



TOWN OF AJAX
65 Harwood Avenue South
Ajax ON L1S 3S9
www.ajax.ca

DELIVERED BY E-MAIL

Seniors for Social Action (Ontario)
Dr. Patricia Spindel
info@spindelconsulting.com

Linda Till
linda.till@rogers.com

June 17, 2020

RE: Alternatives to Institutionalization of Older Adults

Thank you for your correspondence to the Town of Ajax, regarding the above noted matter. Please be advised that the following resolution was passed by Ajax Town Council at its meeting held June 15, 2020:

That Item 7 of the Correspondence Report "Seniors for Social Action Ontario: Alternatives to Institutionalization of Older Adults 25" be received for information.

Additionally, Council requested that staff distribute your correspondence to the Region and all lower-tier municipalities in Durham. (Background Material [Future for Vulnerable Elderly Citizens](#))

If you require further information please contact me at 905-619-2529 ext. 3342 or alexander.harras@ajax.ca

Sincerely,



Alexander Harras
Manager, Legislative Services/Deputy Clerk

Copy: All Durham Region Municipalities -

From: [Spindel & Assoc](#)
To: [Alexander Harras](#)
Subject: Attached documents
Date: Saturday, May 30, 2020 8:39:12 PM
Attachments: [SSAO NEWS RELEASE AND BACKGROUNDER FINAL.docx](#)
[Envisioning The Future. De-Institutionalization of LTCs-2.docx](#)

[CAUTION: This email originated from outside the organization -- DO NOT CLICK on links or open attachments unless you recognize the sender and know the content is safe.]

Good evening, Mr. Harras,

I have been advised by Lisa Bower that I should ask the Town Clerk to include my documents as correspondence to be included on the agenda and shared with the rest of Council.

Below is my e-mail to Pickering Councillors copied to Joanne Dies and Lisa Bower, my Councillors in Ajax.

Attached is the News Release, Backgrounder, and report prepared by Linda Till that outlines alternatives to institutionalizing older adults.

At the present time, neither Ajax nor Pickering nor Durham Region have established residential alternatives to institutionalizing elders in the community. I would like to propose that a task force be struck to work with experts like Ms Till to examine alternatives to institutions like Orchard Villa, so that no one is forced into this kind of choice in the future for a lack of community-based alternatives.

The municipalities of Ajax and Pickering and Durham Region have a unique opportunity to review, research, and embrace a more positive vision for the future for older adults living in our communities. I would be happy to link staff and Councillors with Ms. Till should they choose to pursue these possibilities.

Dr. Patricia Spindel

Good afternoon, Councillors,

Tomorrow Seniors for Social Action Ontario (SSAO) will be making public a News Release, Backgrounder, and Report on why no one - young or old - should be forced to live and die in a long term care facility. Attached is an advance copy for you.

People were starving and dehydrating to death in Orchard Villa as confirmed by residents' families and hospital staff, but this is nothing new. Years ago children were also being starved to death in these kinds of facilities (see video).

Linda Till, the woman who rescued this child, Becky, who went on to live a full life for decades after almost starving to death in the Jann Lynn Nursing home, has now written the definitive report on how we can prevent the institutionalization of anyone at any age (see Envisioning A New Future For Vulnerable Elderly Citizens report - attached)

Both this video and her report are worth a look.

https://www.youtube.com/watch?v=E_ZTY-GqdfY

Durham Region and each municipality in it, has an opportunity to develop both residential and in-home alternative options so that those whose loved ones from Orchard Villa who are now in hospital recovering will not be forced to go back there.

With no residential options currently available for elders needing care except institutions in Pickering or Ajax, it is time to press the provincial government for necessary funding for alternatives.

It is doable, but will require considerable political will and community effort. Pickering Council can play a key role in generating support for more progressive options. None of us should have to face a bleak future in a long term care facility for lack of other options.

Please take the time to view the video (above) and to read the News Release and Report.

Thank you,

Dr. Patricia Spindel, President

Spindel & Associates Inc. <https://www.spindelconsulting.net/>



NEWS RELEASE

Contact: Linda Till 905-960-2191 linda.till@rogers.com
Dr. Patricia Spindel 905-427-4136 info@spindelconsulting.com

ADVOCATES CALL FOR AN END TO AGEIST POLICY OF INSTITUTIONALIZATION: CREATION OF INNOVATIVE INDIVIDUALIZED ALTERNATIVES

Ontario, May 26, 2020 – Advocates for older adults, with decades of experience challenging government on ageist and ableist policies and practices, today called for an end to the awarding of long term care facility contracts to corporations, non-profits, and municipalities that are only willing to house older adults in institutional beds in large facilities.

“The time has come for a more innovative, respectful and age friendly approach to caring for elderly citizens, because we can do better than dumping them in what have been termed ‘warehouses for death’ as happened during this pandemic,” said Dr. Patricia Spindel. “Inspection reports have confirmed that these facilities are prone to infection, dehumanization of residents, and significant failures in care provision. It is time Ontario become a leader and innovator instead of being mired in the failure of an archaic, inhumane, institutional system. Canada and Ontario sadly have among the highest rates of institutionalization in the world. Anyone living to 85 stands a 1 in 3 chance of ending up in one of these facilities”.

