

National Seniors Council

Conseil national des aînés

# **Seniors Well-Being in Canada: Building on Lessons Learned from the COVID-19 Pandemic**

## **Report of the National Seniors Council to the Government of Canada**

October 7, 2020



Government  
of Canada

Gouvernement  
du Canada

Canada



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Disclaimer: The authors made every effort to ensure the accuracy of the information provided. Links integrated in the text were accurate at the time of publication.

### Seniors Well-Being in Canada: Building on Lessons Learned from the COVID 19 Pandemic

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## Executive Summary

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The Council submitted this report to the Minister of Seniors and the Minister of Health to inform their work during the COVID-19 pandemic. The report contains 22 actions in support of seniors' health and well-being. The Council based these actions on a review of over 40 national and international reports. Its review focused on practical, high-impact actions based on evidence, where the federal government can play a leadership role. The report represents a synthesis of critical themes, issues and advice.

The actions reflect the Council's commitment to:

- healthy aging and seniors' quality of life
- the complete continuum of care
- awareness that COVID-19 has a disproportionate negative impact on some groups
- respect the responsibilities of each jurisdiction including federal, provincial, and territorial governments, as well as the right of Indigenous peoples to self-govern

The Council based these actions on a holistic understanding and commitment to healthy aging.

Within the full continuum of support and care, the Council paid special attention to seniors in long-term care and congregate living homes. What follows is a five-point plan that provides recommended actions based on five key themes (the five P's):

- principles
- people
- places
- practices
- planning and preparation



## Introduction

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Since the COVID-19 pandemic began, many reports with advice on how to safeguard the health and well-being of seniors have been released by:

- governments
- academics
- service providers
- subject matter experts
- advocates

These reports pointed out several weaknesses in our health and care systems magnified by the pandemic. The sheer volume of information makes it difficult to isolate the most vital actions.

To advise ministers, the Council has reviewed over 40 national and international reports. They focused on practical, factual, high-impact actions where the federal government can play a leadership role in the health and well-being of seniors.

The Council follows the lead of the World Health Organization (WHO). We view healthy aging as a holistic process of “developing and maintaining the functional ability that enables well-being in older age” (WHO, 2015). This includes a person’s ability to:

- meet their basic needs
- learn, grow, and make decisions
- be mobile
- build and maintain relationships
- contribute to society

The Council focused on:

- the experiences of seniors and their loved ones
- the seniors-service sector and those who work in this sector
- the response of governments to the pandemic

Within the full continuum of support and care, the Council paid special attention to seniors in long-term care and congregate living homes. What follows is a five-point plan that provides recommended actions based on five key themes (‘the five P’s):

- principles
- people
- places
- practices
- planning and preparation



This report presents 22 actions, some of which will have short-, medium-, and long-term impacts. They represent a synthesis of critical themes, issues and individual recommendations raised in the reports reviewed by the Council.

The actions take into consideration core elements such as:

- the **full spectrum of healthy aging and seniors' quality of life** including physical, mental, financial, and social well-being
- the **complete continuum of care** which ranges from independent living to acute care, including but not limited to:
  - community programming
  - congregate living homes
  - home care
  - long-term care homes
  - care facilities
  - retirement residences
  - and assisted living<sup>1</sup>
- gender, economic status, and cultural background may result in **disproportionately negative impacts** of COVID-19 on some groups. This may include women, economically marginalized seniors, and racialized seniors
- **respect for the jurisdictional** responsibilities of federal, provincial, and territorial governments, as well as the self-government of Indigenous peoples.

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<sup>1</sup> Regarding the terminology in this report: 'Independent living' refers to a home in which a senior lives independently and may receive specialized services that promote active, healthy lifestyles. 'Congregate seniors housing' offers independent living, often with supportive services such as meals, housekeeping, and transportation, as well as common rooms for social activities and communal living. 'Home care' refers to the provision of medical, nursing and personal care services from licensed providers and professionals in an individual's own home. 'Assisted living' is a housing option for seniors who benefit from assistance with medication management and daily living activities. 'Long-term care' includes medical and personal support services provided when someone has limited or no ability to provide self-care due to an illness or disability. A retirement residence can offer several levels of assistance, including independent living, assisted living and skilled nursing care.

