



## **Providing Resident-Focused Care to Ontario Seniors**

A Submission from the Association for Reformed Political Action (ARPA) Canada

to

The Standing Committee on the Legislative Assembly

regarding

*Bill 37, Providing More Care, Protecting Seniors, and Building More Beds Act, 2021*

November 25, 2021

The COVID-19 pandemic has brought to light the systemic problems with, and gaps in, Ontario's long-term care system, and the way we, as a province, seek to care for Ontario's seniors. We thank the members of this Committee for the opportunity to provide a written brief. We commend many aspects of Bill 37 and suggest further amendments to strengthen and improve this bill. ARPA Canada recognizes the importance of choice for residents in long-term care, as well as the importance of resident-focused care from a palliative care philosophy.

### **The Importance of Choice in Care**

Much has been written on public versus private long-term care homes, and whether there is a need for a government-controlled approach to institutionalized elder care. A significant portion of debate surrounding Bill 37 has also focused on this question. The evidence does not support a definitive stance exclusively in support of either government-run facilities or for-profit or non-profit care homes. The civil government has an important role in ensuring that long-term care homes meet basic standards of safety and care and that any impoverished senior citizens are not denied the help and care they deserve. It is very important that the civil government's important role respects the rights of older adults to choose the type of care they receive and respects and encourages other sectors of civil society – including charitable, cultural, and religious communities and institutions – to also provide this quality care.

Bill 37 states that Ontario is “committed to the promotion of the delivery of long-term care services by not-for-profit and mission-driven organizations.” Ontario's Long Term-Care Commission's report distinguishes between not-for-profit entities and mission-driven entities; the difference lies in the owner

or operator's motive.<sup>1</sup> Whether a long-term care institution is mission-driven (religious or cultural reasons for example) to provide long-term care, or whether they are offering a legitimate service in exchange for a profit or as a charitable enterprise, it is important to recognize the value that various organizations provide to our province, including those that are mission-driven. ARPA Canada appreciates this additional focus on mission-driven organizations in an effort to improve high-quality care in both for-profit and non-profit environments.

A recent report by the Fraser Institute examined the long-term care systems in Germany, Japan, the Netherlands, and Sweden, drawing lessons from these countries for Canadian long-term care. One focus in this report is the question of private for-profit providers, and it found that they have been increasingly needed to provide long-term care services, and "have shown they could respond effectively to changes in customers' needs and preferences."<sup>2</sup> Ultimately, providing choice to residents and their families improves the quality of services. When a competitive environment exists, owners of care homes know they must effectively meet resident needs, or potential customers will choose other homes.<sup>3</sup> At the same time, because homes in Ontario are operating around 99% capacity, there is no real competition because they know they will have residents.<sup>4</sup> This points to the importance of increasing long-term care capacity through new care homes, whether for-profit or non-profit, private or public, cultural, religious, or community oriented, in order to increase competition, access to spaces, and quality of care.

### **Resident-Focused Care and the Residents' Bill of Rights**

Along with the focus on choice for residents and their families in long-term care should come a focus on residents themselves within the long-term care system. As such, ARPA Canada appreciates the Residents' Bill of Rights included in Bill 37, particularly noting rights #1, 6, 10, 20, 25, and 26 (see appendix). The Bill of Rights appropriately recognizes the inherent dignity, worth and individuality of residents, along with the need for care that effectively meets their personal and unique needs. Bill 37 also includes the right for residents to "pursue social, cultural, religious, spiritual and other interests." This re-emphasizes the need for a holistic approach to long-term care and residents' expectations for cultural and religious diversity when seeking out long-term care. Long-term care should be designed to leave freedom for, and facilitate, what makes life meaningful to each resident.

While long-term care staff are the professional caregivers for residents, family and community are absolutely essential to satisfy emotional, social, and spiritual needs, and will fill gaps in the holistic approach to care that employees within these homes are unable to fill. Various rights within Bill 37 recognize the need for residents to be able to receive visitors of their choice. One physician specializing in geriatrics argues that family caregivers play an essential role in the health system overall, but also reduce mortality through their direct involvement in care.<sup>5</sup> These caregivers not only meet emotional and spiritual needs but can help with basic care needs, thus reducing the workload of long-term care

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<sup>1</sup> "Ontario's Long-Term Care Commission: [Final Report](#)," p. 7

<sup>2</sup> Yanick Labrie, "[Rethinking Long-Term Care in Canada](#): Lessons on Public-Private Collaboration from Four Countries with Universal Health Care," *Fraser Institute*, ii.

<sup>3</sup> *Ibid.*, 44.

<sup>4</sup> *Ibid.*, 7.

