

Summary of Consultation on an Office of the Seniors' Advocate

June 4, 2012, Vancouver, 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

- Need to reflect the diversity of people, cultures and languages
- Recognition of the role of the family is very important
- Preventative/proactive approach that makes people and communities stronger
- Transparency of information
- Independent of government and arms' length, so it can report out to the public

Scope Addressed by the Office of the Seniors' Advocate

- Focusing only on health care is too narrow; there are many unmet needs beyond health
- Residency issues are a major consideration (e.g., high rental rates, waiting lists for housing and residential care, income security)
- Include private business in the scope of the Office

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

- Diversity among seniors - age, capacity and vulnerability – focus on vulnerability
- People will self identify
- Seniors 55/65/75 and older
- No means test

Key Functions of the Seniors' Advocate

- Empower seniors by giving them an opportunity to provide input
- Provide access in communities – an actual person – physical face helps to overcome literacy, language, technological and access barriers
- Ability to influence legislative and policy changes
- Adequate funding and staffing to support agencies and resources in the community

a) Advocacy Services

i. Systemic Advocacy

- SA should take on only systemic advocacy
- Use information from existing organizations (e.g., BC 211, academic research, community organizations, etc.) to identify gaps in services and systemic issues

ii. Individual Advocacy

- Individual advocacy when there aren't other bodies that can help (office of last resort)

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- Vulnerable seniors may need help with system navigation
- Support community-based advocates in providing system navigation to seniors
- Help to connect people to the system; build capacity in the system to deliver services

b) Information and advice

- Office must be extremely knowledgeable and flexible
- Need better information about connecting people to resources in the community
- Provide information to people about the healthcare system and housing options
- Information sharing from government and health authorities to communities
- Central hub for referral to required resources
- Support BC211 to expand province wide
- Beware of legal liability around giving advice
- Act as an information clearinghouse for community organizations

c) Receiving and referring concerns and complaints

- Provide information and referral to a broad scope of existing complaint mechanisms (e.g., Consumer Protection BC, BC Housing, Health Authorities, etc.)
- Already lots of existing mechanisms; don't duplicate existing mandates
- Champion for people who are exposed to elder abuse
- Provide follow up to ensure complaint is resolved
- Deal with complaints that are outside of the scope of existing mechanisms
- Provide immediate support for seniors and families in crisis
- Accountability – need timeline for resolution of complaints
- Encourage transparency for organizations that handle complaints

d) Public awareness and communications

- Take a strong, proactive role around communications, messaging and misperceptions
- Need two way communication and ensure plain language
- Work with existing information services (i.e., BC211)
- Need education around prevention for the public and the school system
- Do not waste valuable resources on duplication of services and databases
- Raise awareness about elder abuse (including family financial abuse)
- Create intergenerational conversation and education; seniors want to engage

e) Collaboration and engagement

- Feedback (360 degree services) – provide information back to community organizations
- Support capacity building in community agencies through resources and coaching
- Support grassroots organizations (e.g., family councils)

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AFTERNOON SESSION:

Principles

- Principles should include:
 - Choice – a solution is found for a senior, but it may not be the one the senior would choose. Solution may not always be the most appropriate. People feel like they have no choice when they need residential care
 - Presumption of capability and empowerment (self-advocacy)
 - Preservation of dignity
 - Transparent and honest/ accountable
 - Confidentiality
- Independent of government, but in collaboration with government; report out to public
- Access - outreach advocates around the province who report back to the Office
- Functionality of Office depends on personalities of people in the Office

Scope of the Office of the Seniors' Advocate

- Focus on accountability from service providers, including not-for-profit and private
- Focus on seniors experiencing abuse and neglect
- Not consumer protection because this is already covered by other organizations
- Focus on areas other than health care, healthcare already has oversight
- Focus on all healthcare - assisted living, community services, and home support, etc.
- Broader than healthcare; look at the social determinants - housing, transportation, income security, and both public and private systems, as well as non-profits

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

- Focus on people in the residence who don't have an advocate
- Do not limited focus to low income seniors

Key Functions of the Seniors' Advocate

- Power to recommend legislation to government

a) Advocacy Services

i. Systemic

- Advocate for the creation of a clear legislative framework for seniors to ensure they get reasonable service
- Should focus on systemic change
- Private sector and communities should have role in advocacy

ii. Individual Advocacy

- SA should focus on individual advocacy, systemic advocacy is just too much
- Will require a huge staff
- The staff should make calls to other organizations for the clients with their permission
- Definitely need individual advocacy

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- Beware of creating unrealistic expectations for immediate action
- Ensure client confidentiality

b) Information and Advice

- Leverage seniors' centres, where seniors congregate, as a source for information and advice
- Don't duplicate existing resources, redirect
- Do an inventory of existing services and publicize this information – directory, database, etc.
- Provide information on tools for self-advocacy and other existing resources (e.g., 8-1-1)

c) Concerns and Complaints

- Should emphasize mediation over litigation; provide a mediation service
- Needs to operate outside regular business hours to provide crisis support
- Concerns about care and solutions posted on the website (U.K. National Health Service model)
- Refer complaints, keep a record and provide follow-up to make sure that the issue is resolved
- Timeliness - need immediate resolution for people's concerns
- Office of last resort
- Have case managers for specific issues that come into the Office

d) Awareness & Communication

- Raise awareness about the Seniors' Advocate - education and information on how to access it
- Seniors want to be able to speak directly to a person – not Internet only
- Support community-based communication to ensure information is relevant to communities, rather than a big province-wide guide that makes it hard to find local information
- Collaborate with community organizations (e.g., Chamber of Commerce) to raise awareness
- Create public awareness and change public perception of seniors issues (e.g., through media)
- Produce publication with information on both public and private facilities and services
- People should be educated on planning for aging and effective health choices
- Information needs to be clear and understandable, multilingual and widely available
- Do outreach to seniors by seniors

e) Collaboration and Engagement

- Support community organizations with resources, training, and empowerment - build capacity
- Build relationships with existing resources (e.g., community nurses, MLA offices, community centres, academia, legal professionals)
- Accountability through two-way communication – provide information back to community, organizations and frontline workers
- Build capacity in existing organizations, family councils, community volunteers, to support them in their role as advocates

Models suggested when designing the Office

- Adopt a model of seniors helping seniors
- Use the Representative for Children and Youth model