

Summary of Consultation on an Office of the Seniors' Advocate

June 22, 2012, Cranbrook, 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 principles: transparency; respect for family and caregivers; active participation of seniors; empower seniors to have a voice; timely decisions
- Concerned that presumption of capability not always applicable
- Build capacity for support for informal caregivers; develop local solutions
- Ensure a regional presence for the Seniors' Advocate

Scope

- Focus on healthcare; let other organizations focus on other systemic issues
- Focus on healthcare and proactive healthy living
- Preventing elder abuse should be an important element

Eligibility

- Local organizations should be able to contact the SA on the seniors' behalf
- Eligibility based on vulnerability; do not be restrictive on age
- Suggested age restrictions: 55+; 55-65 for people out of the workforce and 65+ for everyone else; 65+; 55-65 years should self-identify; only those who self-identify
- If eligibility is too broad, seniors with greater needs might not receive needed help

Key Functions

a) Advocacy Services

i) Systemic Advocacy

- Office connects with local organizations on a quarterly basis to identify systemic issues
- Activate localized services for local solutions first, then report issue to provincial level
- Increase coordination in existing systems; steward connections and improve access
- Identify issues for seniors who are reluctant to speak about inadequate care
- Help bring about regulatory change where needed

ii) Individual Advocacy

- Assist seniors to navigate services; case managers to address issue through resolution
- Stress the right to confidentiality
- Need a person to answer the phones; do not just give out another number to call
- Be able to receive emergency calls outside of business hours
- Well organized and staffed central intake process; keep good records

Summary of Consultation on an Office of the Seniors' Advocate

June 22, 2012, Cranbrook, British Columbia

b) Information and Advice

- Need navigators and community-based seniors counselors in every community
- Create an up-to-date registry of community resources

c) Concerns and Complaints

- Act as mediating or appeals body
- Refer to a local case managers who will provide follow-up to ensure satisfactory resolution and report solutions to public
- Increase accountability of existing complaint structures by supporting the senior in making the complaint

d) Public Awareness and Communications

- Inform local organization staff about the Seniors' Advocate
- Ensure people are educated about existing complaint services; increase health literacy
- Do not duplicate services; rely on organizations that already work to educate the public
- Fill in gaps in information; provide accessible service directories

e) Collaboration and Engagement

- Connect with existing organizations in communities to facilitate public engagement
- Hold forums (Town Halls) and local workshops to address local issues
- Collaborate with all stakeholders
- Create a regional engagement officer to reach out into the community
- Ensure adequate funding for local organizations; funding can have a big impact
- Recognize and appreciate informal support networks and organizations; help to network

AFTERNOON SESSION:

Principles

- Suggested additional principles; equality; listens to seniors; takes good care of seniors
- Structure of Office: continuity of tenure; fixed-term appointment; non-partisan tenure; not a political appointment (bipartisan); not an office in Victoria, but rather a network in all communities; centralized office, with regional representatives who are adequately funded; separate from Ministry of Health and health authorities; accountable

Scope of the Office of the Seniors' Advocate

- Broad scope; initially all issues that are raised should be addressed
- Should limit to identifying and filling gaps; gap tracking of common problems
- Seniors need advocates in their communities and homes
- Outreach to seniors to make sure they have everything they need
- Preventing elder abuse
- Broader than just healthcare; the healthcare system should address the health issues
- Expand non-medical home support; create employment opportunities

Summary of Consultation on an Office of the Seniors' Advocate

June 22, 2012, Cranbrook, British Columbia

- Create clear, realistic and achievable expectations
- Evaluation measures, report out
- Ensure privacy legislation doesn't impede advocate's ability to be effective

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

- Any age; based on self-identification
- Families and caregivers
- Services must be income-tested
- Just because someone has supports, doesn't mean they don't need the help

Key Functions of the Seniors' Advocate

a) Advocacy services

I. Systemic Advocacy

- Identify good things in system and area where improvement is needed
- Assess appropriate jurisdiction in government for non-medical home support
- Unannounced inspections of facilities
- Implement Ombudsperson's recommendations
- Investigations —neglect, elder abuse, and funding cuts and their impacts

II. Individual Advocacy

- Only go to advocate when local resources have been exhausted
- Follow up to ensure resolution of issue
- Funding cuts to services cause problems; more residential care needed
- Should provide navigation and help to seniors and families to get services
- Direct people to appropriate resources in the community

b) Information and Advice

- Should be the clearing house to point people to the appropriate services; need for central clearing house for information to address issues; repository for information
- System navigator in each community, who would communicate with Provincial Office
- Knowledgeable about both public and private services
- Follow up and resolution oriented
- Use a 3 digit phone number instead of 1-800 number

c) Receiving and Referring Concerns and Complaints

- Do not duplicate existing complaint mechanisms (e.g., Ministry of Health Client Relations, Patient Care Quality Office, etc.)
- Live phone system; no phone trees

d) Public Awareness and Communications

Summary of Consultation on an Office of the Seniors' Advocate June 22, 2012, Cranbrook, British Columbia

- Ensure that doctors have the Advocate's phone number
- Communication and promotional funding to raise awareness at community level
- Provision of advice depends on a repository of information
- TV, radio, newspaper advertising to raise awareness
- Promote wellness activities – community centres, walking paths
- Publicize the role of the Advocate in brochures and put in places seniors go to
- Educate people about available programs and services

e) **Collaboration and Engagement**

- Two-way communication between local services and the Senior's Advocate's Office
- Need a central Office, as well as local/regional representatives
- Local Advocates must be a paid position
- Existing agencies must work more efficiently with increased communications; challenge existing services do more and do better
- Occasional surveys
- Provide support and recognition for frontline workers, volunteers, and seniors as community builders
- Hold community forums for engagement and to report progress; annual forums
- Two way communications
- Utilize the services of MLAs and other bodies that can help