

*Au coeur de l'action en Acadie!*



Association francophone  
des aînés du  
Nouveau-Brunswick

# NEW BRUNSWICK'S ELDERS NEGLECTED AND FORGOTTEN



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## FOREWORD

# THE NEED FOR ACTION IS URGENT

According to the 2021 Canadian census, people aged 65 and over represent 22.8% of the New Brunswick population. With such a demographic presence, one would think that the needs and demands of this important segment of the population would be heard and taken seriously. However, the results of research conducted by the Association francophone des aînés du Nouveau-Brunswick (AFANB) and its Comité d'action sur la bienveillance envers les aînés (Action committee for the well-being of seniors) tend to show the opposite.

**Our province has 71 long-term care homes and 470 special care homes. In addition, approximately 700 seniors are still in need of hospital beds after being discharged from care. Thousands more need home care.** We have witnessed a growing number of our elders living in appalling indifference while others suffer the consequences of isolation and lack of quality care.

The pandemic has certainly made a bad situation worse, but the lack of qualified staff, the overly institutionalized approach, and questionable or outright harmful practices for residents existed long before COVID-19.

Not everything in the long-term care system is bad. These nursing homes seem to be better equipped to ensure the well-being of their residents, and to avoid the worst failures. However, they face difficulties in recruiting and retaining staff, which hinders the provision of quality services. Similarly, some small special care homes find ways, through their passion, to provide the kind of family-like environment and caring that is very difficult to find in larger special care homes and long-term care homes. **Sadly, these gems are the exception, not the rule.**





After many interviews with a multitude of stakeholders in the sector, after hearing disturbing stories, and after long hours of deliberation, we conclude that **the situation is more urgent than ever.**

The creation of this committee and the research that led to the report you are now reading followed an event held on World Elder Abuse Awareness Day on June 15, 2021. A virtual roundtable of experts and advocates attracted over 70 people. Those in attendance made a plea to the AFANB to continue working to raise awareness of elder abuse here in New Brunswick. The call was heard. The committee was quickly formed and got to work.

Every week since, the Committee has been meeting, holding discussions, and interviewing people across the province to better understand how New Brunswick cares for its seniors. The goal set by our committee is unequivocal: to help improve a system that is failing miserably in its mission.

**Please be advised that what follows is shocking.**



# IT'S NOT THE FIRST TIME WE'VE TALKED ABOUT THIS

Elder abuse is not a recent concern. The United Nations (UN) has designated June 15 of each year as World Elder Abuse Awareness Day because its member countries believe that the problem must be demystified and aggressively addressed.

The Government of New Brunswick is aware of the problem and its magnitude. The AFANB and its Comité d'action sur la bienveillance envers les aînés (Action committee for the well-being of seniors) are not the first to research the issue and make recommendations.

Since 2012, three reports on the same issue have been released:

- [\*Living Healthy, Aging Well: A Report by the Premier's Expert Panel on Seniors\*](#)  
(Government of New Brunswick, December 2012)
- [\*We Are All in This Together: An Aging Strategy for New Brunswick\*](#)  
(Government of New Brunswick, 2017)
- [\*He Deserved Better: One Man's Final Days in Long-Term Care\*](#)  
(New Brunswick Elder Advocate, January 2022)

These reports are about seniors who still live in their own homes and those who reside in nursing homes. In 2012, the panel provided the government with direction on how to ensure that seniors' human rights are respected, that they remain independent, physically and mentally healthy, engaged, and able to participate in community life.

The 2017 report focuses on seniors' independence and encourages the province to “embrace a provincial culture of person-centred care and support.”<sup>1</sup> The last report is the most disturbing. In it, the New Brunswick Seniors' Advocate tells the story of **91-year-old George, who was forced to leave his home for a nursing home because of the ravages of Alzheimer's disease. He died within months because of physical injuries inflicted by another resident.**

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1 [\*We are all in this together: An Aging Strategy for New Brunswick\*](#), p.42.

