



Unleashing Attendant Services for People with Physical Disabilities Better Quality Service with Immediate Savings to the Health System

Ontario Attendant Services Advisory Committee
March 2013



A REPORT FUNDED BY THE MINISTRY OF HEALTH & LONG-TERM CARE HAS BEEN RELEASED THAT HIGHLIGHTS LONG WAIT LISTS FOR ATTENDANT SERVICES FOR PERSONS WITH PHYSICAL DISABILITIES.

The report, “*Home and Community Support Services for Persons with a Physical Disability in Ontario: Wait Lists and Wait Times*”, was prepared by the Toronto Rehabilitation Institute - University Health Network (TRI-UHN) for the Ministry of Health and Long-Term Care, (MOHLTC) and released in November 2012. It researched the wait lists and wait times for specialized services for persons with physical disabilities in Ontario and also explored some of the contributing factors.

The Ontario Attendant Services Advisory Committee, comprised of provincial associations and Attendant Services provider organizations, was formed in 2008 to provide advice to the Ministry of Health & Long-Term Care related to services for persons with physical disabilities, the prime focus being the need for enhanced and expanded Attendant Services in Ontario.

The Attendant Services providers that responded to the TRI-UHN provincial survey reported that there were 3,654 people on wait lists for the Direct Funding Program, Attendant Outreach, Assisted Living in Supportive Housing, and Shared Living Programs. Extrapolating from this survey data, **there are up to 5,000 individuals waiting for service across the province.**

Wait times to receive Direct Funding ranged from 2.25 to over 7 years and for Supportive Housing Services people can wait up to 10 years. What is troubling about this fact is that over one-quarter of people leaving the wait lists are ending up in long-term care (LTC) homes¹. This is occurring at a time when seniors with high end needs requiring alternate levels of care (ALC) are in hospital beds because they are on a wait list for LTC homes.

Across the Greater Toronto Area (GTA), the number of people reported to be on a wait list for Assisted Living Services in Supportive Housing is 2.2 times the size of current service levels.²

The Attendant Services wait list issue is costing the taxpayers and the health system millions of dollars every year because these people are:

- Waiting in ALC hospital beds
- Inappropriately placed in LTC Homes, forcing seniors on wait lists to stay in ALC beds (contributing to hospital capacity issues)
- Living with elderly parents who can no longer manage their needs, resulting in physical and mental health issues for both parties
- Ending up in Emergency Rooms with secondary complications
- Prevented from pursuing work opportunities and contributing to the economy

The types of Attendant Services available as well as two examples of Success Stories when people get the Attendant Services they need are attached as **Appendix A**.

The Numbers

Service Location	Average Cost/person
Hospital Bed	\$42,000/month or \$500,000/year
Assisted Living Services in Supportive Housing (average of 4 hours/day)	\$5,000/month or \$60,000/year
Self-managed Attendant Services – Direct Funding (average of 5 hours/day)	\$2,600/month or \$31,000/year
Attendant Outreach Services (average of 2.5 hours/day)	\$2,250/month or \$27,000/year

¹ “Home and Community Support Services for Persons with a Physical Disability in Ontario: Wait Lists and Wait Times Description”, Toronto Rehabilitation Institute and University Health Network, September 2012, p. 5

² Ibid, p. 6.

A REALIGNMENT OF FUNDING FROM OTHER PARTS OF THE HEALTH SYSTEM TO REDUCE THE ATTENDANT SERVICES WAIT LIST CAN SAVE DOLLARS AND IMPROVE SERVICES AND VALUE FOR TAXPAYERS

The follow are recommendations that would begin to address the wait list and wait time issues:

- 1. Introduce more flexible policies and funding related to community health planning** that are not based on age, but on need. Include additional Attendant Services for persons with physical disabilities no matter what their age. People with disabilities have the double issue of managing the progression of their own conditions while also acquiring age-related diseases like osteoporosis, diabetes and osteoarthritis, at much younger ages than the rest of the population – as young as 40 years of age³. More flexible service delivery policies could also lead to innovative ways to deliver services in more cost effective ways.
- 2. Allocate a percentage of the Community Services Expansion dollars to Attendant Services** in each Local Health Integration Network (LHIN) and have the funding go directly to the Attendant Service providers to ensure the dollars go into direct service. Current funding has not kept pace with population changes related to persons with disabilities. There should be a review of the current service caps that inhibit service providers from increasing the supports required to keep people from being admitted to hospital. “The consequences of not factoring in these population changes into health system planning will be premature or inappropriate placement of adults with physical disabilities in LTC, loss of independence and increased health care costs.”⁴
- 3. Conduct a review of LTC homes and ALC beds in Hospitals** to determine the cost of inappropriate placement of persons with physical disabilities because of the lack of Attendant Services in the community. Move the funding that is being spent inappropriately in LTC and Hospitals, so people can receive Attendant Services in the community.

