CREATING A SENIORS’ ADVOCATE FOR BRITISH COLUMBIA

A Stronger Voice for BC Seniors
July 31, 2012

SUMMARY OF RECOMMENDATIONS

Based on a good deal of research, careful consideration of the questions in the Consultation Discussion Paper and participation in three Consultation events, the Seniors Advocate Sub-Committee, on behalf of the members of the Seniors Regional Planning Table, as a whole, respectfully offers the following recommendations for the Office of the Seniors’ Advocate of British Columbia:

1. **INDEPENDENCE OF THE OFFICE:**

   **THE SRPT RECOMMENDS** that the Office of the Seniors’ Advocate should be established as an independent office of the legislature, and the Seniors’ Advocate be appointed for a term of 6 years.

2. **SCOPE OF ROLE & SYSTEMIC ADVOCACY:**

   **THE SRPT RECOMMENDS** that the Office of the Seniors’ Advocate, within the limits of its independent office, should be established with a broad mandate which encompasses the context of senior life in British Columbia, and is “needs driven”, based on all social determinants of health, as opposed to “complaints driven”.

   **THE SRPT RECOMMENDS** that the Office of the Seniors’ Advocate, without compromising its status as an independent office of the legislature, have jurisdiction in both the private and public realm.

   **THE SRPT ALSO RECOMMENDS** that the Office of the Seniors’ Advocate be endowed with the authority to monitor, review, audit and conduct research on the provision of a service to seniors for the purpose of making recommendations for systemic improvements to the effectiveness, responsiveness and fairness of that service, and to comment publicly on the findings.

3. **CULTURAL COMPETENCY:**

   **THE SRPT RECOMMENDS** that the Office of the Seniors’ Advocate act to put in place institutional mechanisms to support, enable and facilitate the provision of a culturally competent service, one that would necessarily include multilingual staff and/or availability of translation/interpretation service.
4. CAPACITY, EFFECTIVENESS, & ACCESSIBILITY:

THE SRPT RECOMMENDS that the Office of the Seniors’ Advocate seek out and incorporate “age-friendly” guidelines to ensure the office is accessible to all seniors.

THE SRPT ALSO RECOMMENDS that seniors and senior-serving stakeholders be invited to participate on a Seniors Advisory Board to represent the interests of seniors during the initial implementation phase of the Office of the Seniors’ Advocate and for regular, ongoing consultation and evaluation.

THE SRPT RECOMMENDS the Office of the Seniors’ Advocate, in order to enhance its capacity, effectiveness and accessibility, be designed to capitalize on, support and collaborate with the already existing advocacy services in the province.

5. ADVOCACY ON BEHALF OF SENIORS EXPERIENCING ABUSE AND NEGLECT:

THE SRPT RECOMMENDS that the Office of the Seniors’ Advocate assume a strong role in advocating for seniors who are experiencing any type of abuse and neglect, including advocating for systems and services that may prevent the circumstances and opportunity for such abuse and neglect.

6. FUNDING:

THE SRPT RECOMMENDS that the Office of the Seniors’ Advocate must be provided with realistic funding which will provide for the staffing level necessary to develop a capable, effective and accessible advocacy service for seniors in the province of British Columbia, one which is sustainable and will serve as a model for other provinces in Canada.

THE SRPT ALSO RECOMMENDS that funds required by the Office of the Seniors’ Advocate for province-wide education and information, whether directed to the population in general, or through its collaboration with community organizations, be provided from the budget of the Communication Branch of the Government of BC, and not from the budget of the Office of the Seniors’ Advocate.

It is our fervent hope that the institution of The Office of the Seniors’ Advocate will provide the seniors of the province of British Columbia with security that, as they continue to age and become more vulnerable, their interests will be protected and their needs for representation and advocacy will be met. Our recommendations are respectfully offered to specifically facilitate the achievement of these goals.

