

Summary of Consultation on an Office of the Seniors' Advocate

June 25, 2012, Prince George, 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: independent from government; fair; equitable; accessible; recognize the diversity of seniors and unique needs of communities
- An issue with the presumption of capability —many seniors are highly vulnerable

Scope of the Office of the Seniors' Advocate

- Poverty; accessible and affordable housing; vulnerable seniors; prevention; elder abuse
- Broader than healthcare, include social determinants of health - recognizing the effects of social isolation, transportation needs, homecare (e.g., grocery, housekeeping, garden)
- Residential care (non-profit, private and public)
- Risk assessment processes
- Response at the local level

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

- Flexible age requirement; various suggestions including 65+ and 50+
- Self-identification; based on need

Key Functions of the Seniors' Advocate

- Regional representatives in regular communication with the Seniors' Advocate
- Regional focus—especially for the North
- Ability for communities to filter up when there is no answer locally

a) Advocacy Services

i. Systemic Advocacy

- Policy recommendations; address gaps in services; champion for seniors' issues
- Systemic issues which the Office should address:
 - Capacity within service network and availability of housing
 - Non-medical home and caregiver supports; homecare services
 - Streamlining of systems
 - Vulnerable and isolated seniors; elder abuse
 - Review of needed and outstanding legislation
 - Seniors caring for their children and grandchildren

ii. Individual Advocacy

- Individual advocacy is resource intensive; must be adequately resourced

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- Promote self-advocacy; connect people
 - Referral to appropriate community and regional service, with follow-up
 - Case management where suspected incapacity or vulnerability
- b) Information and Advice**
- Difficult to navigate the complex systems; need assistance of a third party
 - Improve access to information; one-stop shop
 - Physicians should have a person in office who deals with non-medical health issues
 - Information is not reaching people before they are in a crisis situation
- c) Concerns and complaints**
- Expectation that many of the concerns will be focused around housing
 - Important for follow up to see that issues were addressed and remedied
- d) Public Awareness and Communication**
- This should not be a key role, because there are other organizations doing this
 - Primary focus should be advocacy and finding solutions, not education
 - This is a role for government
 - Education is important, without it the most vulnerable won't access the system
 - Topics to promote:
 - Raise awareness about the services of the Seniors' Advocate
 - Elder abuse awareness; role of the Community Response Networks
 - Advance care planning; financial supports
 - Emergency services; fall prevention
 - Representation agreements
 - No phone trees; website information poses a significant barrier to access
 - Awareness through reports and the activities of the Seniors' Advocate
- e) Collaboration and Engagement**
- Views expressed for and against advisory groups
 - Engage with small communities and with the justice system
 - Community service providers trained to liaise with the Seniors' Advocate
 - Build capacity and provide resources to community-based services and volunteers
 - Real people to meet with and talk to; increased communication with local agencies
 - Connect directly with First Nations; recognize diversity of First Nations
 - Ongoing consultation process with service providers, seniors and their families

Model

- Suggestions for model: BC Representative for Children and Youth; public reporting to legislature as opposed to the Ministry; strong voice to advocate for change and

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influence policy; selection of the Seniors' Advocate should be based on experience working with seniors and understanding of seniors services; not a political appointee

AFTERNOON SESSION:

Principles

- Suggested additional principles: independent of government; reporting to the public; accessible; accountable to senior; dignity; respect; fairness
- Terminology should embrace all age groups, not just seniors
- Promote health and forward planning
- Presumption that people are "capable" is not right
- Evaluation measures

Scope of the Office of the Seniors' Advocate

- Community-based assistance
- Housing, healthcare, social isolation, pharmaceuticals, safety, prevention, vulnerability, elder abuse, financial issues, systems navigation

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

- Supported by tax payer funds, therefore should be non-restrictive
- Age-based , but be flexible; self-identification
- Use CARP's definition which defines a senior as 45 plus
- Individual and the families and friends who are assisting them
- Based on need and vulnerability; vulnerability not defined only by income

Key Functions of the Seniors' Advocate

- Avoid duplication of existing services
- Local presence, regional offices
- Recognize Aboriginal issues and unique requirements of the multicultural population

a) Advocacy Services

i. Systemic Advocacy

- Focus on systemic advocacy and gap identification
- Work with communities to determine systemic issues
- Systemic issues:
 - Fairness with respect to distribution of services
 - Stewardship of resources (e.g., benefits and subsidies)
 - Healthcare and pharmaceutical costs
 - Safe and affordable housing
 - Finances (pensions, subsidies)

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- Representation Agreements and advance care planning
- Conflicting legislation
- Elder abuse and need for prevention efforts

ii. Individual Advocacy

- Recognize that there are people who won't have the capacity to reach out for help
- Clear protocols to deal with confidentiality issues when advocating on behalf of another
- Assessment; emergency services
- Managing individual issues is time/resource intensive, instead focus on systemic issues

b) Information and Advice

- Refer to a service if the enquiry is not within the scope of the Office
- Build on existing infrastructure, such as peer to peer counsellors
- Senior-friendly media (bigger fonts, plain language)
- Consider language barriers, translation services

c) Receiving and Referring Concerns and Complaints

- Deliver services through community-based agencies
- MLA offices and UBCM should have a role
- Identify trends
- Whistleblower protection

d) Public Awareness and Communications

- This should not be the primary focus of the Office rely on existing services to do this
- Identify areas where public awareness is required and work with organizations, government agencies to deliver public awareness campaigns
- Perceptions of seniors
- Intergenerational education and programs

e) Collaboration and engagement

- Listen to seniors, frontline workers, regional advisory boards and focus groups
- Get out into the communities – particularly in the North, rural and remote areas
- Build capacity and adequately resource community-based services and organizations
- Caution around asking community groups to do more without adequate resources
- Outreach – nurses and physicians should undertake community and home visits
- Outreach to Aboriginal and multicultural groups
- Leverage volunteer services to help identify issues

Model

- Length of term and continuity are important
- Head office in Vancouver or Victoria, with regional offices throughout the province