# GROWING OLD IN TOTAL INDIFFERENCE AND INDIGNITY

While we are still amid a pandemic, we realize that the last two years have been particularly cruel to older people. They have been locked up, cut off from the world. Of course, these measures were taken to protect them. But is this really the case? Have the consequences of this isolation on the overall health and life expectancy of these people been measured, or was it just the easiest and simplest solution for the “system”?

“The COVID-19 pandemic is causing untold fear and suffering for older people across the world. Beyond its immediate health impact, the pandemic is putting older people at greater risk of poverty, discrimination and isolation. It is likely to have a particularly devastating impact on older people in developing countries.”

**The Secretary General of the United Nations, António Guterres**

It is with these highly relevant questions in mind, in addition to those that have been asked for more than 10 years, that we submit our report. It complements the work done by the New Brunswick Seniors’ Advocate. Through our discussions with seniors, caregivers, families, health care professionals and others, we have been able to paint a comprehensive picture of the situation facing a large portion of our senior population in this province, at a time in their lives when they are becoming more vulnerable and in need of reciprocation from the society they have served for years.

Unfortunately, the conclusion we have reached is the same as that reached by many researchers here and elsewhere: we live in a society that wants to sideline its seniors and forget them quickly.

**We reject this approach. Our seniors are full-fledged citizens with fundamental rights. The right to human dignity does not stop at 65!**

The recommendations proposed in this report are very elaborate and will take some time to fully implement. Be aware, however, that they are not new; they echo many of the elements of *Living Healthy, Aging Well* prepared by the Premier’s Panel on Seniors in 2012.

They also include an update and consolidation of the recommendations found in the New Brunswick Council on Aging's *We Are All in This Together* report, [\*Les proches aidantes et les proches aidants, des alliés incontournables au maintien à domicile des personnes âgées en milieu minoritaire francophone et rural\*](#), a study produced by the Université de Moncton for the Association francophone des aînés in February 2022, and the report *He Deserved Better* filed by the New Brunswick Seniors' Advocate in January 2022.

**Why come back to this now?** First, because the message has not really been understood, as evidenced by [the Department of Social Development's response](#) to the report *He Deserved Better* last February.

Secondly, because there are too many failures in the administration of nursing homes, and in the absence of adequate standards and professional supervision, the health and safety of many residents are compromised.

Finally, because the latest census data (2021) confirms that the situation is not temporary and that the challenges we have identified may even worsen in the coming years if nothing is done. **It is urgent that we act.**

We therefore request that the Government of New Brunswick appoint a committee of qualified individuals who will be responsible for setting a timetable, taking real action, and providing regular updates to organizations that represent and advocate for seniors on the progress of the implementation of our recommendations and those of the above-mentioned reports. Any response that does not include these elements will continue to be empty words.



# THE CODE OF SILENCE

Seniors and their families who are faced with the difficult decision to place a loved one in a nursing home experience great anxiety and uncertainty. Leaving one's home is not something one does lightly.

Finding a nursing home that has space available, offers quality services in the senior's language, and is located close to the family is not easy. The media often reports that many beds in New Brunswick hospitals are occupied by seniors waiting for placement in a nursing home.

This means that the supply is insufficient to respond to the demand and that available spaces are a rare commodity to be protected. In such a situation, it isn't difficult for people with bad intentions to blackmail or threaten residents or their families for complaining about abuse or demanding better services.

Some families have learned from their relatives that there is occasional verbal abuse and even bullying of special care home residents. These families and the residents are told, *"If you don't like it, you can go somewhere else!"*

**The following was reported to us between September 2021 and February 2022:**

- **Retaliation against residents who complain or whose families have complained can take many forms:**
  - Resident or family questions are ignored.
  - Excessive delays in responding to resident care requests suddenly occurs. Their bell is ignored.
  - No meal choices are offered.
  - Weekly bathing is delayed for one or two days.
  - Their hair is washed, but not dried.
  - Soiled diapers are not changed within a reasonable time, etc.

When an older person finds themselves in this situation, they and their family are reluctant to complain again. As a result, the code of silence is quickly established in a home. In other words, families and residents are afraid to raise even serious concerns for fear that the senior will pay the price. Residents and their loved ones quickly learn that it is better to keep quiet and endure.

