

Subject: Introduction and Issues Briefing

Date: Fri, 13 Dec 2024 09:58:27 -0500

From: Seniors Ontario <seniorsactionontario@gmail.com>

To: lctminister@ontario.ca

CC: melissa.thomson@ontario.ca, Taylor.Maclver@ontario.ca,
Sean.Court@ontario.ca, joanna.dorff@ontario.ca,
amanda.baine@ontario.ca, sylvia.jones@ontario.ca, McMichael, Rhonda
(She/Her) (MOH) <Rhonda.McMichael@ontario.ca>, Anderson, Matthew
<matthew.anderson@ontariohealth.ca>

Dear Minister Kusendova-Bashta,

I am writing as the Chair of Seniors for Social Action Ontario (SSAO), a non-profit, incorporated social advocacy organization in Ontario with over 1600 members as well as numerous affiliated groups. Our organization is comprised of volunteers in their 70's and 80's, many of whom have had long experience in policy work, research, administration, working with high risk populations, programming, and social justice advocacy. We accept no government or corporate funding and are financed entirely by member donations. As such we represent an independent voice for the 95% of older adults in Ontario who want to remain out of institutions for their entire lives (IPSOS, 2022). Consequently our Mission is to identify alternatives to institutionalization and encourage governments to finance these alternatives with a goal to end mass institutionalization of frail older adults.

We were formed during the carnage that occurred in long-term care facilities in 2020 and many of our 12 co-founders have direct experience in deinstitutionalizing the large facilities for people with developmental disabilities beginning in the 1980's. You will know that many of these individuals had conditions far more complex than most residents of long-term care facilities, yet they have flourished in small, non-profit, fully staffed community residences, supported independent living programs, and at home with their families who receive direct funding to work in concert with professionals to provide their care.

Elders in Ontario and their families have no such options and remain the only disability group still mass institutionalized except for convicted felons. It is this lack of adequate in-home and non-profit, community-based residential and assisted living alternatives that is placing the pressure on long-term care institutions and forcing frail elders and their families to have to accept institutionalization in the absence of other options. See Op Ed

https://www.thestar.com/opinion/contributors/time-to-provide-funding-and-real-choice-in-long-term-care/article_5801ce78-d315-5023-aa76-41a289d80f04.html

We regret that someone of your talent has been put in charge of what has become the Ministry of Institutions when so much else is possible in the policy and programming realm. My hope is that you will accept the information contained in this e-mail with a view to redirecting at least some of the funding your Ministry receives to build institutions to more progressive, humane, and cost-effective alternatives in the community.

Much of Europe and especially Denmark have invested heavily in non-profit assisted living in-home and residential programs that have allowed people to age in place close to their families, friends, neighbors, and familiar surroundings. They are not required to uproot and be placed in an institution where they will be cared for by strangers - often miles from their natural social support systems. Denmark has not built an institution since 1988, opting instead to fund the assisted living alternatives delivered by municipalities. Europe is so far ahead of Ontario because this province has been going in the wrong direction for too many years when it comes to elder care.

The Alternatives

Hub and Spoke Model - Peel Senior Link

You represent Mississauga Centre so you must be familiar with the work of Peel Senior Link and its Hub and Spoke model - a very successful community-based initiative by a non-profit organization that has kept countless older individuals out of hospitals and facilities. SSAO supports this model as a humane and effective alternative to institutionalization -

https://peelseniorlink.com/_content/uploads/2018/08/Board-Orientation-version.pdf Ray Applebaum, the CEO of Peel Senior Link recently did an excellent presentation to SSAO members hundreds of whom registered for the event. Since his presentation over 260 more people have viewed the video - <https://www.youtube.com/watch?v=-wMf-ApnVZw&t=141s>

SSAO would appreciate your Ministry considering redirecting funding to support the expansion of Hub and Spoke models across the province, especially in areas where there are long wait lists for long-term care which often occur in the absence of viable and effective alternatives.

PACE - Halton and Durham Regions

PACE is a well researched and effective model of community care imported from the United States and begun in Burlington, Ontario. I have attached a research and policy paper providing a detailed description of it. SSAO strongly supports the PACE model because it is an integrated assisted living model that has been shown to keep people out of hospitals and institutions, improve their quality of life and mental health, and address loneliness and isolation experienced by too many older adults. Your Ministry has already funded a PACE-type program in Kenora about which your predecessor Mr. Calandra had this to say: “Our government’s investment in the new Kenora mixed-market seniors’ housing complex is an innovative way to help seniors who want to continue living at home and avoid admission into long-term care or hospital, but need support to do that,” said Paul Calandra, Minister of Long-Term Care. “We’re taking action so people can live and receive care where they can have the best possible quality of life, close to their family and friends.”

