770889>

Pioneer Network. (2026). Continuum of Person-Directed Culture.
<https://www.pioneernetwork.org/culture-change/continuum-person-directed-culture/>

Severs, E., James, T., Letrondo, P., Lovland, L., Marchant, N.L., Mukadam, N. (September 22, 2023). Traumatic life events and risk for dementia: a systematic review and meta-analysis. *BMC Geriatrics*, 23(587).
<https://pmc.ncbi.nlm.nih.gov/articles/PMC10517510/>

Skinner, B. (1953). Science and human behavior. N.Y.C.: MacMillan.

The Canadian Encyclopedia. (2026). Mike Harris.
<https://thecanadianencyclopedia.ca/en/article/michael-deane-harris>

Toronto Star. (January 7, 2026). Their mom, 90, was repeatedly sexually assaulted by a resident of her North York nursing home. They only know because they caught it on camera.
https://www.thestar.com/news/gta/their-mom-90-was-repeatedly-sexually-assaulted-by-a-resident-of-her-north-york-nursing/article_15231758-162c-4a86-9f64-81ab31c99704.html

University of Toronto. (n.d.) Looking back: Thinking ahead. Lessons learned from early policy makers in long-term residential care.
<https://ihpme.utoronto.ca/event/looking-backing-thinking-ahead-lessons-learned-from-early-policy-makers-long-term-residential-care/>