## Methodology

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The Council follows the lead of the World Health Organization (WHO). They view healthy aging as a holistic process of “developing and maintaining the functional ability that enables well-being in older age. A sub-committee of the Council selected literature published throughout the course of the pandemic for review based on:

- the relevance
- focus
- source
- quality of reports

The team scanned websites of key national and international stakeholders and reviewed research in both French and English. They conducted online research using key search terms, including but not limited to:

- the CanCOVID network
- rapid response research in academic literature
- reports released by national organizations

There was no shortage of reports from which to choose. The Council endeavoured to include notable works and reviewed new reports as they became available. While this work is extensive and cumulative, it is neither exhaustive nor intended to be a formal literature review. The high-level summary nature of the Council’s report kept context and discussion to a minimum. Its added value lies in the fact that it draws from a rich basis of evidence. It distills, integrates and amplifies the work of many other stakeholders.

Please note the Council continued gathering and analysis of new evidence as we confront the realities of the pandemic. Emerging knowledge regarding the practices, policies and programs required to address the pandemic is constantly evolving. That provides this report, like all other studies on COVID-19, with a provisional character. The Council recommends that it continue to monitor and synthesize research across Canada and around the world to inform ministers and senior officials on leading and emerging thinking during the pandemic and beyond.



## Actions for Maximum Impact

The pandemic had a devastating effect on many seniors. It revealed the importance of responses and plans based on **principles centred on the well-being of seniors**.

The Council categorized the actions below by:

- short-term
- medium-term
- long-term

### 1. Principles

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The Council believes Canada has a moral and ethical responsibility to ensure seniors can optimize their well-being throughout the life course, even during a pandemic. We believe we can achieve this by adopting a human rights framework that enshrines the rights of older persons to a high quality of life. This includes access to appropriate services and supports within the continuum of care regardless of their:

- age
- life-stage
- abilities
- housing needs
- family status
- health status
- socio-economic status

#### **ACTION 1 (short-term)**

Ensure seniors are able to function optimally (physically, mentally, emotionally, socially) despite the disruption to activities of daily living (ADL) and the threats posed by COVID-19 by:

- enacting the Actions outlined in this report





### **ACTION 2 (short-term)**

Ensure seniors have access to complete and safe care with the full continuum of social and health supports. This includes care and support provided by both unpaid caregivers (for example, family, friends, neighbours, and volunteers) and care workers by:

- reviewing and enhancing the suite of tax benefits in relation to:
  - out-of-pocket costs of care
  - accessing professional and paraprofessional care
  - engaging with service providers (for example, health care workers, social workers, occupational, physical and recreation therapists, counsellors and mental health professionals)
- recruiting, retaining and developing people committed to seniors well-being in community-based groups, health care facilities and seniors homes

### **ACTION 3 (mid-term)**

Address the unequal way in which COVID-19 has affected older women and other groups by:

- applying a GBA+ lens to monitor and minimize the impact of COVID-19 on older women. For example, older women are more likely to live alone or in long-term care. We must consider that evidence suggests the pandemic affects low-income seniors, racialized seniors and Indigenous seniors disproportionately. In particular with respect to:
  - access to food
  - access to health services
  - social isolation
  - abuse and neglect

## **2. People**

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COVID-19 has had an impact on people in Canada and around the world. This includes a disproportionate effect on seniors and the many people who love, care for, and support them personally and professionally. The Council believes it is crucial that Canada considers the wide-range of perspectives of seniors and the people involved or with an interest in seniors' well-being. This includes current seniors, soon-to-be seniors and the seniors of tomorrow.<sup>2</sup>

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<sup>2</sup> The Council defines soon-to-be-seniors as adults aged 55-64 years, and seniors of tomorrow as adults 54 years and younger.