<https://news.ontario.ca/en/release/1002387/ontario-building-new-seniors-housing-complex-in-kenora>

SSAO would appreciate your Ministry also considering redirecting funding to expand PACE programs across the province, again, targeting areas where there are long wait lists for long-term care.

Naturally Occurring Retirement Communities (NORC-SSPs)

These are programs organized by elders themselves, often in buildings with 30% or more older adults. They include supportive service programs. These are directed by elders who, using asset-based community development approaches, access community resources to provide support to members. Queen's University has been doing extensive research on NORCs and has found them to be very effective in assisting elders to remain in their own homes and communities. The University Health Network NORC Innovation Lab has also worked with NORCs in Toronto and has also gathered extensive evidence of how well this approach assists elders to remain at home while simultaneously addressing their needs for social support.

Many NORCs function entirely independently without staff support, however some would benefit from funding for community service coordinators and community development staff to assist them to access community resources and create capacity in local communities to better support elders in their midst.

Continuing Criminal Acts in Long Term Care Facilities

Recently SSAO reviewed inspection reports for some of the more problematic facilities during the pandemic and were shocked to find that many of the harmful conditions that occurred in these institutions during the pandemic and which we believe rise to the level of criminal conduct have never been adequately investigated and still place residents at risk of additional crimes being committed against them. Here is the report we compiled -

https://www.seniorsactionontario.com/files/ugd/c73539_2b784ef3c69a4f79aeecf91fd2aa0013.pdf

As someone who was President of Concerned Friends of Ontario Citizens in Care Facilities who worked with Dr. Jorgenson on her original report, and who also successfully advocated, along with other very committed advocates, for a Residents Bill of Rights in the Act, mandatory reporting of abuse and neglect, resident and family councils and numerous other sections that remain in the legislation, it concerns me deeply that no action has been taken to involve the OPP in another provincial investigation of possible criminal acts, especially in the facilities identified in the SSAO report. SSAO would very much appreciate you discussing this with your Cabinet colleagues the Solicitor General and the Attorney General. The 1986 criminal investigations by the OPP resulted, according to Inspector Ted Rowe who led those investigations, in very serious charges ranging from manslaughter to criminal negligence causing bodily harm or death and failure to provide the necessities of life. If a Liberal government could take this action over 40 years ago, surely a PC government can take the same action now to better protect the vulnerable residents of these facilities.

Small, Fully staffed, Non-Profit Neighborhood-based Community Residences

In closing SSAO would be very appreciative if your Ministry would seriously consider these alternative options along with funding the first non-profit, fully staffed small memory care and community residences for individuals with dementia and/or neurological or other cognitive disabilities. These small residences exist for every other group but not for those who need them most - people with dementia - who are currently forced to live in 30 bed locked units in institutions rather than real homes in the community. With your background you will know that many with dementia have pre-existing conditions of psychological trauma. These require trauma interventions that cannot, and should not be provided in institutions where the basic principles underlying trauma informed care and support cannot be met (see

chart below). They can be met in small, neighborhood-based homes that are fully staffed and have homemaking support.

Should you and/or any of your team wish to meet with SSAO members via Zoom (since our members are quite scattered from Sioux Lookout to Sudbury, to Ottawa and the Eastern provinces to south and midwestern Ontario) we would welcome the opportunity.

Thank you for considering our request.

Dr. Patricia Spindel, Chair, Seniors for Social Action Ontario.

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

YouTube Channel:

<https://www.youtube.com/channel/UC0tGeL4P54rO8DWIVc9TNDA>

IPSOS. (2022) Nearly all Canadians 45+ years want to age at home but only 1 in 10 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>

Trauma-informed care often incorporates emotion-focused care which cannot be delivered in long-term care institutions because of the lack of adherence to these principles and the lack of clinical supervision and opportunities for collaborative and reflective practice. As such instituting emotion-focused approaches in these facilities may increase risk for both residents and staff since empathy, being a strong therapeutic tool, can evoke highly disturbing memories of earlier trauma that poorly trained staff without clinical supervision will be unable to address.

Guiding Principles of Trauma Informed Care

SAMHSA's Concept of Trauma and guidance for a Trauma-Informed Approach, 2014 <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

