January 30, 2018

Hon. Eric Hoskins
Minister of Health and Long-Term Care
Via email: ccu.moh@ontario.ca.

Dear Minister:

Therapeutic Recreation Ontario (TRO) is extremely concerned about the high incidence rate of resident abuse in Long Term Care Homes, as reported in CBC’s Marketplace episode, “Crying Out for Care”. We know that Long-Term Care homes employ thousands of caring staff, the majority of whom want to provide the best care possible. Unfortunately, there are not enough qualified staff, and those who are working in Long-Term Care don’t have the time to give the care and assistance required. Many are frustrated and burned out because they are caring for far too many people.

The story reported that the use of anti-psychotic medication in LTC has decreased due to public pressure. While this is a positive step, alternative models and programs designed to help manage responsive behaviours such as boredom, agitation, frustration and aggression are not adequate, as demonstrated by the increase of abuse incidents by nearly 150% over a six-year period. Responsive behaviors, often triggered by the inability to express emotions, thoughts and feelings, require an individualized response.

We are aware that the Ministry is investing 15 million more hours of nursing, personal support and therapeutic care annually for residents in LTC homes across the province. This is a good start to addressing some of the issues.

Certainly, personal care provided with dignity and respect must be a priority, but once people are up and dressed, then what do they do with their day? Residents need to have meaningful programs and experiences to fill their day. If left to languish with nothing to do, residents often become frustrated and respond in negative ways. That’s where a qualified Therapeutic Recreation (TR) practitioner can play a role. They will assess each individual and develop a care plan that supports resident’s strengths and needs, including modifications and adaptations to provide success for the resident. By offering meaningful experiences, TR reduces boredom, loneliness, and depression. TR also supports a more positive adjustment to a long-term care home.

Therapeutic recreation, when delivered by qualified practitioners, enables individuals to achieve quality of life and optimal well-being through authentic and meaningful participation in recreation and leisure across a...
variety of settings. In Long-Term Care, therapeutic recreation is not about diversional therapy, activity for the sake of being busy or a distraction. Therapeutic recreation is about:

- the difference between living vs. existing. Through individualized support, residents have meaningful experiences during the day
- recognition of resident’s strengths through their involvement in leisure. Leisure provides opportunity for residents to demonstrate strengths otherwise unrecognized by staff and other residents. By increasing their sense of self-worth, staff and other residents see the individual in a more positive way
- maintaining continuity and a sense of purpose through valued activities, as well as opportunities to grow and develop by discovering new abilities and learning new skills and talents
- developing and nurturing strong relationships critical for quality care and support
- staff having the skills and ability to address responsive behaviours before they escalate
- normalizing the sleep/wake cycle as resident is tired from engaging in leisure activities during the day
- providing non-pharmacological interventions that have positive results without negative side effects

Research demonstrates that therapeutic recreation contributes to:

- increased positive affect (Kolanowski, Buettner, Costa, & Litaker, 2001)
- improvements in functional capacity (Hsu et al., 2010)
- increased sense of self and self-worth (Pedlar, Dupuis, & Gilbert, 1996)
- decreased responsive behaviours (Buettner & Fitzsimmons, 2002; Kolanowski, Fick, & Buettner, 2009; Livingston et al., 2005; Richeson, 2012; Sellers, 2005)
- positive adjustment to a long-term care home (Kydd, 2001)
- decreased loneliness, boredom, and depression (Buettner & Fitzsimmons, 2002)
- increased social engagement, “enlivened relationships”, and sense of belonging (Bernstein, Friedmann & Malaspina, 2015; Crispi & Heitner, 2002; Richeson, 2012; Sellers, 2005; Sullivan, Pedlar, & Piller, 2002)
- increased life satisfaction, quality of life, and ageing well (Chung, 2004; Dupuis, 2008; Lloyd & Auld, 2002; Marshall & Hutchinson, 2001; Voelkl, Galecki, & Fries, 1996; Yuen et al., 2008)
- improved family visits and increased family involvement ((Buettner, 1999; Dupuis & Pedlar, 1995; Fink & Bedall-Fink, 1986)
- development and support of relational citizenship (Dupuis et al., 2016; Kontos, Miller, & Kontos, 2017).