This is in addition to the reported cases of residents being evicted without further notice or just cause, as noted by the New Brunswick Seniors' Advocate in its January 2022 report.



**What choices do seniors and their families have? Is this treatment dignified and respectful of human rights? Absolutely not.**

We are not the first to highlight this troubling practice. Unfortunately, it goes on and on.

It is high time that a consistent complaint process is put in place for all nursing homes and that an independent appeals process is implemented for resident discharge cases.

## Put seniors and their rights at the centre of decision-making

Families are taking the risk of speaking out against abuse and fighting for the well-being of a loved one until the end. We spoke to these families. What they told us was that when investigations are conducted, the owners of the homes or facilities are often given the benefit of the doubt, to the detriment of the health, safety, and quality of life of seniors.

Why do we refuse to stand up for the most vulnerable among us?



# THE JUNK FOOD FEAST

Food is as much a necessity as a pleasure. We have been told for decades that a varied, healthy and balanced diet is necessary to prevent and even cure physical health problems, but it also has an impact on our mental health.

Eating is also the joy of tasting good food and sharing a meal with others, but for residents of special care homes, meals and food are far from meeting these criteria and joy is rarely part of the deal!

It should be noted that special care homes are required to post the menu that will be served to residents according to a directive from the New Brunswick Department of Social Development. In reality, the meals served have nothing to do with the posted menu. In fact, although some homes pride themselves on offering a variety of dishes or a choice of meals to better suit the preferences of the residents, the opportunity for residents to choose what they will eat, even if it is just between two dishes, is rarely offered.

Residents and their families report great concern about the quality of food in some special care homes. Canned soups, powdered milk, very low fibre cereals and white bread often form the basis of meals. Fresh vegetables and fruit, recommended by health experts to provide essential vitamins and minerals for good health, are sorely lacking, but Jell-O is present and served far too often.

**Even worse: many seniors are hungry!** Quantities are rationed and some people who ask for more because they are still hungry after finishing their plate are told that no, they will not be given anything more to eat!

## Overcoming threats to keep her mother from starving

One person told us this disturbing story..

*"During a conversation with my mother, she said to me, 'I'm hungry, we don't have enough to eat and what is being served looks like dog vomit.' I was completely stunned and shocked by what I was hearing. Of course, I told the owner of the special care home about it, but it didn't change.*

*Because this was during the lockdown, I started bringing meals 'on the sly' to my mother through the window. After a few days, when the manager of the home found out, I was told that I was not allowed to deliver these meals because it was 'against the rules' to bring food to the residents. I then organized a group of seven women who were willing to go out and make decent meals for the residents. Again, we were refused. It's distressing to see our parents living in such conditions."*

From the comments and testimonials we gathered, we realized that malnutrition is far more prevalent in senior residences, particularly among special care homes, than we had originally thought.

The cooks hired often have no previous experience in a kitchen or in meal preparation, and knowledge of nutritional needs does not seem to be a major concern. Due to staff shortages, particularly since the beginning of the pandemic, care workers are often required to do meal preparation, even though they have no experience and often no time to do so.

# SWALLOW YOUR PILL!

Medication is often a daily reality in the lives of seniors. Properly controlled medication use, following the guidelines of health care professionals, can greatly improve the health and quality of life of seniors.

Conversely, medications can also become health hazards if they are administered incorrectly, taken by someone other than the person for whom they were prescribed, or left unattended.

The benefits and hazards of medication are widely known concepts in the field of human care, both in institutions and by families. Governments, physician associations and other health care organizations regularly remind us of this.

Yet, it seems that in special care homes, lax medication management does not alarm authorities.

