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Tova Houpt, Siying Cai, Seneca College SSWG Graduates

BILL 175

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Good day,

I am writing this submission with a keen hope that I get a chance to share my personal experiences and understanding of the long-term care crisis, inadequate home care services across Ontario and the lack of proper funding inside private, for-profit institutions for staff and residents which together have a profoundly negative effect on the well being and quality of life of our seniors, and existed before the pandemic crisis.

I am a recent graduate of Seneca College's Social Service Worker Gerontology program. I spent three semesters and almost 700 hours in two field placements in the older adult sector and had one job orientation day with a local LTC after which I quickly decided to decline employment (where military was later called in to assist)

I'm upset that the government has only begun to listen to or discuss these systemic issues after the military presented its report which basically reiterated what unions, PSW's, nurses, social workers, etc. have been complaining about for a very long time. Over the years the media has done many investigative, sometimes, "undercover" reports about conditions in long term care. Despite the existence of many well run, well intentioned facilities, issues of staff shortages, neglect, old infrastructure etc were identified over the last decade. And in some cases, where facilities were "just managing" the pandemic and the issues relating to it such as PPE shortages, inability to isolate residents, slow testing was the catalyst that pushed these facilities over the brink.

Long term care institutions have seen the country's worst end of the stick during this pandemic. The solutions will not be as simple as blaming staff, firing some people and then walking away, this is so far from the truth, and it hurt myself and my fellow graduates to sit on the side and watch the devastation that is taking place. Homes that were privately run (for profit most of the time) did not supply proper PPE to staff, staff went home sick in droves, were too afraid to enter their workplaces due to unhygienic processes or lack of standardized protocols. There seems to have been a complete lack of proper outbreak protocol and understanding of the nature of this virus, even as more information was spread globally through other medical professionals. The fact that staff were reusing medical PPE and therefor spreading the contagion is nothing new. This type of practice develops as a bad habit in response to low home budgets and the need to restrict expenses. The actual companies who run these homes were never going to send more money to these spaces.

The military's report stated, "forced feedings, insect infestations and abuse". I've seen these first-hand and know that these methods are again, due to funding issues. One home I worked in had a roach infestation. While this was addressed, it seemed attempt to follow the home's pest removal protocol was limited, again due to underbudgeting.

I also saw forced feedings happening. This was because there weren't enough nurses or other trained staff to apply person centred care, or who had sufficient training in either assistive feeding or interacting with people with neuro cognitive disorders. And the home policy/protocol was for everyone to eat at a certain time.

I also witnessed abuse, usually in the form of neglect. Residents would be forced to wait up to 30 minutes pre-pandemic times just to have toileting assistance. And that's just from one home, doing their best with the ongoing lack of staffing.

If you think returning to this type of care which so often existed pre Covid19, I would urge you to consider your own shock and grief during this pandemic. Your parents, and other's parents before yours, have had to deal with these conditions for much longer than the few months it has taken for Covid19 to highlight the systemic problems in elder care.

Furthermore, the issues in long term care are not separate from issues in home care. Pre-pandemic and before the Ford government decided to eradicate the LHIN's and move towards OHT's, a referral for home care meant a maximum of government paid 2 hours per week with a PSW, and of those who could receive care, it meant only qualifying if they couldn't bathe themselves. Even with additional hours if someone qualified because they had dementia or lived alone, the amount of home care was inadequate. That left the majority of people depending on their families both financially, physically and emotionally, as well as declining in health if they didn't have family members to rely on to fill in those gaps. Research has shown that older adults want and do better if they can age in place, they want to stay home. But they need the support to do so.

When the needs of the person exceeded what support they were getting, they went on a waiting list for a long-term care bed. And if they could afford *not* to wait, they paid to go to a retirement home. Retirement homes, often private for-profit businesses which started as a "lifestyle alternative" for well independent, active seniors, have become care facilities with memory units and residents with more severe and chronic illnesses. And there may or may not exist the protocols and trained staff to address more severe resident needs.

Some homes under the LTC licensing go the extra mile to become accredited or to have quality assurance models in place. That all went out the window with this pandemic, and staff, as well as residents, seemed to be treated without care for their safety and well being.

Most PSW work is part-time at a low rate of pay, increasing their need to work in more than one home to make a living wage. But this practice increases the potential risk of outbreaks, aside from the current one we're living in. Not even the unions seem able to successfully advocate for their workers. A current trend is a ratio of 14 residents to 1 care provider, making better or improved care limited to nearly impossible. These are good people who care about the clients they work with. They treat them like gold whenever possible, but it's not enough.

