



**SENIORS FOR SOCIAL ACTION ONTARIO**

**SUBMISSION CONCERNING BILL 135**

**(CONVENIENT CARE AT HOME ACT)**

**AMENDING THE CONNECTING CARE ACT, 2019**

**November 6, 2023**

**Submitted by: Dr. Patricia Spindel, Chair Seniors for Social Action Ontario**

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

## **WHO ARE WE?**

Seniors for Social Action Ontario (SSAO) is a non-profit, incorporated social advocacy organization with over 1300 members across the province representing a new generation of elders. We came together as volunteers to challenge the ageist attitudes and policies that have led to the unjust mass institutionalization and high death rates of institutionalized elders in Ontario. We believe that human rights do not come with an expiry date as people grow old. SSAO supports the inclusion and continued full citizenship of elders in Ontario society, irrespective of age, infirmity, or disability.

SSAO receives no funding from government or private corporate sources allowing it to remain an independent voice for elders in the Province of Ontario.

Our aim is to advocate a range of alternatives to long-term care institutions including: fully funded in-home support; individualized direct funding through a fully accessible and expanded Family Managed Home Care program; Paid Family Caregivers; staffed condos and apartments as part of Supported Independent Living programs; and warm, respectful, non-profit or municipally- operated community residences in every neighborhood, including small non-profit Memory Care Homes, to support elders to remain in their own homes, neighborhoods, and communities. SSAO also supports the funding of PACE (Programs of All Inclusive Care for the Elderly) and Hub and Spoke models that bring care to older adults wherever they live whether it be community housing buildings or naturally occurring retirement communities (NORCs).

We believe that the time to change the ageist attitudes, approaches, and public policies of the past is now, and to replace them with public policies that are more respectful and empowering of elders.

### **CONCERNS RELATED TO BILL 135**

Access to needed levels of in-home care sufficient to prevent elders from being forced into hospitals and long-term care facilities has remained unattainable in Ontario.

Public policies that have not addressed the severe staffing shortage, and failed to create pay equity between Home Care, hospitals, and long-term care institutions have added to this problem, as have capping nurses' wages, and regularly resorting to for-profit agencies employing casual workers with no benefits, but which over charge for their services to maximize profits at the expense of workers and those requiring care. This has made it very difficult to recruit and retain well qualified Home Care workers.

The continued involvement of for-profit corporations in Home Care that skim up to 30% of public funds for profit while being unable to deliver care according to their contractual obligations further exacerbates the problem.

Allowing only a handful of organizations to have never ending contracts without having to demonstrate an ability to meet their contractual obligations or face financial and legal consequences has made the situation even worse resulting in the return of millions of dollars to general revenues by Home and Community Care Support Services offices as elders and people with disabilities were begging for help.

It is the people requiring care and those caring for them who are the most vulnerable because of these failed public policies. Bill 135 does nothing to address these problems, and instead creates new ones including:

- Creating confusion about whether or not the Service Organization will be a health service provider or not;
- Removing liability against the Crown, the Agency, the Service Organization or specified related persons for certain acts which reduces, rather than increasing public accountability;
- Violating individuals' rights to give informed consent for access to their personal health information by giving the Minister access to it without the consent, and presumably even the knowledge, of an individual receiving care;
- Allowing essentially any person, organization, or company to be designated as an Ontario Health Team provided that it can deliver three of several types of services. Where are the protections to prevent individuals and corporations that have undue influence with the provincial government through well paid lobbyists and personal friendships with politicians from becoming Ontario Health Teams?
- Creating a Board of political appointees rather than a Board that reflects the needs and goals of those receiving care and their caregivers, including individuals from historically underserved rural areas;
- Preventing the Service Agency from receiving funding from other levels of government without Ministerial approval;

- Generating revenue in addition to that provided by the Crown which opens the door to developers, long-term care corporations, and other wealthy individuals engaging in fundraising activities with the Agency and Service Organization. This could create an “undue influence” situation in the manner in which these organizations conduct the public business and may lead to serving private interests rather than the public interest;
- Opening the door to for-profit client providers having staff of the Service Organization assigned to them, creating a situation where staff may act in the best interests of the client provider rather than the client. It is unclear whether or not for-profit providers would even have to reimburse the Service Organization for use of their staff;
- Removing accountability of any Minister-appointed supervisor.

## **RECOMMENDATIONS**

1. Introduce a system navigation and patient advocate function within the Service Organization to help individuals to access the care they require according to their stated needs rather than those identified by staff with varying levels of knowledge and skills.
2. Introduce reasonable liability provisions for the Crown, the Agency, and the Service Organization intended to protect the public and deter harmful conduct, and provide whistleblower protection to empower Home Care workers to speak up in the public interest.

3. Require that individuals be notified if their private health information will be shared with the Minister or her/his designates, and provide a requirement and an opportunity for them to give informed consent.
4. Require that Ontario Health Teams be comprised of non-profit providers with community boards and demonstrated track records in their ability to deliver care to vulnerable populations;
5. Consider designating and funding non-profit Home Care Worker co-ops and Community Health Centres as Home Care provider organizations across the province.
6. Require that the Board of the Service Organization include patient advocates, caregiver representatives, and care recipients from across the province, allowing them to take part via Zoom if necessary;
7. Allow funding agreements between the Service Agency and other levels of government without Ministerial approval, and prevent the return of this funding to the Ministry or general revenues at the end of the fiscal year;
8. Ensure minimum qualifications for care coordinators, and establish clear reporting and supervisory relationships between them and the Service Organization, and Ontario Health Teams;
9. Clearly state the accountability requirements of any Minister-appointed supervisor.

As a final note, the current system is difficult to understand, access, and navigate because the foundation upon which it is built is staff-controlled and directed, not client controlled and directed. Giving those receiving services more say in how the Service Organization

operates and empowering them through a significantly expanded Family Managed Home Care direct funding program and Paid Family caregivers would help to ease the staffing shortage, reduce the pressure on hospitals and long-term care institution waiting lists, and begin to address the needs of rural, cultural, and Indigenous communities much more effectively. The current criteria for accessing Family Managed Home Care are discriminatory against elders, especially those with cognitive and neurological disabilities, favoring younger people with disabilities over older ones, and this needs to be addressed in legislation.

Including provisions to staff PACE (Program of All Inclusive Care of the Elderly) programs in community housing and naturally occurring retirement communities (NORCs) would also begin to address the need to provide services and support where they are most needed, and increase the care and comfort of elders where they live.

Thanks to the Committee for allowing Seniors for Social Action Ontario to provide this input on behalf of the over 95% of elders wishing to age in place in their own homes and communities in this province.