Marilyn C. Fischer, BSW
Chair, Seniors Advocate Subcommittee,
Seniors Regional Planning Table
CREATING A SENIORS’ ADVOCATE FOR BRITISH COLUMBIA

A Stronger Voice for BC Seniors

July 31, 2012

SUBMITTED TO: Seniors Action Plan, Ministry of Health

SUBMITTED BY: The Seniors Regional Planning Table (SRPT), (funded by The United Way of the Lower Mainland)

PREPARED BY: Seniors Advocate Subcommittee:
Marilyn C. Fischer, Senior Life Choices Consulting; Mohinder J.S. Grewal, Richmond Seniors Network; Lorraine Logan, COSCO; Kenneth Jones, Semiahmoo Peninsula Seniors Advisory Table; D.G. Browning, Delta Seniors Planning Table

The Seniors Regional Planning Table (SRPT) is comprised of 25 committee members representing 10 Seniors Community Planning/Action Tables in the Lower Mainland, as well as other seniors and senior-serving stakeholders in the region which encompasses a population of older adults of approximately 400,000. The purpose of the United Way funded SRPT is to: 1) identify and address seniors’ issues of a regional or systemic nature, and 2) identify ways to coordinate and build capacity in the seniors’ sector of the Lower Mainland and Sea to Sky Corridor.

The SRPT welcomed the February 14th release of “Improving, Care for B.C. Seniors: An Action Plan”, the announcement of the Minister of Health of the establishment of the Office of the Seniors’ Advocate and an invitation “to have direct input into the future role of a seniors’ advocate”, To this end, our sub-committee was struck on March 8th and we have worked diligently since then with the intent to formulate a well-reasoned, positive and influential submission.

Based on a good deal of research, careful consideration of the questions in the Consultation Discussion Paper and participation in three Consultation events, the Sub-Committee of SRPT, on behalf of the members of the SRPT, as a whole, respectfully offers the following recommendations for the Office of the Seniors’ Advocate of British Columbia:
1. **INDEPENDENCE OF THE OFFICE:**

The Office of the Seniors’ Advocate must be an independent office of the legislature, with the power to release reports that do not require the approval of any government body or ministry. The Seniors’ Advocate should be appointed by and report regularly to the elected members of the legislative assembly. The Seniors’ Advocate must report annually to the Speaker of the Legislative Assembly, and should be permitted to make special reports when considered necessary to do so. The appointment should be for a term of 6 years, with the possibility of extension for a further 6 year term.

**THE SRPT RECOMMENDS that the Office of the Seniors’ Advocate should be established as an independent office of the legislature, and the Seniors’ Advocate be appointed for a term of 6 years.**

2. **SCOPE OF ROLE & SYSTEMIC ADVOCACY:**

Those participating in the consultation have been asked whether the initial focus of the Office of the Seniors’ Advocate should be “health care supports and services…” and the response so far seems to be a resounding “yes, and…” Clearly, there is agreement that our healthcare system, is only one (albeit very important) of the “social determinants of health” set out by The World Health Organization, the Public Health Agency of Canada, and the Provincial Health Services Authority of BC.

We agree that, while there is much work to be done to improve our home and community care services for seniors, a health promotion focus which understands that the context of people’s lives (social, economic, physical and genetic) is the major determinant of health and seeks to address the societal and systemic disparities with an emphasis on prevention, will go a long way to improving the lives of our vulnerable seniors.

In 2011, the United Way of the Lower Mainland held a community forum: “Aging with Dignity - Making it Happen for Everyone” and published a “Seniors Vulnerability Report” which set out the following multiple dimensions of vulnerability for seniors in Metro Vancouver and the Sea to Sky corridor:

- Economic insecurity
- Social Isolation
- Barriers to multi-lingual communication and lack of multi-lingual services
- Poor mental and physical health
- Food insecurity
- Inadequate and unaffordable housing
- Inaccessible transportation and built environment
- Physical mobility limitations

This is the context of the lives of our vulnerable seniors in British Columbia.
THE SRPT RECOMMENDS that the Office of the Seniors’ Advocate, within the limits of its independent office, should be established with a broad mandate which encompasses the context of senior life in British Columbia, and is “needs driven”, based on all social determinants of health, as opposed to “complaints driven”.

