



SENIORS FOR SOCIAL ACTION (ONTARIO)

Preamble:

For decades others with disabilities have had Adult Protective Service Workers to assist and advocate for and with them. Elders have not. Older adults have been overlooked by all levels of government in almost every way when it comes to helping them to live successfully in the community. Seniors for Social Action Ontario believes it is time government took the needs of elders living in the community seriously and addressed them. This article is about yet another way that the Government of Ontario could address this. Will they listen this time?

Editorial

IT IS TIME FOR AN ADULT PROTECTIVE SERVICES SYSTEM FOR ELDERS IN ONTARIO

January 23, 2024

In memory of Kay Wigle, SSAO's former Communications Coordinator, now deceased, who was once one of the best Adult Protective Service Workers in Ontario.

In 1974 the Ontario government recognized the need for an Adult Protective Service Worker (APSW) program for individuals with developmental disabilities living in the community who needed some social support and advocacy assistance. The APSW program was initiated as a result of a broader societal recognition that people with developmental disabilities did not need to be institutionalized. They could live successfully in the community with support.

The same is true of older adults.

Fast forward fifty years to 2024. We know that 69% of all residents in long-term care facilities today have “no significant disability” according to the Ministry of Health’s own data. “There were 70,160 residents in Ontario LTC homes on September 30, 2020 and 4806 of these residents (6.9%) were less than 65 years of age. Among all LTC residents, 21,976 had a significant disability and 48,184 did not” (Continuing Care Reporting System, 2020/21).

We have no reason to believe that these statistics have changed much in the last three years. In fact with the Ontario government's heavy funding investment in institutional beds and six times less in Home Care and community support, these numbers may even be worse now. Apparently they are not paying attention to their own data.

Elders in Ontario are still waiting for any level of government to recognize that they also have a right to live in the community, and that this could be facilitated with the introduction of an Adult Protective Services Program.

That is the focus of this article.

The Shift from a Medical to a Social Model of Care

The Adult Protective Service Worker (APSW) Program represented a movement away from a medical model to a social model of care and support. That made all the difference. For the first time, people with intellectual and developmental disabilities were seen and treated as human beings, not as patients requiring custodial care.

APSWs were on their side, and took instruction from them. They did not assess and slot them into home or institutional care. They listened to what they wanted and advocated for the necessary support to make that happen.

This new philosophy of care was reinforced through the transfer of responsibility for people with developmental disabilities from the Ministry of Health to the Ministry of Community and Social Services.

In 1974 the Minister of Community and Social Services understood that integration, not exclusion from home and community, should be one of the values driving a new system of support. He recognized that “community participation is the cornerstone on which the philosophy of community care for people has been established.” Community living opportunities - in-home and residential - were developed to promote independent living as much as possible (Ontario Government, 2024).

Philosophy, Values, and Programs for Elders Are 50 Years Behind

Services and supports for elders in Ontario have gone the opposite way – from community support services under the Ministry of Community and Social Services to being funded by, and under the jurisdiction of the Ministry of Health. That is a big problem.

The Ministry of Health has always been the Ministry of Doctors and Hospitals, operating on a medical model. The medical model of care favors institutionalizing people in hospitals and “care homes” instead of maintaining them in their own homes and communities. It is a professional-driven system and the result has been medically-based home care services where the “patient” comes last, and “nursing homes” where the “resident” is also the last consideration in spite of all the public relations buzz words about “person-centered care”.

Consider Bill 7 which most senior hospital administrators supported, that dumps old people into nursing homes 70 to 150 kilometres from their homes and social support systems, and penalizes them with \$400 a day charges unless they “agree” to go.

A 21st Century Approach to Care for Elders

If Ontario wants to develop a 21st Century system of care of elders, it will need to move away from the medical model and the Ministry of Health towards a model of social support that encourages flourishing in place – at home and in community. Transfer of home and community support services back to the Ministry of Community and Social Services where the civil servants are more understanding of the necessity of providing care in the community may be in order.

It Is Time for an Effective Adult Protective Services System with a Strong Advocacy Mandate

A 21st Century system of caring for elders will also require an independent Adult Protective Services Worker (APSW) system that is person-directed with a strong advocacy mandate, not a Care Coordination system that is staff-directed.

APSW's act on the instructions of their clients. Care coordinators take clients' wishes into account, but make the final decision about what they will and will not receive. They are not advocates for their clients. They work for the system and advocate for that system. And they help to institutionalize their clients. An effective Adult Protective Services system would try to prevent that.

Guiding Principles and Objectives of Adult Protective Services

The principles of the APSW system are: citizenship, fairness and equity, accessibility, safety and security, and accountability.

APSW's have a mandate to support adults with developmental disabilities "to live as independently, safely, and securely as possible in the community" (Ontario Government, 2024). This means helping them to access a range of services and supports including those regular services available to anyone else in the community. They develop trusting relationships with their clients that are respectful and capitalize on the individual's strengths. They encourage full citizenship through active community participation and self-determination. Their role is not to "slot" human beings into Home Care or institutional care, and focus on problems alone. Their first concern is the person with whom they are working, not the needs of the hospital or the service system. APSW's do not fit people into what is currently available. They help them imagine what needs to be available, and advocate for it.

The main functions of Adult Protective Services Workers (APSWs) are to advocate for their clients, help them to identify their strengths and needs, providing information and referrals to assist them, coordinating and case managing community resources, developing and implementing client-directed service plans, engaging in mediation and advocacy to build supports where none exist, and providing support with problem-solving, abuse prevention, helping to solve landlord-tenant issues, and a range of other types of assistance.

But there is a fly in that ointment.

APSW's With an Advocacy Mandate Need to be Independent

Because many APSWs are housed within service agencies, they are not as free to act for their clients as they should be. Sometimes they are asked not to rock the boat by their agencies for fear that their agency could lose funding if they advocate too strenuously with government. This has limited some APSWs from doing their jobs as effectively as they could.

The answer is obvious. If APSW's were housed in legal clinics funded under the Ministry of the Attorney General, they would be working within a culture where client advocacy is natural and expected, and they would cease to be in a conflict of interest.

That is what SSAO is recommending – a fully funded Adult Protective Services Worker Program for elders under the jurisdiction of the Ministry of the Attorney General with APSW's housed within the existing legal clinic structure in Ontario.

How many older adults in this province could benefit from the assistance of an independent Adult Protective Services Worker? Why, after 50 years of the existence of this program do older adults not have access to it?

Ask your MPP.

To find the MPP for your area, please consult this list and click on their names to locate their contact information: <https://www.ola.org/en/members/current>

The more of us who ask MPPs these difficult questions, the more likely that there will finally be change.

Dr. Patricia Spindel is the Chair of Seniors for Social Action Ontario. In the 1980's, as a policy analyst for what is now Community Living Ontario, she wrote a report elevating the voices of APSW's across the province urging the government to expand services for people with developmental disabilities.

Steve Tennant is a Board Member of Seniors for Social Action Ontario and a former Adult Protective Services Worker (retired) who worked every day assisting people who, in many cases, society had forgotten. His compassion and commitment is still evident in the work he is now doing with SSAO.

REFERENCES

Continuing Care Reporting System. (2020/21). Q2 data cut. Ontario Ministry of Health.

Ontario Government. (2024). Policy guidelines for the Adult Protective Service Worker Program. <https://www.ontario.ca/page/policy-guidelines-adult-protective-service-worker-program>