Lost in Transition – Ombudsman's opening remarks

Bonjour, boozhoo and good afternoon to everyone here and joining us online.

I want to acknowledge that we gather on the traditional territory of the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee, and the Wendat peoples, who have stewarded these lands for generations.

Our work spans the territories of more than 130 First Nations, whose cultures and histories predate Ontario. We remain committed to building respectful relationships with Indigenous peoples to provide better services and a better shared future.

The report I am releasing today stems from our investigation into a persistent and systemic issue: Vulnerable people with developmental disabilities stuck in hospital beds because appropriate supportive living spaces and supports are simply not available.

We have heard from many families and caregivers affected by this issue – and we know there are many more we haven't heard from. In many cases it's been advocates, social workers, and hospital staff who have reached out to us, often expressing profound despair at the situations they are witnessing. They have helped us identify dozens of challenging and frankly unacceptable cases across the province.

This report highlights seven individuals who languished in hospitals – sometimes restrained – for months or years. They weren't there for medical reasons, but because there was nowhere else for them to go. In case after case, their conditions worsened in hospital.

We must remember that the people at the heart of this report are among society's most vulnerable. They, and their caregivers, are navigating incredibly complex realities – autism, cerebral palsy, anxiety, obsessive-compulsive disorders, schizophrenia, intellectual delays, seizure disorders, and a range of mental health and physical challenges.

Many have what is known as a dual diagnosis, and far too often, they are languishing in hospital for months at a time because there is no adequate system to ensure a timely transition out of hospital and into the developmental supports and services they actually need.

There are many more across Ontario – possibly hundreds – isolated in hospitals instead of being supported in the community, occupying beds needed for acute care. This is unacceptable.

These individuals do not need hospitalization; they need coordinated, appropriate support in the community. The fact that our system continues to rely on hospitals as a default placement is not just inefficient – it is unfair, inappropriate, and profoundly harmful to them and their families.

Everyone working on the front lines of this system is doing their best with the resources they have. Hospital staff do not have the training or resources to manage the complex and sometimes challenging needs of alternate level of care patients. Ministry of Children, Community and Social Services regional staff are also caring people who genuinely want to

offer solutions. The problem is not the people – it is the system itself, which is fragmented, under-resourced, and inadequate.

Those responsible for finding appropriate housing, supports, and services told us the same thing again and again: They simply lack options. Often, if a space is found, there is no funding. Or when funding exists, no agency has room. And even when a bed is available, many of these individuals require far more than a physical space – they need psychological, behavioural, and developmental supports that are too often unavailable.

Experts suggest the number of people in Ontario who need these high-level supports is not astronomical. With proper investments and structural planning, their needs could be met far more efficiently – and far more humanely – than leaving them to languish in hospitals, sometimes under restraints, for months or years.

This is not new. In 2016, my report *Nowhere to Turn* documented hundreds of similar cases: people in hospitals, shelters, even jails because suitable settings could not be found. Our recommendations were all accepted, and for a few years we saw progress.

But progress stalled and our recommendations were never fully implemented. In recent years, we have seen things get worse. There has been an increase in the number of adults with developmental disabilities and complex needs, many of whom depend on aging caregivers who can no longer meet their needs.

The result is institutionalization in hospital by default, while the developmental services sector is stretched beyond capacity. Hospitals are not designed for this, and as our report shows, prolonged hospitalization can worsen behaviours and conditions – making eventual transition even harder and more costly.

The financial costs to the province are enormous. Housing someone in a hospital bed for years is extraordinarily expensive for both the health care and developmental services systems. And the longer people remain in hospital, often under chemical or physical restraints, the more their needs grow – multiplying future costs.

In this new investigation, we found that transition projects were ad hoc and short-lived. A major issue is the siloed approach between the Ministry of Health and the Ministry of Children, Community and Social Services. Efforts have been reactive rather than proactive.

We spoke with more than 120 people – individuals affected, their families, sector experts, and ministry officials – and I thank them for sharing their experiences and working toward solutions.

The human costs of the current situation are immense and affect all Ontarians. It will worsen without urgent, coordinated action. Real progress requires the two ministries to work together.

I have made 24 new recommendations to improve the availability, transparency and integration of supports for people with developmental disabilities and complex needs.

Most importantly, I call on the ministries to bridge the divide between the health and developmental services sectors, and undertake proactive system planning to reduce unnecessary hospitalizations.

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This includes:

- Establishing a joint planning forum
- Creating more supportive living options through improved capital planning
- Strengthening recruitment and retention, including French-speaking staff
- Improving data collection and information sharing

The ministries have accepted all of my recommendations. They have committed to working together, and with my Office and sector partners, to ensure people with developmental disabilities and complex needs receive the right supports in the right place.

We will continue resolving individual cases and will publicly report on progress in implementing these recommendations.

Thank you. I’m happy to take your questions.

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