Seniors for Social Action Ontario (SSAO) is calling for age-friendly and respectful non-profit, community-based residential alternatives to institutions, including older adults independent living communities with care hubs designed to promote aging in place; smaller fully staffed community group homes for those with dementia and/or other disabilities that have fenced areas, gardens, and safe areas to wander; 24/7 staffed supported independent living (SIL) programs; caring communities programs on the L’Arche model, and other innovative residential options that offer older adults and their families dignified choices.

“Of critical importance is the need to rebut the oft-held belief that there will always be some people who require institutions. It is simply and blatantly false,” Linda Till, a policy advisor and systemic advocate for older adults and people with disabilities explains. “There is extensive evidence that people with even the most challenging needs for support can be appropriately and safely cared for in their own homes, or in small home-like settings in the community. In so doing they live more comfortable, healthy, normalized, valued, and meaningful lives than those who have been relegated to large, impersonal institutional settings”.

Variations of small home options abound for those who cannot remain in their own home, but which most closely replicate the way that people have lived their whole lives.

“Alternatives to institutionalization, wherein more normalized, respectful, and safer supports can be ensured for elders, exist within many jurisdictions”, says Linda Till, “and they effectively demonstrate the feasibility of a more individualized way of supporting people - one that offers them what they most expressly say and desire.... “I want to stay in my own home”.

We must de-institutionalize our way of responding to the needs of vulnerable elders, and invest in meaningful, respectful alternatives. It is unethical to continue to institutionalize given the abundance of evidence that exists to allow us to eliminate this outdated approach, according to SSAO.

“Older adults remain one of the strongest voting blocks in Ontario, capable of voting out any government that does not act in their best interests. The more assertive baby boomer generation is now approaching the age where they could be institutionalized if they encounter a health problem, so this issue is now on the front burner. Ageism and the institutionalization that arises from it is a human rights issue”, says Dr.Spindel.

BACKGROUNDER
Executive Summary
Envisioning a New Future for Vulnerable Elderly Citizens
Linda Till
linda.till@rogers.com 905-960-2191

- “The prevalence of seniors living in special care facilities, such as nursing homes, chronic care and long-term care hospitals and residences for senior citizens, increased with age (Figure 4). Among the age group 65 to 69, about 1% lived in special care facilities in 2011; among seniors aged 85 and over, the proportion was 29.6%.” https://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-312-x/98-312-x2011003_4-eng.cfm
- Ontario spends \$4.07 billion to institutionalize older adults in long term care facilities <https://www.oltca.com/oltca/documents/reports/tiltc2016.pdf> (Pg. 11)
- Approximately 300 of the province’s 626 long term care facilities are older and need redevelopment (more than 30,000 beds) to meet licensing requirements when licenses expire in 2025. <https://healthydebate.ca/2018/09/topic/ontario-long-term-care-beds>
- “Incomes for long-term care centres are relatively fixed: The province pays \$182 per diem for each licensed bed, with various top-ups and opportunities for user co-payment increasing this figure. With four beds to a room, this is a lucrative daily guaranteed payment for any operator. So, the main avenue to increase profit is to reduce costs: ‘Continuity of care’ – knowing the patient and working with [him or her] on a daily basis – is less important than reducing labour costs.” “Human services such as nursing can be delivered anywhere in the community, and need not be within institutions.” (Professor Ernie Lightman) <https://rabble.ca/blogs/bloggers/views-expressed/2020/05/private-long-term-care-facilities-have-been-understaffed-and>
- The Law Commission of Ontario has provided a detailed illustration of the impact of ageism. <https://www.lco-cdo.org/en/our-current-projects/a-framework-for-the-law-as-it-affects-older-adults/older-adults-funded-papers/ageism-and-the-law-emerging-concepts-and-practices-in-housing-and-health/vii-conclusion/>
- 6% of younger people also live in long term care facilities, most with physical and/or developmental disabilities. People as young as 19 are moving into these facilities. <https://clri-ltc.ca/files/2019/01/Younger-Residents-in-LTC-Handout.pdf>
- The disability sector has long experience with alternatives to institutions having taken part in deinstitutionalizing large facilities over several decades.
- “Long-term care facilities constitute the largest manifestation of institutionalization to date in Ontario, and the institutionalization of the frail elderly is expanding year by year in response to the rising numbers of people who require care. Yet, members of this demographic group are the only people who are routinely placed in facilities for custodial care today....Successful, intentional deinstitutionalization depends on the provision of alternative services for people leaving care.”(Renee Lehnen, R.N. BES., M.A.) <https://lehnen.ca/about/>
- “In Sweden, municipalities are responsible for elderly care and provide funding for in-home assistance as well as manage the needs of accessible housing. 94% of the elderly over the age of

