

Summary of Consultation on an Office of the Seniors' Advocate

June 20, 2012, Kelowna 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

- Accessible to seniors throughout the province including immigrants and isolated seniors
- Principles should include: accountability, timeliness, proactive (rather than reactive); fairness, senior-centred; listen to needs rather than impose solutions
- Must balance duty to protect senior with respect and self-determination/autonomy
- Continuity; acknowledge investment and time already put into consultations

Scope of the Office of the Seniors' Advocate

- Focusing on health services excludes people who don't see their issues as health related (e.g., financial abuse)
- Developmental; take care of those most vulnerable first then expand

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

- Focus on need rather than age; do a needs assessment; seniors will self-refer
- We shouldn't be rigid about age eligibility; age 65 should be a just a rough guideline
- Sometimes the caregiver is also a senior; age requirement creates a barrier
- It is difficult to define vulnerability, this can change on a daily basis
- Use the *Adult Guardianship Act* definition of vulnerability
- Broaden it from vulnerability; immigrants, low-income seniors need support

Key Functions of the Seniors' Advocate

a) Advocacy Services

i. Systemic Advocacy

- Support seniors through public health programs at the community level
- Important to focus on systemic advocacy; remedy gaps in services
- Support community service providers who undertake systemic advocacy (e.g., Community Response Networks)
- Create templates for solving common issues addressed by community groups
- Affect legislative change through reporting, public pressure and recommendations
- Need to join advocacy and outreach – community capacity building
- Create a Provincial Seniors Bill of Rights (modeled on the Federal Senior Bill of Rights)
- Ensure capacity at the community level to protect seniors from abuse
- Need more serious outcomes for people who take advantage of vulnerable seniors
- Create better statistics on elder abuse; change the way police track incidents

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- Encourage investment in home support – more cost effective than residential care

ii. Individual Advocacy

- Provide a guide for local resources to expedite delivery of service
- Having to phone a 1-800 number will discourage the person from reaching out
- Need for timely and efficient services
- Need for local advocates to develop trust and provide direction to resources
- Assist with navigation; follow-up and protect whistleblowers
- Help people reconnect when there are gaps in services; risk-reduction focus
- Be prepared for people to access Office of the Seniors' Advocate when they are in crisis

b) Information and Advice

- Information provision should be the responsibility of communities not the Seniors' Advocate
- Suggest changing "Advice" to "Options" or "Choices"; "Advice" has legal implications
- Designate someone in the office to conduct outreach and support in each region
- Need a centralized point of contact - community organization directory/database
- Explain to the public and advertise widely the role of the Seniors' Advocate
- Need for well-trained staff to know where to refer seniors and how the system works
- Provide resources to community groups, cannot rely only on volunteers

c) Receiving and Referring Concerns and Complaints

- Redirect to existing government resources, such as Veteran's Affairs, HealthLinkBC, etc
- Seniors must be able to call a live person; 1-800 numbers are often a barrier to contact
- Need something community based to support vulnerable seniors
- Hold organizations accountable to follow through in a timely and meaningful way
- Set response time expectations for concerns/complaints (e.g., 24-48 hours)
- Provide continuing and ongoing support for existing community organizations
- Support people in rural communities with limited access to services

d) Public Awareness and Communications

- Do not duplicate; support local organizations that are raising awareness
- Information dissemination back to the local organizations
- Raise awareness about poverty, elder abuse, financial abuse and coercion
- Create a directory of services that is kept up-to-date
- Educate public about who people should contact in a crisis
- Need to be inclusive of diversity of seniors so people identify with campaign
- Education, community events and public awareness about system navigation

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e) Collaboration and Engagement

- Build community capacity by providing consistent resources
- Build capacity of organizations that help isolated seniors and seniors dealing with abuse
- Foster local level collaboration; collaborative action planning and information sharing
- Attend community meetings; face-to-face contact; annual visits and forums
- Break down the barriers between public and private healthcare providers
- Create local task forces to help organizations (e.g., Fire Department) support seniors
- Expand non-medical home supports in communities
- Collaborate, communicate and engage with seniors; loyalty to seniors

Model

- Independence means not responsible to other offices of government; able to make recommendations to government and report to the public
- Office should work in complementary way to other agencies
- Satellite offices and local connections helps to protect seniors at the community level

AFTERNOON SESSION:

Principles

- General support for the principles and values as written in the discussion paper
- Current legislation does not support the principles in the discussion paper
- Suggested additional principles: empowerment; dignity; accountability; senior-centered
- Recognize diversity – sexual orientation, gender issues, immigrant issues
- Make a commitment to change; follow through on the Ombudsperson's report

Scope of the Office of the Seniors' Advocate

- Broad scope, recognizing that there are many issues that affect seniors
- Focus on systemic change; proactive health services; care for vulnerable seniors
- Consumer protection and legal aid to deal with consumer issues

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

- Anyone who requests assistance; experiencing issues of aging
- Do not exclude younger than age 65
- Anyone working with seniors' services

Key Functions of the Seniors' Advocate

a) Advocacy Services

i. Systemic Advocacy

- The Office should advocate for systemic change, not complaints and concerns

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- Need to create a holistic vision for seniors' care
- Ability to effect systemic changes through amendments to legislation
- Systemic issues which the Office should address: needed policy changes; staffing issues; streamline legislation, regulations, policies and guidelines to facilitate interpretation; improve system efficiency; create mechanism for health authorities to do quality care and quality standards audits; create standard care hours across all facilities
- Advocate against privatization of seniors' care; establish standards in private care
- Stop involuntary separation requirement for spouses when one is going into care

ii. Individual Advocacy

- Promote self-advocacy skills for seniors
- Focus on those who don't have advocacy supports

b) Information and Advice

- Phone line, an 811 type number (3 digits); dispatch to appropriate service (e.g., abuse, rural, employee complaints); accessible, real person to answer calls
- Create a flow chart of services available in the province and in communities
- Create a central registry of care-givers
- Referral to existing services; follow issues through
- Focus on issues where the Office is the last resort

i. Receiving and Referring Concerns and Complaints

- Whistleblower protection for individuals reporting complaints such as elder abuse
- Follow issues through

ii. Public Awareness and Communications

- Ensure that support staff have the resources and education to deliver service; ensure that agencies follow protocols, guidelines and policies
- Education for younger staff to address respect issues for elders
- Education about existing programs and services such as homecare programs
- Education about seniors' issues, including abuse and neglect issues

iii. Collaboration and Engagement

- There is a significant need for collaboration at the community level and inter-provincially
- Proactive health initiatives that foster independence – exercise, community centres, bathing services
- Build capacity within community at the grass-root levels; resource these efforts
- No phone trees; real people to answer the phones
- Quarterly forum meetings; advisory groups; meaningful family and patient engagement
- Power to force organizations to follow and implement their own guidelines and policies

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Model

- Independent of government; responsible to the public, not the government; progress reports; model on the Office of the Representative for Children and Youth
- Power to enforce legislative change to improve the system
- Whistleblower protection; ensure rights for complainants
- Adequate funding for the Office
- Concern about the inclusion of the word “independence” in the principles, especially as it pertains to eligibility requirements
- Clearly define the mission statement of the Office
- Avoid duplication of services, refer to agencies that are already doing the job