Inasmuch as it is politically and legally possible to maintain the independence of the Office of the Seniors’ Advocate, the Seniors’ Advocate’s mandate should include power to represent the interests of vulnerable seniors in the marketplace, as well as the public sector. One has only to look at the newspaper or the web to discover the proliferation of private enterprise aiming to appeal to the demographic bulge of senior consumers; e.g. private health care, retirement and independent/assisted living communities, transition planning, home care, hearing products, sleep systems, medication management tools, etc. Seniors will undoubtedly benefit from access to advocacy in both the private and public realm.

On November 25, 2011, journalist Sam Cooper reported that “B.C. Seniors’ Care Homes Remain Safe From Scrutiny…”, informing readers that information regarding care incidents or deaths of seniors occurring in public care facilities is not consistently available in every health authority (confirmed by The Ombudsperson in “The Best of Care, Part 2”). He also reported that, under current law, information about deaths that occur in private facilities cannot be accessed. Whether private or public care providers are involved, the public has a ‘right to know’ whether care incidents or deaths were unexpected, accidental, or involved staff error in order to make ‘informed choices’ in selecting caregiving services. This serves as an example of the need for the Seniors’ Advocate to have jurisdiction in both the private and public sector.

THE SRPT RECOMMENDS that the Office of the Seniors’ Advocate, without compromising its status as an independent office of the legislature, have jurisdiction in both the public and private realm.

THE SRPT ALSO RECOMMENDS that the Office of the Seniors’ Advocate be endowed with the authority to monitor, review, audit and conduct research on the provision of services to seniors for the purpose of making recommendations for systemic improvements to the effectiveness, responsiveness and fairness of such service, and to comment publicly on the findings.

3. CULTURAL COMPETENCY:

BC is home to an increasing population of visible and ethnic minorities. Metro Vancouver has the highest percentage of visible minorities among its senior population of any metropolitan area in Canada (32% in 2006). Considering this cultural reality, as well as our diversity related to religion,
sexuality, disabilities, socio-economic status, education, etc., we strongly believe that the advocacy needs of vulnerable seniors will best be met by services which are delivered within a framework of cultural competence.

Richardson and Fulton (2010) describe such a framework in “Towards Culturally Competent Advocacy: Meeting the Needs of Diverse Communities”, stating that it should comprise three core elements:

1. “Cultural awareness and beliefs”: the practitioner’s sensitivity to their own personal values and biases and how these may influence perceptions of the client, the client’s circumstances and the service provision relationship.

2. Cultural skills: the practitioner’s ability to intervene in a manner that is culturally sensitive and relevant.

3. Cultural knowledge: the practitioner’s knowledge of the client’s culture, world view, and expectations of the service provision relationship.”

Fulton and Richardson share a conviction that “cultural competence is a stance, a disposition or approach that can be developed in all advocacy practitioners, regardless of ethnicity”. We also want to point out (following Richardson and Fulton) that “the concept of advocacy is not widely or fully understood by vulnerable groups” such as ethnic minorities and “the term may not be easily translatable.

THE SRPT RECOMMENDS that the Office of the Seniors’ Advocate act to put in place institutional mechanisms to support, enable and facilitate the provision of a culturally competent service, one that would necessarily include multilingual staff and/or availability of translation/interpretation service.

THE SRPT ALSO RECOMMENDS that, in naming the advocacy office, there be consideration of whether the term “representative” or some other term with similar meaning, may better serve our ethnic senior population.

4. CAPACITY, EFFECTIVENESS, and ACCESSIBILITY:

Once the Office of the Seniors’ Advocate has been fully established and in existence for a year or so, we all want to be able to look back and see that seniors’ are increasingly able to access responsive and effective representation and advocacy to address their concerns and solve problems that sometimes overwhelm them to the point that suicide is considered the ‘only way out’.

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This goal will only be realized if the service is provided through an “age-friendly lens” with the Office of the Seniors’ Advocate having the necessary capacity (funding, and resources), effectiveness (knowledge, skill, and influence) and accessibility (local, regional and provincial).