I feel the government just doesn't care and hasn't listened to our pleas. I am a new person in this field, who chose to become educated in this field to be able to improve the well being and quality of life for our seniors. But what I have seen over the past year of my education has been enough to concern me about the care of seniors and has made me determined to now do my very best to get this changed.

Here is my list of requests:

1. It seems there is an ongoing request by organizations to have a public inquiry into all LTC'S across Ontario. I would like to see it happen as soon as possible.
2. It seems there is consensus that bill 175 isn't going to support our population, and as the aging population is set to increase over the next decade, this must be considered now before it's too late.
3. I am tired of the bureaucratic excuse list and legal jargon that doesn't make this understandable or approachable by the general public, including families of residents, or even trained professionals like myself. I would like to ask for future transparency around the home and community care proceedings from the Ford government.
4. I would like to ask that the government make all LTC homes government funded homes, that are fully regulated and that all inspector visits be done without prior notification. We have a long-term care act, and a retirement home act and yet it seems they are not being enforced.

5. I would also like to ask that the government commits a provincial budget towards increasing the number of homes available, updating infrastructure as needed in older homes and decreasing the waitlists that are already extensive.
6. I would like to ask that the government makes it a law that all PSW workers in LTC centres be given full-time jobs, so that further risk of homes spreading contagion is eradicated, that the ratio of worker to resident be decreased to 7 residents to one worker, and that these workers be given a full 2$ per hour wage increase.
7. I would like the government to increase or take over regulation of retirement condominiums, if they are providing assisted living, memory care or long-term care setting.
8. I would like to see a minimum of 12 hours per week provided to clients receiving in home assistance and care, rather than the bare minimum of 2. I would also like to see the eligibility requirements of both home care services expanded to include more incapacity according to the assessment and priority scale RAI-CHA and social worker/social service worker approval and OHT referral.
9. I would like to know the rationale for separating the Ministry of health and long-term care into two.

Thank you for the chance to share my piece,

Sincerely, Tova Houpt, Seneca College Graduate, SSWG Diploma program.

Letter of Submission on Senior Isolation from Siying Cai

The isolation issue seniors face in LTC facilities has existed for a long time before the pandemic emerged. The elements that contribute to this issue are the lack of human connection and the insufficiency of meaningful activities. When I was doing my student placement, I witnessed residents left alone in their room, with nobody else to talk to and some of them kept wandering in the hallway. This pandemic brought all the issues onto the surface. The shortage of staff meant the residents' basic needs could not be met. For example, the elderly who needed assistance in feeding had to wait even way longer than usual to get their meals, in the worse-case scenario, nobody did this for them. As a result, their well-being was decreased. When I was doing my placement, I assisted staff with feeding residents. We encouraged them to eat and communicated with them, which made the dining process more enjoyable, especially for the elderly who had cognitive impairment.

In addition, family members are welcome to visit their loved ones, which is an essential part in these residents' lives. But this pandemic reshapes everything, volunteers were sent away. Family members have less opportunity to have access to the facility due to the restrictions. All of these impacts the elderly emotional well-being. (Individuals in long term care are the most vulnerable group among seniors). I read news that the city of Ottawa banned window visits at the city-run long term care homes. From my perspective, this approach is kind of progressive, I understand this policy was introduced out of the concern for Covid19, but, instead of keeping all of the family members from visiting loved ones physically, I would like to ask you to use a more thoughtful approach. For example, a guideline for family members who want to do window visits should follow. (eg: wear PPE, do not visit if the visitor is ill.) Seniors need to connect to other people, and they also have the right to see people they want to see. But the reality stripped their rights away from them, they were just locked in their room and did nothing, which definitely caused devastating consequences. Virtual meetings do, at some point reduce the impact of loneliness, but as long-term care centres are short of funding, there is an issue of how the facilities can purchase the equipment. I did my placement in a secure unit, most of the residents are cognitively impaired; some of them had lost the ability to communicate verbally. Under the pandemic, with the extreme shortage of staff, who is going to help them to do the virtual meeting? The seniors with dementia were hard hit by this pandemic. They cannot express their feeling, they have no idea what is happening, even though the staff assist them in participating in a meeting, to what extent can they benefit from it?

Isolation's impact on seniors is so underestimated, and now this pandemic brings this issue onto the surface. Instead of making our elderly population become more isolated, we need to address this issue and to fix the core of this crisis, the system.

Thank you for the chance to share my piece,

Sincerely, Siying Cai, Seneca College Graduate, SSWG Diploma program.