<sup>5</sup> Nicole Bogart, "[Advocates demand family caregivers be given access to long-term care homes](#)," *CTV News*, (June 16, 2020).

staff. Further, family or community volunteers can also help prevent possible abuse of residents. The Canadian Armed Forces documented horrifying stories of neglect in the midst of the COVID-19 crisis.<sup>6</sup> Permitting designated family members to visit residents is good for the emotional well-being of residents and acts as a means of accountability and as a safeguard against abuse. Too often, the main goal of long-term care seems to be resident safety from external risk (a contagious disease, for example) rather than resident satisfaction. Instead, good public policy will see both as important and incorporate changes that reasonably mitigate risk while still allowing residents to maximize access to the people and services that bring meaning and enjoyment to life.

Bill 37 specifies the importance of permitting residents to have visitors, but it fails to clarify what that would look like in an emergency situation such as the COVID-19 pandemic. Section 90 of Bill 37 states that “every licensee of a long-term care home shall ensure that there are emergency plans in place for the home that comply with the regulations...” For further clarity, this should include the following amendment:

**90(1)(c): “For further clarity, each of the rights listed in the Residents’ Bill of Rights continues to apply during an emergency situation and emergency plans must ensure that, as much as possible, those rights are not violated.”**

Even in situations like the COVID-19 pandemic, volunteer caregivers and family members are a necessity. Any risk they pose to residents can be mitigated through training to prevent any virus spread.

A final aspect of resident-focused care is ensuring that staff can spend enough time with the residents. We appreciate the direct hours of care target explained in Bill 37. It is important to reach this target of an average of four hours of direct care for residents to ensure that they receive the care they need. As explained above, family caregivers must also be able to play a role in providing care to ease the workload of full-time staff members. As our population continues to age, this target will be impossible to meet without the contributions of family and volunteers. Additionally, training could be provided to family caregivers so they know how best to care for their loved ones. With the current wording in Bill 37 on how to calculate the average, some care homes may still be understaffed. Instead, the average could be calculated as the average of each individual home. Section 8(7) should be amended to state:

**“The average is to be determined by taking the total number of hours of direct care actually worked by registered nurses, registered practical nurses and personal support workers in *each* long-term care home, and dividing that number by the total number of resident days in *the same* long-term care home for the applicable calculation period provided for in the regulations.”**

### **Palliative and Restorative Care Philosophy**

Finally, ARPA Canada appreciates the focus within Bill 37 on Palliative and Restorative Care. The focus on a restorative care philosophy is important in ensuring that residents can be as independent as possible. At the same time, it focuses on the holistic health of residents, assisting them with physical, emotional,

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<sup>6</sup> Patricia Treble, [“What’s inside the disturbing report on Ontario’s long-term-care homes.”](#) *Macleans*, (May 26, 2020).

social, and spiritual needs. However, as restorative care is further explained in Bill 37 in section 13(1)(a) and (b), palliative care should also be further defined as follows:

**12(1) Every licensee of a long-term care home shall ensure that, subject to section 7, residents are provided with care or services that integrate a palliative care philosophy that,**

- (a) Offers physical, emotional, spiritual, and social support to give patients their best possible quality of life despite illness or disability.**
- (b) Is team-based, involving a range of services, and focused on consistently improving overall quality of life.**

The World Health Organization states that “Palliative care is a crucial part of integrated, people-centred health services. Relieving serious health-related suffering, be it physical, psychological, social, or spiritual, is a global ethical responsibility.”<sup>7</sup> Palliative care aims to treat the whole patient and seeks to give patients their best possible quality of life through symptom management and holistic personal support.

## Conclusion

ARPA Canada recognizes the inherent dignity of Ontario’s seniors, and the need to improve Ontario’s long-term care sector to provide for our elders’ various needs. That means ensuring that seniors have choice in long-term care, and ensuring that they have access to spiritual, social, cultural, and physical supports. We appreciate the steps being taken in Bill 37 to address these needs as well as the need for a restorative and palliative care philosophy. However, there are ways that Bill 37 could be improved through clarification on the Bill of Rights, increasing care in care homes, and improving the definition on a palliative care philosophy. We respectfully submit that the amendments recommended in our brief will improve Bill 37 further and help to increasingly protect Ontario’s seniors and ensure that they are cared for in a holistic manner.

On behalf of ARPA Canada,



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<sup>7</sup> [“Palliative Care,”](#) World Health Organization.

*The mission of ARPA Canada is to educate, equip, and encourage Christians to be politically engaged and to bring a biblical perspective to Canada's civil governments. As part of its mission, ARPA Canada works to promote awareness and engagement within communities across Canada on issues like compassionate care for our senior citizens. ARPA Canada intervenes in important court cases to help develop the law around human rights and fundamental freedoms, and makes regular presentations to, and prepares written submissions and briefs for, all levels of government on a broad spectrum of different issues.*

## **Appendix**

Notable rights in Bill 37's Resident's Bill of Rights:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.
6. Every resident has the right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference.
10. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop their potential and to be given reasonable assistance by the licensee to pursue these interests and to develop their potential.
20. Every resident has a right to ongoing and safe support from their caregivers to support their physical, mental, social and emotional wellbeing and their quality of life and to assistance in contacting a caregiver or other person to support their needs.
25. Every resident has the right to be provided with care and services based on a palliative care philosophy.
26. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.