



## SENIORS FOR SOCIAL ACTION (ONTARIO)

### *IMPORTANT BULLETIN*

## **PLEASE COMPLETE THE FEDERAL GOVERNMENT SURVEY**

**July 24, 2023**

Once again the Federal government is heading in the wrong direction in its survey questions. **PLEASE COMPLETE THIS SURVEY AND SET THEM STRAIGHT!** The more who do, the more they will have to listen.

The link is provided here.

[Consultation Online Questionnaire: Safe Long-Term Care Act \(qualtrics.com\)](https://www.qualtrics.com)

Here are the responses Seniors for Social Action Ontario has submitted as an organization. This may assist you with your responses to this survey.

### **Quality and Safety in Long-Term Care**

Develop alternatives to them - in-home and residential. Older adults have said for decades they do not wish to be institutionalized. You cannot fix institutions. By their nature they dehumanize residents and staff. The federal government needs to introduce a National Home Care Program with a paid family caregiver option and direct funding option to allow individuals and their powers of attorney for personal care to obtain the services and supports they need. This would empower them and put them in the driver's seat instead of the multi-national corporations that no government can control. You can have all the standards you like, but enforcement continuously fails and the big corporations take provincial governments to court when they try to enforce them. The Federal government also needs to earmark funding for PACE (Program of All Inclusive Care of the Elderly) and Hub and Spoke programs that bring care to naturally occurring retirement communities and the areas surrounding them. And it needs to fund group homes for elders with dementia and those with debilitating physical disabilities in every town and city.

### **Ability to meet the national long-term care standards**

Patient-centered care is a meaningless term because staff remain in charge. Patient-directed care is what elders want - where they are in charge and direct staff according to their needs. Direct funding supports this approach, giving elders and their caregivers control of the purse strings rather than companies and agencies. This has worked in developmental services with the Special Services at Home and Passport Programs, why is it not available for elders at a rate of up to \$200+ per day to elders and their caregivers themselves which is what Ontario pays long-term care corporations that have consistently failed to meet standards? Money needs to follow the person not the facility. A prettier more nicely designed facility solves absolutely nothing. The problem is mismanagement, abuse, and neglect, caused by institutionalization itself. The Federal government needs to enter the 21st Century and get out of the business of funding institutions and start funding community-based care - non-profit and earmark transfer payments for direct funding programs by the provinces.

## **Opportunities to address health human resources challenges in long-term care**

Staff do not want to work in institutions. They are dehumanizing and dangerous. Staff want to work in the community and in people's own homes and be paid the same as in the institutions and hospitals. Wage parity between home and community care and institutions and hospitals needs to be addressed. What would really ease the staffing shortage is Paid Family Caregivers. If government provided transfer funding to provinces willing to institute this program up to the amount paid daily to institutions, in Ontario \$200+ per day, many families would choose to keep their loved ones out of institutions. The current funding forces people into institutions through lack of choice. Please stop trying to fix institutions. It is a waste of time and taxpayer funding. We need alternatives to them to give people real choice.

## **Public reporting on long-term care**

When a province does not do comprehensive inspections, no data can be accurate. Many facilities here know when inspectors are coming and prepare accordingly, but this is in no way reflective of the usual state of the facilities. Ranking long-term care institutions is like evaluating the deck service on the Titanic. We need to replace them with a 21st Century in-home and community-based system of care and fund non-profit community agencies at the same rates that LTCFs are receiving to provide the kind of care elders are actually requesting.

What companies that operate them are making in profit per facility. What staff are paid, and what the staff to resident ratio is according to remuneration data. How often the facility is inspected and what kinds of inspections are done. What the qualifications of the facility's management is, who they are, and how to reach them. What company, group, or individual actually owns the facility and where its head office is located. Canada needs also to investigate where the foreign investment in these facilities is coming from. There is little to no data available on that. For example, a single individual owns Southbridge Care Homes which is a limited partnership, but the controlling entity is Yorkville Asset Management. Where does their investment money come from? There are serious concerns in Ontario about money laundering occurring through LTCFs

## **Additional thoughts**

Canada needs to stop providing public dollars for long-term care institutions when seniors have said for decades that they do not wish to end up in them. Canada needs to tie transfer payment funding to the provinces to them developing 21st Century approaches to long-term care instead of just funding institutions. Seniors for Social Action Ontario has been pressing for intensive in-home support; a Paid Family Caregiver Option in a Home Care Program (paid up to the \$200 per day that facilities currently receive); a direct funding option to allow individuals and their families to purchase the care they want and need and be in the driver's seat as consumers; residential programs where care goes to the person instead of the person having to go to care - examples: PACE (Program of All Inclusive Care of the Elderly) and Hub and Spoke models that bring care to naturally occurring seniors' communities and the areas surrounding them. Plus a comprehensive fully funded system of small community residences with 24/7 care in every town and city for people with dementia and those with debilitating physical conditions so they can remain in their own towns and neighborhoods and not be shipped off to an institution.

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**Please share this Bulletin with your organizations, friends, and family members and encourage them to also fill out this survey**