

# Summary of Consultation on an Office of the Seniors' Advocate

## May 29, 2012, Victoria, British Columbia

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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: accountable; timely; accessible; independent from government; responsive; transparent; inclusive; value-added; and supporting self-advocacy.
- Cautioned that "assumed capability" may lead to exclusion of people not capable of acting on their own behalf; add a qualifying statement such as, "this is not to exclude..."

#### **Scope of the Office of the Seniors' Advocate**

- Should not make an already complicated system more complicated
- Focus on healthcare, but also consider social determinants of health when addressing healthcare services for seniors
- Focus on systemic issues, publicly-funded services, prevention and health promotion
- Office should operate at a regional level also

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

A range of suggestions on eligibility for services to be offered by the Seniors' Advocate:

- Accessibility should not be determined by age
- "Senior" should be redefined as an adult "45 years old and above"
- Eligibility should be based on needs/vulnerability (how to define vulnerability?)
- Anyone acting on behalf of a senior should have access to the Seniors' Advocate

#### **Key Functions of the Seniors' Advocate**

- Should not duplicate existing services
- The functions should be informed by previously undertaken reports and research to identify gaps and problems in and with the system
- Need to manage public expectations of the Office; can't be everything for everybody

##### **a) Advocacy Services**

###### **i. Systemic Advocacy**

- Improve systems navigation to enable seniors, family members and caregivers to better access services should be a high priority; improved access to legal service
- Create an inventory/database of available seniors' services and programs, and foster improved linkages between service providers

# Summary of Consultation on an Office of the Seniors' Advocate

## May 29, 2012, Victoria, British Columbia

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- Systemic investigations, and annual or bi-annual public reporting out of findings
  - Implement a consistent standard of residential care
  - Promote, support and build capacity for community-based organizations
- ii. Individual Advocacy**
- Should be available to all seniors, regardless of other avenues that might be available to them; particularly important for populations with limited access to services
  - Assist seniors in making calls that they cannot make themselves
  - Office useful in small communities where anonymity/confidentiality may be concerns
  - Office will need a high level of knowledge and expertise to help with system navigation
  - There should be no restriction on what issues can be brought forward to the office
  - Whistleblower protection for individuals/workers who report facility/service issues
  - Recognize complexity and challenge for the Office to respond to the breadth of issues
- b) Information and Advice**
- Change “information and advice” to “information and options/ possibilities”
  - Create a Seniors’ Line that identifies specific services and provides fundraising advice; should be available more than just normal business hours; do not use phone trees; need a person to answer; written information should be in big font
  - Information for seniors, family members and caregivers should be accessible at the community level; “The Journey” (VIHA) is a good model for dispersing information
  - Provide information on types and quality of specific residential care facilities
  - A lot of information is already available in the community; information provision should not be a role of the Seniors’ Advocate, instead, support communities in disseminating information, and individuals in accessing the information
- c) Receiving and Referring Concerns and Complaints**
- Be a resource for staff to report issues in care facilities; help callers to access needed services (triage function)
- d) Public Awareness and Communications**
- Communication outreach especially to isolated individuals
  - Education for seniors, family members and caregivers focusing on prevention and healthy aging; designing education tools and information that meets the needs of seniors; awareness building about existing services
  - Education and information sharing for service providers and agencies to inform about seniors’ issues/agencies/services
  - Education for youth, and the encouragement of intergenerational opportunities
  - Negative perceptions of seniors needs to be addressed by the Office
- e) Collaboration and Engagement**
- Strengthen links and improve channels of communications between ministries

# Summary of Consultation on an Office of the Seniors' Advocate

## May 29, 2012, Victoria, British Columbia

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- Educate government agencies about seniors' services and agencies in communities
- Engage with the municipalities as key partners
- Establish multi-sectoral advisory committees to work with the Office
- Local governments are integral for information and creating healthy communities
- Build strong working relationships with services providers and academics/researchers
- Build capacity among service providers and community-based, regional and province-wide organizations

### **AFTERNOON SESSION:**

#### **Principles**

- Suggested additional operating principles: interest of the senior is paramount; work of the Office to be informed by seniors and service providers; accessible, timely, responsive, efficient; accountable to seniors (as opposed to just a political structure); recognizes the value of seniors; supports community connectedness
- Recommendations and decisions of the Office should have binding authority; ability to affect government policy; ability to speak openly
- Start with positive assumptions about seniors, including seniors' capability
- The office will need to be well-supported and well-funded to be successful
- A learning, growing organization
- Independence from government - ability to publicize issues

#### **Scope of the Office of the Seniors' Advocate**

- Focus on elder abuse, prevention and wellness issues
- UN definition of health should inform the scope
- Assist with pension issues
- Focus on prevention and wellness

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

- Age 65 + (based on ability to apply for pension); CARP references age 45 plus; Criminal Code Identifies 50 years and over in elder abuse laws
- Set a list of criteria - people must meet at least one as age alone won't work
- Eligibility should not be determined by age because the Office needs to be prevention-oriented
- Address the needs of the most vulnerable population first

#### **Key Functions of the Seniors' Advocate**

- In order to be credible, the Seniors' Advocate needs to be prepared to respond to and resolve emerging issues, whether on systemic or individual advocacy basis

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## May 29, 2012, Victoria, British Columbia

---

- The Seniors' Advocate will be seen as an enabler to help resolve issues

### a) **Advocacy services**

#### i) **Systemic Advocacy**

- Systemic change and funding for that change should be a goal of the Office
- Should have a wide scope recognizing that all issues are inter-related
- Complexities of health care make it difficult to address absolutely all issues
- Resolve need for more funded beds, services in care homes, housing and tenancy issues
- Foster programs and policies that are user-friendly and community/regionally-based
- Simplify the system and improve timeliness and accessibility; streamline
- Implement a very strong evaluation process that allows refinement of services
- Foster services that are community-based, while recognizing their limitations due to privacy issues
- Need a research component to identify gaps and issues

#### ii) **Individual Advocacy**

- Only for vulnerable seniors who have no other recourse
- Well-informed referral and follow-up processes; ensure issues resolved successfully

### b) **Information and Advice**

- Human-centered (no phone trees) triage and coordination of services allowing flexibility and good judgment; recruit seniors to answer enquiries; knowledgeable referral
- Referrals to existing services, routing people to appropriate services; the Office of the Seniors' Advocate should be an enabler that gets the right things to the right people

### c) **Receiving and Referring Concerns and Complaints**

- Referrals and complaints should be followed up on; ensure issues are resolved; measure success

### d) **Public Awareness and Communications**

- Education should be a priority
- Should not focus on education, training, awareness building or communications – this is the role of the government and advocacy work results in public education
- Build public awareness around value/respect and contributions of seniors (a BC Seniors Day and an Intergenerational Day)
- Undertake research that identifies common issues for the purpose of creating results
- Offer training session for seniors to help them access services

### e) **Collaboration and engagement**

- Listen well
- Work collaboratively and coordinate with existing services and offices
- Support capacity building in communities; ensure ongoing funding for this service
- Establish advisory committees

## Summary of Consultation on an Office of the Seniors' Advocate May 29, 2012, Victoria, British Columbia

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- Able to identify gaps and work with agencies to fill them
- Broaden the scope of Community Response Networks beyond abuse issues

### **Models to consider when designing the office**

- Citizens' Advice Bureaus - UK community model — run by trained volunteers
- Refer to "Closer to Home" document
- Denmark, public health nurse contacts all seniors 75+; should implement in BC
- Victims services models