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Dear Members of the HUMA Committee:

CanAge is Canada's National Seniors' Advocacy Organization. As an independent, non-partisan, non-profit organization we educate and mobilize people on the issues that matter to older Canadians. We work to advance the rights and well-being of Canadians as we age and ensure that older Canadians live vibrant and connected lives. CanAge has identified critical areas that require urgent investment to improve seniors' lives in the VOICES of Canada's Seniors: A Roadmap to an Age-Inclusive Canada (www.CanAge.ca/voices).

CanAge wants to focus on 3 substantive areas in our submissions today and make a few key recommendations for positive change in each category:

- A. Elder Abuse and Neglect
- B. Long-Term Care and Seniors' Care Reform
- C. Social Inclusion

A. Elder Abuse and Neglect

CanAge would like to raise the issue of elder abuse and neglect by sharing with the Committee the story of "Mabel". Mabel is 82, has lived alone for years, and was an active member of the community. When COVID19 hit, Mabel followed the rules, stayed home and worried. Her adult son lost his job and moved home with his girlfriend. Soon Mabel was pressured to make a Power of Attorney, add him to her bank accounts, and eventually coerced her to add him to her home as a co-owner.

He then took her information and opened both online accounts and credit cards in her name. Within 12 months, Mabel went from living a safe, socially connected life, to one of fear, abuse and poverty.

Mabel's story is not unique. Far from it.

Indeed prior to COVID19, approximately 1:5 older Canadians will experience elder abuse and neglect. Financial including seniors' targeted frauds and scams, physical, emotional, sexual, and institutional neglect are the most common forms. Elder abuse is one of the most common forms of abuse in Canada, and it has the least visibility, awareness or investment.

That 1:5 statistic is pre-COVID19. That statistic is now woefully out of date. Indeed, responding organizations like Elder Abuse Prevention Ontario are recording a 250% increase in abuse and neglect cases. Other agencies are reporting similar spikes. Additionally, the crisis brought on by COVID-19 has exacerbated long-standing issues in seniors' care. We have historically seen the chronic underfunding and understaffing in Long-Term Care (LTC) homes. Canadian seniors are living longer and, towards end of life, have greater frailty, vulnerability, cognitive impairment, and care needs. However, LTC home residents have been subject to situations of profound systemic elder neglect, leading to dehydration, malnutrition, bedsores and death.

Vulnerable older adults receiving care deserve to be safe, and deserve not to be neglected. While adoption of National Standards is a key step, they do not respond to clear behaviours of criminal neglect. Currently, however, there are few and inadequate criminal code resources available to respond to the institutional elder abuse and neglect that this pandemic has revealed in long-term care.

While the Minister of Seniors has a very specific mandate around elder abuse and neglect response, there has been little investment by this government to date. However, we were pleased to see elder abuse mentioned in the Budget along with other forms of abuse for some financial investment over the next 5 years.

Fund the Development of a National Elder Abuse and Neglect Response Strategy

Organizations like CanAge have been working tirelessly, and on an unfunded basis, to create the framework for a *National Elder Abuse and Neglect Response Strategy*. This strategy process deserves investment, support, and amplification by the federal government. It is well understood that the pandemic has increased the conditions of abuse – with adult children moving back home, financial pressures on the rise, and isolation and loneliness reaching never before seen levels. Key organizations like CanAge have been working tirelessly, and on an unfunded basis, to create the framework for a National Elder Abuse and Neglect Strategy.

Comparative Federal Investments Between Domestic Violence and Elder Abuse

This government invested significantly to address the issue of Domestic Violence early in the pandemic, which was an important investment.

By contrast however, federal investments, or dedicated work by the federal government in elder abuse and neglect, has been nearly non-existent since 2015.

Importantly, this government has invested significantly to address the issue of Domestic Violence throughout their tenure. Prior to COVID19, the Federal government via Women and Gender Equality Canada announced the first-ever federal Strategy to Prevent and Address Gender-Based Violence and initially invested over \$200 million to prevent gender-based violence, support survivors and their families, and create a more responsive legal and justice system. Since COVID19, the Federal government provided a similar amount of funding to respond to domestic violence in this past year. Total funding for the gender-based violence and domestic violence sector in the past 4 years has been nearly \$500 million.

By contrast the Federal government has not provided a single specific dollar for elder abuse and neglect, excepting through some local programming via its New Horizons for Seniors' programs, which are very modest and "one-off" 1-year community-based grants of no more than \$25,000. While seniors' local community programming is useful, this is not a strategic investment, nor part of a comprehensive strategy to address elder abuse and neglect. CanAge was pleased to see elder abuse mentioned in the Budget along with other forms of abuse for some financial investment over the next 5 years.

One of the key challenges to responding to COVID19 escalation of abuse and neglect is that key research, including the National Prevalence Study on Elder Abuse, has been languishing in government files. Without that key information, the federal government and its provincial and territorial counterparts have been ill-equipped to understand the scope of the issue, or assign appropriate resources to respond.

It is strongly recommended that this government finally release the groundbreaking Elder Mistreatment Study research "Into the Light" by Dr. Lynn McDonald submitted to government in 2015/16. This landmark report was funded by the government of Canada, with additional funding from the provinces and territories. It was the largest study in Canada on elder abuse and neglect and one of the largest and leading studies globally. However, for unknown reasons this study has never been formally released by government. A small portion of the *INTO THE LIGHT: NATIONAL SURVEY ON THE MISTREATMENT OF OLDER CANADIANS 2015* larger study can be found here:

<https://cnpea.ca/images/canada-report-june-7-2016-pre-study-lynnmcdonald.pdf>

Additionally, the government of Canada must invest in research to better understand and respond to elder abuse and neglect, including funding the NICE network.