Since 2007, when the World Health Organization consulted with 33 cities in 22 countries and published the WHO Global Age-Friendly Cities Guide, “age-friendly” has become a term describing positive features and barriers to participation and utilization of services by seniors. Provincial, regional and local response to this challenge has been substantial, a few examples include:

- **“Seniors Engagement Toolkit”**, developed by the City of New Westminster, to assist City staff to engage seniors in municipal planning and development, highlighting the important use of plain language in all print materials, bright colours and high contrast text in Sans Serif font, minimum size 13 point.

- **Senior Friendly Crisis Line**, Vancouver Crisis Centre, open to seniors in all areas of BC, funded by the United Way of the Lower Mainland.

- **Creating an Age-friendly Business in BC**, Seniors BC, offers guidelines re: telephone answering service, speaking voice, assisting those with vision and hearing challenges, privacy, accessibility for mobility aids, and print material.

SRPT members are particularly concerned that the telephone answering service of the Office of the Seniors’ Advocate not be automated (i.e. no phone trees) and does not require pressing a lot of numbers before customers can connect with a “live” person, ideally a knowledgeable, understanding senior. We also want to emphasize our agreement on the importance of plain language in all print materials.

**THE SRPT RECOMMENDS that the Office of the Seniors’ Advocate seek out and incorporate “age-friendly” guidelines to ensure the office is accessible to all seniors.**

Effective “age-friendly” services engage seniors in the planning and evaluation process. The recent angst caused to seniors and the investment of time and money by TransLink to rectify the situation by reinstating the Taxi Saver program, is an example of the folly of not making adequate effort to obtain input from the affected population.

**THE SRPT ALSO RECOMMENDS that seniors and senior-serving stakeholders be invited to participate on a Seniors Advisory Board to represent the interests of seniors during the initial implementation phase of the Office of the Seniors’ Advocate and for regular, ongoing consultation and evaluation.**
It would be unrealistic to expect the government to establish an Office of the Seniors’ Advocate with the capacity to respond to the potential advocacy needs of 650,000 seniors! However, through resource support, collaboration and coordination of the myriad of currently existing senior service agencies and organizations that provide information, referral and advocacy at the local level, the Seniors’ Advocate could harness the energy and expertise of a dedicated core of trouble shooters.

We are aware of remnants of the provincial government’s Senior Citizen Counsellors program operating in various locations in BC (e.g. Interior Health Authority), formerly an organization of 200 volunteer seniors citizens providing advocacy across the province. PovNet currently lists 200 BC advocates on its “older adult” registry. The list of organizations offering advocacy to their senior constituents is endless; for example: The Council of Senior Citizens of B C, Neighbourhood Houses and Seniors Centres, BC Old Age Pensioners Organization, Candian Legion, BC Centre for Elder Advocacy and Support, Senior Services Society, various Public and Private Pension Committees, Community Planning Tables (United Way), MLA offices, etc.

While all the above advocating efforts are no doubt achieving worthwhile results, they are fragmented, many are functioning without adequate funding, with limited access to training and continuing education to update their knowledge and skills, frequently operating in a vacuum, and, perhaps, lacking accountability.

These committed community and organizational advocates, many of them senior volunteers, are the potential “eyes and ears”, or “outreach advocates” of the Seniors’ Advocate. They know their communities and the needs of their seniors - they could do so much more with the collaborative support of the Office of the Seniors’ Advocate and could provide an information/evidence base for the direction of systemic advocacy. Such a relationship could also provide a partial response to the call for “a regional presence” heard at the Consultations, perhaps organized in relation to each health authority. The need for the Seniors’ Advocate to provide direct, individual advocacy would be reduced. Collaboration of this significance, would certainly add value to the existing ad hoc advocacy systems in the province.

THE SRPT RECOMMENDS that the Office of the Seniors’ Advocate, in order to enhance its capacity, effectiveness, and accessibility, be designed to capitalize on, support and collaborate with the already existing advocacy services in the province.