TR practitioners are often responsible for a case load of up to 150 residents. In order to meet the countless leisure preferences of the residents, a wide variety of meaningful activities are often implemented such as, but not limited to, the following:

- **Peer Support and Mentoring** – reducing loneliness and depression by providing opportunities for meaningful engagement for residents, ‘residents helping residents’
- **Groups** – bringing people together for meaningful interactions. For example, a lunch group offers social engagement, enjoyment of food choices, as well as a sense of belonging. Social groups offer the
opportunity for residents to participate in activities they previously valued at home such as “Cocktails in the Lounge” (cranberry or apple juice served in wine glasses) which provides social engagement reminiscent of an activity a resident may have enjoyed at home.

- **Community Outings** – community outings serve many purposes, including a recollection of fond memories or stimulation of feelings of pleasure as residents are able to reconnect with places and events in the community they value. e.g. art museums, sporting events, restaurants, parks
- **Technology** – mentoring programs engage young people to teach seniors basic internet skills so they can keep in touch with loved ones and access a world beyond the walls of their LTC home
- **Physical Activities**: programs such as Laughter Yoga not only provide an opportunity for physical engagement but offer a chance to engage in mental stimulation too.

When additional funding is available through Behaviour Supports Ontario (BSO), for example, TR practitioners are well utilized in terms of providing individualized supports as demonstrated in the examples below:

- A resident was becoming very agitated and upset during her morning care routine. Even though the nursing staff identified themselves and explained what was occurring, the woman continued to be upset. The TR practitioner was brought in to assess the situation and determine the best way to care for this resident. Through a comprehensive assessment, the TR took the time to learn about this resident’s history, including her morning routine and her leisure interests before she came to Long-Term Care. It was discovered that this woman was never an early riser and typically did not wake up until 8:00 am. The first thing she did before getting dressed was have a hot cup of tea. She was very involved in her community through music. She taught piano lessons to local children, played the piano, and sang in her choir. There was always the sound of beautiful music in her home. Music surrounded this woman in everything that she did.

  Once they learned the woman’s history and developed a plan, it was discussed with the care team and her daily care routine was altered. They made sure that the woman was the last person to get up in the morning, that a hot cup of tea was ready for her, and that her personal playlist of music was playing while care was being provided. The outcome was that the woman was comfortable in the routine and no longer demonstrated responsive behaviours during morning care.

- A resident started to demonstrate responsive behaviours in the late afternoon. No person or actions disturbed him, but for some reason he began to call out and disturb the people around him. Therapeutic Recreation staff were called upon to determine the cause of his responsive behaviour and develop an intervention plan. They started by reviewing the history of the resident, including his daily routines and activities prior to moving to LTC, and determining his strengths. They then created a plan including purposeful and meaningful activities that represented similar actions that he did at home and in his community. They discovered that during his working life, the man was a janitor at a public school. That explained why he took such pride in ensuring the LTC facility was always
kept tidy, the floors were clean, garbage was in the proper spot, etc. He wanted to ensure that the LTC home was up to his expectations. Therefore, the TR staff created a housekeeping cart specific for this resident that allowed for him to safely engage in his daily routine of keeping the area organized and tidy. The outcome was that the resident became calmer in the late afternoons as staff supported the resident through the intervention.

TRO’s Call to Action:
As part of the Ministry’s plan to improve residents’ quality of life, TRO urges the Ministry of Health and Long-Term Care to:

- Establish a life enrichment protected envelope of funding that would support TR in LTC settings
- Increase Therapeutic Recreation (TR) programs delivered by qualified practitioners
- Increase the ratio of TR practitioners to residents in Ontario’s Long-Term Care homes
- Establish hiring standards which include consistent education requirements, job titles and adequate compensation for TRs.

We are requesting a meeting to further discuss how Therapeutic Recreation is able to support well-lived lives in LTC.

Our Executive Director, Rozalyn Werner-Arcé, will contact your office the week of February 11 to arrange a meeting. Alternatively, she can be reached by calling 289-626-8761, ext. 1 or email at ed@trontario.org.

Thank you.

Sincerely,

Leanne Hughes, M.Ed, R/TRO, CTRS
President

cc: John Fraser, MPP, Parliamentary Assistant to the Minister of Health and Long-Term Care
    Jeff Yurek, MPP, PC Health Critic
    France Gelinas, MPP, NDP Health Critic
    Derrick Araneda, Chief of Staff, Minister of Health and Long-Term Care
    Ian Chesney, Senior Policy Advisor

About TRO: Therapeutic Recreation Ontario is the only professional association that represents more than 1600 TR practitioners, students and educators in the province. It is dedicated to guiding, supporting, educating and advocating to enable the Therapeutic Recreation practitioner to deliver quality professional services.