A. We recommend that the government:

1. Designate on an ongoing basis a similar amount of funding and support for preventing and responding to elder abuse and neglect in the time of COVID as is given to domestic violence.
2. Create a Pan-Canadian Committee on Elder Abuse and Neglect to support and implement the National Elder Abuse and Neglect Strategy

3. Engage in federal elder abuse awareness raising campaign
4. Support community response organizations through New Horizons for Seniors or other funding sources.
5. Release existing key research and invest in new elder abuse and neglect research, including the 2015/2016 National Prevalence Study on Elder Abuse and Neglect: Into the Light, by Dr. Lynn McDonald et al. Also invest in key research on elder abuse and neglect, including funding the National Initiative for Care of the Elderly (NICE) – the primary research institute in Canada on elder abuse and neglect.

B. Long-Term and Seniors' Care Reform

CanAge would also like to share with you the story of “Stanley”. Stanley called CanAge, weeping. Stanley is a resident at a long-term care facility in Ontario. He has COPD, diabetes and physical frailty. It was October. Stanley lived through the first wave, was in the same shared room as sick residents and at one point, during the first wave, was left next to a friend who had passed away from COVID19 but the deceased remains. had not been removed.

Stanley having been moved several times within his home with no warning. Experienced trauma of having the military, as he put it “invade” his home. He lived through being locked up in his 100 sq ft room for months on end. He even lived through not being bathed, fed or being changed for days on end in some cases. He had not had a breath of fresh air in months. When he called CanAge he was asking how to get Medical Assistance in Dying – not because of his health status, but because life in long-term care during COVID19 was, in his mind, not worth living any longer.

We cannot emphasize enough the tragedy that has unfolded in Long-Term Care. It is constant. It is heartbreaking. Is unfathomable. And yet if one asked any of the experts in the field, they will tell you that the situation before COVID19 was at the breaking point. Years of underfunding and neglect and study after study said the same thing. Long-Term Care, and more broadly seniors' care generally needs change, investment and we know what needs to be done. And yet the tragedy has unfolded not just during Wave 1 of COVID19, but got worse in the following waves.

Consistently decisions were made to prioritize acute care with staffing, PPE and infection prevention and control. Funds were given to our emergency room staff. Long-term care was left without substantial supports. And those deaths, those military reports, the stain that Canada now has upon its soul, remain unchanged.

The good news is this: We know – indeed there is very broad expert consensus on what needs to change: - dedicated long-term care funding, increased staffing, infrastructure development and improved infection control, including a national adult vaccination strategy.

Our recommendations are:

1. Support the development of National Standards in LTC not just at the accreditation level, but work with provincial and territorial governments together to embed those standards in regulation. Include innovation, AgeTech and digital advances in seniors' care as part of these standards.
2. Provide transformative investment in Long-Term Care Homes capital infrastructure– and support the development of smaller, emotion-focussed aging in place long-term care.
3. Work with the provinces and territories to develop a robust health and human resources strategy, including supporting more and better seniors' care. This should also include initiatives to support immigration priority for capacity-building in the sector.
4. Invest in a federally supported home and community care strategy to allow the overwhelming majority of Canadian seniors to age in their own homes – overwhelmingly the most preferred, and least expensive option.
5. Create a National Adult Vaccination Strategy - Ensure that federal funds are specifically allocated to support purchasing and distribution of needed adult vaccines including seniors' specifically formulated flu vaccines, pneumonia and shingles vaccines in addition to COVID19 and other necessary adult vaccines. This strategy should immediately focus on improving the current seniors' vaccination rates of 3-10% for basic adult vaccinations.

C. Social Inclusion

I'd like to tell you about a woman who reached out to CanAge recently. "Manon" lives in Nova Scotia and is 85 years old. Her husband had died years before. She never had children. She has a niece who lives in California who calls a few times a year. Manon fell and broke a hip a year ago, and this stopped her from driving and getting around. Now Manon lives alone in her home, in a community she has become increasingly disconnected from. Her rural community has poor internet and she is interested in getting online but is not sure where to start. When CanAge talked with Manon she told CanAge that she had not seen or spoken to anyone in more than a month except the mail carrier. Manon was depressed, disconnected and profoundly lonely.

Manon's story is becoming all too common.

A 2018 Stats Can report found that 20% of Canadian seniors did not have a single person to reach out to, even in times of emergency. No one. We know that social exclusion causes mental and physical health issues and is a key predictor of poor quality of life. Older adults are "kept apart" in many cases from younger generations and we need to take proactive measures to actively integrate older people in more age-inclusive communities.

Our recommendations are:

1. This government give intentional focus on community-based programming for Seniors as a way to provide upstream supports and services for Older Canadians. Prioritize inter-generational programming and activities.
2. Invest in sector supports for digital literacy and inclusion, innovation and AgeTech, to support older adults to stay healthy, connected and live purposeful lives.
3. Create a Federal Office of the Seniors' Advocate, to consistently ensure inclusion and proactive planning for an aging population, as has successfully been done in other provinces and comparator countries.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Laura Watts', with a stylized flourish extending to the right.

Laura Tamblyn Watts
President and CEO
CanAge