5. **ADVOCACY ON BEHALF OF SENIORS EXPERIENCING ABUSE AND NEGLECT:**

In “Help Starts Here”, the Ministry of Public Safety and Solicitor General of BC, provides a comprehensive explanation of the issue:

“Abuse and Neglect of Older Adults means…violence against seniors or mistreatment of seniors, including neglect of seniors who depend on others for care….takes many different forms: physical,
sexual, emotional, and financial. Other forms are related to giving medication improperly (e.g., to control behaviour) and taking away rights (e.g., to privacy, to make treatment decisions). Many types of abuse, and some types of neglect, are criminal offences. All types of abuse and neglect are harmful to seniors.”

Some of us are prone to limit our concept of abuse to physical, sexual and financial, and, while these types of abuse are too often experienced by seniors, it is important to be reminded that emotional abuse, and the abuse related to improper medicating and denial of individual rights are forms of abuse that seniors may be more vulnerable to because of poor health and reliance on caregivers.

We applaud this government’s pledge of $1.4 million to the BC Association of Community Response Networks for the prevention of elder abuse. And, we are pleased that the Ministry of Health has published a **BC Health Files, Elder Abuse Prevention Series** issue providing “Information for Family Caregivers” which recognizes the role caregiver stress plays and provides guidance and strategies for resolving situations.

However, we are concerned that the level of elder abuse will significantly increase with the added burden of care placed on caregivers (personal, private and public), due to the ever-increasing need for such care by our aging population and the apparent inability of the health care system to provide the home and community care supports necessary to relieve such burden.

**THE SRPT RECOMMENDS** that the Office of the Seniors’ Advocate assume a strong role in advocating for seniors who are experiencing any type of abuse and neglect, including advocating for systems and services that may prevent the circumstances and opportunity for such abuse and neglect.

**FUNDING:**

**THE SRPT RECOMMENDS** that the Office of the Seniors’ Advocate must be provided with realistic funding which will provide for the staffing level required to develop a capable, effective and accessible advocacy service for seniors in the province of British Columbia, one which is sustainable and will serve as a model for other provinces in Canada.

**THE SRPT ALSO RECOMMENDS** that funds required by the Office of the Seniors’ Advocate for province-wide education and information, whether directed to the population in general, or through its collaboration with community organizations, be provided from the budget of the Communication Branch of the Government of BC, and not from the budget of the Office of the Seniors’ Advocate.
CONCLUSION:

It is important to keep in mind where the call for a Seniors’ Advocate originated; namely, the report of Ombudsperson Kim Carter on her investigation into the state of seniors’ care in BC. *The Best of Care: Getting it Right for Seniors in British Columbia* focuses on home and community care, and makes no less than 176 recommendations to address the 141 findings of failures and gaps in the provincial system of seniors’ care. One of them is for the establishment of an Office of a Seniors’ Advocate. Unfortunately, since the report was released in February 2012, this is one of only a very few recommendations that the Ministry of Health has acted on.

Though we commend the current government for its initiative in responding to the long held wishes of the seniors of British Columbia by establishing the first provincial seniors’ advocate in Canada, we call on its elected representatives to make a clear commitment and develop a plan with timelines to respond to the issues in home and community care for seniors that have already been identified by the Ombudsperson.

The Seniors Regional Planning Table appreciates this government’s invitation “… to have direct input into the future role of a seniors’ advocate”. And we generally concur with the contents of the letter which was recently endorsed and forwarded to the Seniors Action Plan Team by 50 plus provincial organizations providing services to seniors.

It is our fervent hope that the institution of The Office of the Seniors’ Advocate will provide the seniors of the province of British Columbia with security that, as they continue to age and become more vulnerable, their interests will be protected and their needs for representation and advocacy will be met. Our recommendations are respectfully offered to specifically facilitate the achievement of these goals.

Marilyn C. Fischer, B.S.W.
Chair, Seniors Advocate Subcommittee, on behalf of
The Seniors Regional Planning Table

cc: The Honourable Michael de Jong, M.L.A., Minister of Health
    Mike Farnworth, M.L.A., Opposition Critic for Health
    Katrine Conroy, M.L.A., Opposition Critic for Seniors and Long-Term Care
    Kim Carter, BC Ombudsperson
    Heather Devine, Director, Information & Engagement, Seniors Action Plan Team
    Beverley Pitman, Planner, Strategic Initiatives (Seniors), United Way of the Lower Mainland.
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