#### **ACTION 4 (short-term)**

Ensure seniors have **high quality experiences** living in long-term care facilities and congregate living homes by:

- enacting national standards for long-term care
- considering existing provincial and territorial protocols or standards. This includes the policies of various professional associations that represent both care providers and medical professionals
- having health professionals on site at all times and having staff assigned to one site, including salaried positions with:
  - job security
  - stability
  - paths to advance in their career
- providing everyone with formal infection prevention and control training (with annual certification renewal requirements in place)
- ensuring everyone has suitable quality and quantity of personal protective equipment (PPE) including residents
- matching professional and operational standards in care

#### **ACTION 5 (short-term)**

Ensure staff have **high quality experiences** working in long-term care facilities and congregate living housing by:

- developing national guidelines for people who work with or care for seniors, which would include:
  - training requirements and career path development for staff
  - improved compensation, benefits and working conditions
  - financial benefits to family caregivers
- offering the following:
  - decent working conditions
  - professional wages and benefits
  - adequate, flexible schedules and alternate career paths reasonable breaks and rest periods
  - continued education and training, especially in dementia care
- reducing social isolation and fostering social engagement of staff
- providing support for mental health and mental illness, including for workers dealing with death, dying and end of life
- highlighting the importance of geriatric studies in post-secondary training programs



### **ACTION 6 (short-term)**

Reinforce the importance of preventive and control measures in long-term care facilities and congregate living homes by:

- mandating safety moments at the beginning of every shift to include:
  - infection prevention and control
  - mental health support at all sites and building collegial teams

### **ACTION 7 (short-term)**

Support seniors who are living independently by:

- expanding the list of essential service providers, including:
  - home support workers
  - **caregivers**
  - facilitating access to essential services such as transportation and food security

- A **caregiver**, who **gives** care for no compensation or extrinsic reward, is sometimes referred to as an informal, unpaid, or non-paid caregiver. This is usually family, friend, or neighbour. A caregiver has an existing relationship with the senior, prior to, during the period of care and after the care is no longer required. A caregiver may receive financial support from government or other sources. For example, government benefits, employer support, community crowd funding.
- A **care provider provides** care as a volunteer, paraprofessional or professional. They can be regulated or unregulated and may be paid or unpaid. They establish and maintain the relationship with the care recipient for the duration of the care period. Care providers are affiliated with an agency, organization. For examples seniors' services organization, employment agency, home help service.
- A **care provider** has the ability to stop providing care at any time. They can quit or withdraw from the relationship, whereas a **caregiver** cannot choose to stop being a daughter or son, spouse or partner, etc.

### **ACTION 8 (mid-term)**

Strengthen the knowledge and capacity of non-paid caregivers by:

- making education and training accessible for family friends members and volunteers in:
  - infection prevention and control
  - technology and mental health support



### **ACTION 9 (mid-term)**

Combat social isolation and increase social engagement by:

- providing training for seniors and their caregivers in the use of online technologies
- creating virtual teams to support caregivers and care receivers with topics including (but not limited to):
  - dementia
  - mental health
  - violence
  - respite care

### **ACTION 10 (long-term)**

Reduce admissions in long-term care facilities and congregate living homes by:

- supporting the independent living of seniors
- providing resources for people to live safely in their own homes including:
  - different models of housing such as small multi-person homes
  - adequate community supports to be safe and to remain connected
  - access to occupational therapists, physiotherapists, nurse practitioners and mental health specialists

### **ACTION 11 (long-term)**

Recognize the work of non-paid caregivers by:

- finding ways, such as tax breaks, to acknowledge:
  - the value and need for their work
  - the impact on the dignity and psychosocial well-being of people receiving long-term services

## **3. Places**

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Places where seniors live, work and engage in recreation including (but not limited to):

- their private homes
- independent living with home support or care
- retirement communities
- long-term care facilities
- congregate living
- hospice
- palliative care



Being “safe at home” helps secure the physical health and well-being of seniors. It also poses a high risk for social isolation and loss of human interaction in the context of the pandemic. The Council believes that Canada needs to design communities that respect and recognize the contribution of seniors to the health of our neighbourhoods.

#### **ACTION 12 (short-term)**

Control the spread of COVID-19 in long-term care facilities by:

- creating multidisciplinary well-trained rapid response teams
- creating pop-up community isolation centres while:
  - recognizing that onsite isolation may not be possible
  - realizing that a new off-site isolation environment may confuse or agitate seniors with dementia
- providing widespread testing
- enacting an emergency backup workforce to supplement staff as required

#### **ACTION 13 (short-term)**

Respond to and recover from the COVID-19 pandemic by:

- having adequate funding for long-term care
- compensating family members and friends who provide caregiving

#### **ACTION 14 (mid-term)**

Prevent the spread of COVID-19 in the community, including among seniors living in multi-generational homes by:

- creating community isolation centres for use when it is not possible to isolate residents at home or transfer to a hospital

