

Summary of Consultation on an Office of the Seniors' Advocate

June 8, 2012, Abbotsford, British Columbia

This is a summary of the input received during the consultation on an Office of the Seniors' Advocate. It is not a verbatim report, and is not intended to represent every point made during the session. All of the input collected about the role and function of the Seniors' Advocate will help shape options for government.

MORNING SESSION:

Principles

- Suggested additional operating principles included: senior-centered; informed by seniors; easily accessible; presumption that people are capable; timely; responsive; proactive; solution oriented; efficient; accountable; complementary; collaborates with existing agencies; action-oriented; committed to the principle of "quality of life"
- Long-term appointment (5 years); should have authority like the Ombudsperson

Scope of the Office of the Seniors' Advocate

- Healthcare is too narrow; broaden scope to encourage inclusivity
- Include elder abuse and residential tenancy
- Promote healthcare education and proactive behaviors that preserve health
- Support and focus on those most vulnerable and isolated
- Defining seniors as vulnerable may create future vulnerability
- The Seniors' Advocate must be a dynamic individual able to think outside the box

Who should be eligible to access the Office of the Seniors' Advocate

- No age limit; based on need; vulnerability can extend to younger seniors
- The Office will need to define "vulnerable" and "senior"— 45+, 50+, 55+, or 65+?
- Eligibility should be based on self-identification
- Family members, caregivers and good samaritans

Key Functions of the Seniors' Advocate

- Staff will need to be knowledgeable about the complexity of the healthcare system

a) Advocacy Services

i. Systemic Advocacy

- A primary role should be systemic advocacy
- Support local advocacy in the community; reinstate the seniors' counsellors program
- Improve legislation for people with disabilities
- Provide a coordinator for the Seniors' Planning Tables

ii. Individual Advocacy

- For the most vulnerable, and for individuals with nowhere to turn
- Contact services on behalf of vulnerable seniors and ask them to contact the individual

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- Support informal advocates at community level; provide legal protection for advocates
- Regional services tailored to the needs of each community
- Provide emergency services; connect people to emergency financial supports
- Follow up for urgent and serious issues
- Respond to allegations of elder abuse by referring people to the appropriate services

b) Information and Advice

- Systems navigation; consider BC211 as a model; support peer counsellors
- No phone trees; internet is not the best communication tool for seniors
- Create a knowledge base; up-to-date information; develop a resource guide
- Triage system; follow up; results oriented; timely service; outreach into homes
- Incoming calls will help identify systemic gaps
- Provide information to facilitate transitions; connect to community agencies

c) Receiving and Referring Concerns and Complaints

- A new care line may be just another layer of complexity
- Triage concerns and complaints to community organizations; ensure resolution of issues
- Office should advocate for existing organizations; support and coordinate community organizations, agencies and the health authorities
- Enable local organizations and agencies to handle complaints themselves
- Handling complaints is labour intensive, should focus on systemic advocacy instead
- Some case management to ensure people are referred to the appropriate services

d) Public Awareness and Communications

- Education should be a priority, especially about existing services and financial abuse
- Each community should have a database of available community services
- Share good practices among communities
- Rely on the existing organizations to raise awareness; not a role for Seniors' Advocate
- The work of the Office will naturally raise awareness — do not use resources on this
- Address perception of seniors, including the myth that they are a burden on the system

e) Collaboration and Engagement

- Forums for stakeholders to learn about available services; liaise with the planning tables, seniors centres and frontline workers
- Build capacity in communities to enhance service delivery; coordinate community services so that they can operate in a complementary way
- Partnerships are key (e.g., health authorities and recreation/community organizations)
- Provincial and regional outreach coordinators; designated community liaisons
- Ensure that volunteer advocates are adequately trained; provide financial assistance for volunteers; caution about reliance on the overburdened volunteer sector

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- Support neighbours, friends, and good samaritans who look out for and help seniors

AFTERNOON SESSION:

Principles

- Independent from government; arm's length, but not a lobbyist; accountable
- Include: confidentiality; dignity; recognize diversity; inclusive of immigrants, multicultural communities, and mentally and physically challenged

Scope of the Office of the Seniors' Advocate

- Given the growing and heterogeneous population of seniors, make scope broad to start
- Think big, resolve some of the existing issues and then can scale down
- Forward-looking; important to be proactive, not reactive; focus on systemic change
- Focus on healthcare and residential tenancy issues
- Prevention and health promotion; focus on the social determinants of health, including economic security, transportation and age friendly communities
- No need for another consumer watchdog
- Regionally delivered services
- Look at personality and track record when seeking a candidate

Who should be eligible to access the Office of the Seniors' Advocate

- Needs based, because some illnesses (MS, Parkinson and others) affect middle age
- People should be able to self-identify as eligible
- 55 + with create sub-categories; or, 65+
- Aboriginal term for senior is Elder — not age-based; eligibility should not be age-based
- Family members and caregivers
- Priority for seniors who do not have family or an advocate to care for them

Key Functions of the Seniors' Advocate

- Must be accessible — a single, central number, extended hours of operation, well-staffed and well-resourced
- Possible privacy issues must be addressed

a) Advocacy Services

i. Systemic Advocacy

- Systemic advocacy should be a high priority focusing on independence of the senior
- Systemic issues which the Office should address:
 - Overmedication with anti-psychotic drugs
 - Residential care for seniors who can no longer be cared for in day centres
 - Recognize the economic and social benefits of homecare
 - Adequate community and housing infrastructure
 - Ombudsperson's recommendations

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- Staffing levels
- Consistent standards of care
- Power of attorney and representation agreements
- Criminal records and security checks for people who offer services to seniors
- Whistleblower protection for frontline staff, organizations and individuals
- Make sure the process to designate formal and informal advocates is clear

ii. Individual Advocacy

- Recognize that seniors are sometimes afraid to speak out on their own behalf
- Collaborate with and support community organizations to address advocacy issues
- Establish, support and liaise with Family Councils in every long-term care facility
- Create family councils in community and seniors centres
- Establish Quality Care Councils similar to Ontario
- Education and funding to support advocates in the community
- Community advocates can be the eyes and ears of the Seniors' Advocate
- Provide support for the caregiver
- Concern that the Office will focus more on the individual, rather than systemic advocacy

b) Information and Advice

- Easily accessible information should be a priority; expand BC211 province wide
- Leverage and fund community-based services to deliver information
- Provide education about existing services to the organizations that support seniors
- Provide financial support for volunteers and create a community service model

c) Receiving and Referring Concerns and Complaints

- Do not duplicate existing services; provide referral and follow-up; resolution oriented
- Identify systemic issues through patterns of complaints
- Create a reporting structure based on analysis of complaints received and outcomes

d) Public Awareness and Communications

- A campaign that illustrates the value and capacity of seniors
- Address ageism issues, including strategies which target youth
- Review best practices globally
- Promote the field of gerontology in educational institutions
- Encourage community based agencies to respect diversity

e) Collaboration and engagement

- Maintain contact with community-based agencies through mailouts and/or social media
- Maintain contact with resident councils; recognize resident councils as formal entities
- Engage with volunteers; build a seniors' coalition accredited to the Ministry of Health

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- Newsletters; success stories
- Collaborate with existing agencies