65 live at home and are given the opportunity to live an independent life, even if someone is in need of supported assistance.” <https://globalhealthaging.org/2014/08/03/sweden-a-role-model-for-elderly-care/>

- “The study concludes that not only is the large corporate business model financially unsustainable but also detrimental to quality.” <https://www.ippr.org/files/2019-09/who-cares-financialisation-in-social-care-2-.pdf>
- Reliance on for-profit institutions is a world-wide trend that is not working. “The truth is that for too long we have let profits come before people. Finance has crept into every aspect of our society on the back of big promises about quality and efficiency. But it has failed to deliver, often putting the most vulnerable members of society at risk.” <https://www.ippr.org/files/2019-09/who-cares-financialisation-in-social-care-2-.pdf>
- “Japan has proved fertile ground for the development of social care co-operatives with the Japanese federation of health and welfare co-operatives currently running 28 nursing care homes, in addition to 75 hospitals and 337 primary health care centres.” “The argument underpinning the model [of co-operatively owned care homes] is that it provides a democratic, equitable, staff-led and community-orientated option to public or private social care provision, allowing for surplus capital to be reinvested into the business to improve quality and reduce costs.” <https://www.mutualinterest.coop/2020/05/forget-big-business-or-the-state-co-operatives-should-run-care-homes>
- “In Bologna, Italy social co-operatives account for 85% of care services for children, the elderly, the poor, the disabled and other vulnerable people and they exceed state and corporate alternatives in their outcomes, for example, these co-operatives give superior care at 50% of the cost of state programs.” <https://www.mutualinterest.coop/2020/05/forget-big-business-or-the-state-co-operatives-should-run-care-homes>
- Sweden is ranked first in elder care provision in the world. <https://www.helpage.org/download/541300b365b65/>
- Current allocation of funding for the elderly and for Long Term Care settings, if redirected into innovative alternatives in homes and communities, would enable such developments. Some jurisdictions have legislated that the funding currently allocated to an individual in an institution must be relinquished and redirected to their care in community, such as the *Money Follows the Person* program within Medicaid in the United States. (<https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/index.html>)
- Long term care settings and their supporters repeatedly call for more funding, claiming that the LTC sector has long been under-funded. If we scrutinize these claims in light of the significant profits and shareholder benefits that the large LTC corporations acknowledge, the argument becomes evidently specious. Accountability systems do not exist in the Ontario government that determine to what extent profit is being made by the same companies calling for additional funds, nor are there ways of guaranteeing that any additional funds would be spent on staffing and supplies for which they are allocated. The MOHLTC currently has no forensic auditors available to the inspection branch.

- An individualized planning approach has been shown to be most effective in ensuring that the supports provided to a person include all aspects of their needs and preferences. The P4P Planning Network provides an example of such an approach. “A key component of the P4P approach is Independent Facilitation – an ongoing process that supports an individual to fulfill these objectives, develop a vision for their future and take the steps necessary to work toward their goals and dreams.” <http://www.partnersforplanning.ca/>
- One would be hard-pressed to find anyone who has a personal goal of one day living in one of the LTC’s in this province. Conversely, the prevailing sentiment is that as people age, they most often state clearly and unequivocally that they want to remain in their own homes.
- Redirecting both funding and staff to supporting people in their own homes as extensively as individually required, is absolutely feasible, and has been shown to be successful for people with disabilities who have similar support requirements to those of our vulnerable elderly. In Sweden, 94% of the elderly over the age of 65 live at home and are given the opportunity to live an independent life, even if someone is in need of supported assistance.
<https://globalhealthaging.org/2014/08/03/sweden-a-role-model-for-elderly-care/>
- Ontario needs to consider expanding current approaches for people with disabilities to the older adults sector including: purchase of services funding through Special Services At Home; expansion of Supported Independent Living (SIL) programs; Double Duty – providing supports to older caregivers as well as those being cared for; small group homes staffed 24/7 in the community; independent living communities with community hubs to provide medical, nursing, and attendant care in people’s own homes; home sharing with support initiatives; paying caregivers to stay home; intentional communities like L’Arche etc.
- Combine housing and care through partnerships – see: L’Avenir Cooperative - a made-in-Canada example of person-centred developments enabling people to live in their own homes in community and Prairie Housing Cooperative in Winnipeg
<https://www.communityworks.info/articles/cooperatives.htm>.

These two organizations operate inter-dependently to provide homes and the required supports to enable people labelled with intellectual and/or physical disabilities to live with dignity, fulfillment, and security in their communities. This model could be expanded to senior care.
<https://lavenircoop.ca/> and <https://www.communityworks.info/articles/cooperatives.htm>

- Most importantly the ageist and patronizing current framework for development of policy concerning the provision of services and supports to older adults needs to be replaced with a more respectful, age friendly consideration of the individual needs of people as they age. Only then will we see a new, innovative vision of what is possible, instead of a deficit-based, inhumane, institutionalized system that awards beds without thinking very much about the people likely to occupy them.