The Action Plan

Attendant Service Providers are eager to work with the MOHLTC and the LHINS to participate in community health system planning, develop more effective ways to deliver Attendant Services, and move to quickly get people off the wait lists for Attendant Services.

In late 2011, the Government committed \$1.7 million for Self-Managed Attendant Services funding. Within a few months, 50 people were either off the wait list or were provided with increased funding so they could remain in the community.

With a new funding commitment, this same process could occur immediately for clients to purchase their own services. This would in turn free up Attendant Outreach spaces, as well

as Community Care Access Centre (CCAC) units of service. There is significant capacity for current Attendant Service providers to ramp up services immediately with additional Attendant Services in communities using current Attendant Service Outreach Programs as well as Assisted Living Services in Supportive Housing (ALSSH) providers using community cluster care models.

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³ The Canadian Council for Social Development, 2004, Fact Sheet #14 entitled Persons with Disabilities & Health.

⁴ Toronto Rehabilitation Institute-University Health Network report, p. 7

APPENDIX A

Ontario Attendant Services Advisory Committee members:	Types of Attendant Services Available in Ontario:
<p>Ontario Community Support Association Multiple Sclerosis Society of Canada Muscular Dystrophy Canada Spinal Cord Injury Ontario Ontario Spinal Cord Injury Solutions Alliance March of Dimes Canada Cheshire Homes of London Cheshire Homes of Hastings-Prince Edward Centre for Independent Living (CILT) PACE Independent Living, Toronto PHARA, North Bay</p>	<p>Supportive Housing Unit/Shared Living:</p> <ul style="list-style-type: none"> Supportive Housing providers typically offer several accessible apartments integrated throughout a larger apartment building. Most Supportive Housing providers offer Attendant Services to their tenants on a pre-scheduled and on-call 24-hour basis. Shared Living or group homes offers a communal home setting with attendant services. This option may be the preferred choice for consumers with limited capacity to self-direct or who have multiple service needs. <p>Attendant Outreach Services:</p> <p>Attendant Outreach Services are provided in the consumer's home between the hours of 6 am and midnight on a pre-scheduled basis. Services may also be provided at the workplace, college or university.</p> <ul style="list-style-type: none"> Outreach cannot be provided on an on-call basis or as emergency services. Consumers are advised to have back-up support available. <p>Direct Funding (DF):</p> <p>As an alternative to Outreach or Supportive Housing Units, Direct Funding enables adults with physical disability to take full responsibility for managing a budget and hiring and supervising their own attendants.</p>

Success Stories: when Attendant Services are provided...



Matthew Arguin, 30, has completed his Masters degree in Divinity

Matthew is on his way to becoming an ordained Anglican priest. Born with his umbilical cord around his neck, the lack of oxygen resulted in Spastic Quadriplegic Cerebral Palsy. Matthew uses a wheelchair for mobility. He receives Attendant Outreach Services each day which has allowed him to carry out his dream of one day becoming a priest. Besides pursuing his studies, Matthew also volunteers at a retirement and nursing home.

Sandra Carpenter: from a resident of the Hospital for "Incurable Children" to the Executive Director, Centre for Independent Living (CILT)

At the age of 10, in 1965, Sandra Carpenter became a resident of the "Crippled" Children's Institution in Toronto— that's what it was called then. "I still remember the day my father carried me in and sat me in a big chair in the lobby. I looked up at a plaque that read *"Home for Incurable Children"*. From that time on, Sandra's goal was to get out of the Institution. Thus began her fight for the Independent Living Movement for persons with physical disabilities. Sandra helped form the Centre for Independent Living Toronto (CILT), the organization for which she is the current Executive Director. Sandra has a degree in Social Work from Ryerson University and worked as a Senior Policy Advisor for the Ontario Government. Sandra played a key role in the establishment of the Direct Funding Program so people with physical disabilities could receive funding to hire and manage their own Attendant Services. Sandra herself is a consumer of this program.