#### **ACTION 15 (mid-term)**

Address stress and mental health issues related to the pandemic by:

- ensuring adequate mental health support for seniors and care workers in all types seniors living such as:
  - long-term care
  - private homes
  - other types of seniors living
- having supports for people living with post-traumatic stress

#### **ACTION 16 (long-term)**

Monitor safety protocols in all care facilities by:

- mandating unannounced in-person inspections
- reviewing the operationalizing of plans
- consulting with residents and workers to ensure they are safe
- adding surveillance mechanisms to monitor quality



## 4. Policies and Practices

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Policies, practices, and programs constitute a complex convergence of policy frameworks that impacts seniors' well-being and quality of life, including but not limited to:

- governance (non-profit care, municipal or provincial/territorial or Indigenous care and private care)
- financing and program operations
- human resources management

The Council believes that decisions informed by evidence result in the most positive outcomes. This includes formal observed (qualitative and quantitative) research and hearing stories from people with lived experiences.

### **ACTION 17 (short-term)**

Ensure seniors that have or have been exposed to COVID-19 receive organized, safe and efficient treatment across the continuum of care by:

- having clear COVID-19 pathways, when required and safe to do so, for:
  - transfers of care to isolation centres
  - acute care facilities
  - the return back home
- expanding surge capacity in programs and services in communities across the country

### **ACTION 18 (long-term)**

Ensure consistent care and standards across Canada by:

- advancing a national seniors' strategy and framework for senior's well-being
- strengthening the linkages between different levels of government and working to develop (co-create) mechanisms to better coordinate

### **ACTION 19 (long-term)**

Provide everyone with access to virtual care by:

- building a pan-Canadian integrated virtual care platform. This includes national standards for patient access and training as well as physician and prescriber education



## 5. Planning and Preparation

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Pandemic planning and preparing for the future must be inclusive and involve older adults in their development. The Council believes that Canada must invest in research and data collection on leading and emerging practices. This includes mobilizing, activating and ensuring the knowledge is shared and applied.

### **ACTION 20 (short-term)**

Aid planning and preparing across jurisdictions by:

- forming a federal/provincial/territorial rapid- response steering committee led by the federal government that:
  - is inclusive of Indigenous governments
  - provides leadership in addressing the most urgent issues
  - responds to emerging needs related to the impact of the pandemic, in particular for long-term care

### **ACTION 21 (short-term)**

Increase our understanding of the impact of COVID-19 on seniors in long-term care and congregate living homes by:

- carrying out research on the multiple dimensions affecting seniors
- combining and sharing findings and ensuring they are widely available to policymakers to make timely decision making
- mandating the Council to advise ministers and government officials on:
  - the evolving nature of the pandemic in long-term care
  - the scope and breadth of the research
  - effective ways of sharing and using findings
  - other policy areas including:
    - usage of personal protective equipment
    - death and infection rates
    - ageism and discrimination
    - social isolation
    - inter and intra governmental issues between federal and provincial/territorial governments

### **ACTION 22 (mid-term)**

Learn from the resiliency of many seniors during the pandemic by:

- evaluating how and why many seniors were able to remain active and healthy throughout the pandemic. Use and apply these learnings to better prepare for “next time”



## Conclusion

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The Council believes that enacting this five-point action plan will have maximum impact for seniors in Canada in the months and years to come. In this report, they presented many actions to consider. In summary, this includes the following:

- First, **promote healthy aging** based on respect, dignity, comfort, choice and minimal loneliness and social isolation. (principles)
- Second, **invest in people as well as programs** and recognize interdisciplinary care teams including family and friend caregivers. (people)
- Third, **invest in the places where seniors live, work and engage in recreational activities**, including communities and facilities, residences, recreation and arts. (places)
- Fourth, **invest in proven and effective initiatives and innovation** based on evidence and co-created with:
  - seniors
  - soon-to-be-seniors
  - seniors of tomorrow
  - those that love, care for and support seniors (policies and practices)
- Fifth, **invest in planning and preparing** for other waves of COVID-19, for future pandemics or natural disasters or other public health emergencies. (planning and preparations)

The Council will continue to inform ministers and senior officials on leading and emerging thinking, practices, policies, and programs.





## APPENDIX: References and Resources

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**Please note:** this list of references and resources does not include every document or source reviewed by the Council for this report.

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