## **We have been told the following:**

- Staff members do not understand or follow the instructions for taking medication. They may require the resident to take all their medication for the entire day all at once, even if the prescription says otherwise.
- Prescriptions are being refilled late, resulting in interruptions in treatment. Families are worried and for good reason.
- Medications that need to be taken with food are often given in the cafeteria. This in itself does not cause a problem. What does become a problem is when the medication is placed on the table next to one resident and the person sitting next to them takes the pill!
- Although there is a clear requirement from government authorities that medications be stored in a locked area, many homes fail to meet this responsibility.
- In one home, the attendant, being overworked due to a lack of staff, did not have time to prepare the various prescriptions for the residents. He put all the medications on a cart and went from room to room, asking the residents to choose their own medications. A resident of this home called her daughter to tell her about the event.
- Residents are required to pay for their medications. Many families told us that their parents are still paying for medications that they have not taken for months.





## There is also excessive inflexibility

At the other end of the medication management spectrum, another challenge for nursing home residents is the overly restrictive interpretation of the Department of Social Development's guideline on the type of medication a resident can keep in their room. In some facilities, residents are not allowed to keep products such as lip balm or Vaseline in their rooms. There seems to be a great absence of logic regarding this issue.

## RULES ARE RULES... BUT NOT FOR EVERYONE!

Long-term care homes and special care homes are subject to rules set by the Department of Social Development. In our society, we understand that the rules put in place by the government must be followed by everyone equally. However, it seems that in the case of special care homes, the rules are inconsistent... Some must follow them, while others can get away with doing as they please.

Special care homes are evaluated on an annual basis and breaches of the rules are highlighted. However, when those same violations are highlighted again the following year, nothing happens. No reprimand, no action to force the owners to correct the situation. **Nothing.**

In such a context, seniors and their families cannot rely on a regulatory system to ensure health, safety and well-being in the facility.

Many families told us that they were not informed when the resident was transported to the hospital or sent to a walk-in clinic alone!

Paramedics reported that, for example, patient medical records are not kept current. Critical information such as a complete list of medications taken, blood pressure history and other vital information is missing. The reason the home has an obligation to complete these records is to ensure the best possible care for the person who needs to be transported to the hospital.



## How can the caregiver assist this person if these rules have not been followed in the facility?

And what about residents who are evicted without an assessment by social workers or the Department of Social Development? According to the province's regulations, to decide that a resident should leave a home, a prior assessment must be done. In many cases, the decision is made by the owner or management of the facility. This explains why the code of silence continues to prevail. Families and seniors are completely at the mercy of these individuals.

The lack of respect for the rules also manifests itself in the cleanliness of the facilities: floors and bathrooms are cleaned less often and sometimes must be cleaned by family members. A resident may wait up to three weeks for a bed to be changed.

Inspections and compliance with health regulations are much more seriously enforced in many other areas, such as daycare centres and restaurants. One must wonder why the Government of New Brunswick finds this carelessness acceptable in the special care home sector despite the major failings we have identified.

Long-term care and special care homes are places where people in vulnerable circumstances live. We wonder why the rules that govern them are not among the most comprehensive, stringent and controlled.

### **Here are some thoughts:**

1. Long-term care homes are not subject to the same standards as special care homes. The standards need to be the same for all nursing homes with ten or more beds and they must be very strict.
2. Hotels and restaurants are inspected regularly and may even lose their operating license if regulations are not followed. There needs to be an independent inspection process with serious consequences for establishments that do not comply with the regulations..
3. A demerit system should be established, like that of the driver's license, for continued non-compliance with the standards. This demerit system could eventually lead to suspension of the operating license as it does with the driver's license.
4. The license to operate should be subject to the establishment of family committees at all nursing homes, including special care homes.

# THE GREAT NEGLECTED GROUP

One group of seniors of particular concern to us are those who occupy hospital beds even after being discharged from the hospital. According to a senior government official, neither the health care system nor the Department of Social Development seems to want to accept responsibility for the unacceptable condition of these neglected people.

For hospitals, these people are not patients because they are no longer there for medical reasons. For those in charge of services for the elderly, they are not their responsibility while they occupy hospital beds, sometimes for several months.

**However, the problem is not new. Authorities have been dealing with it for decades without being able to find a reasonable solution for one sector or another, and especially for the seniors themselves and their families.**

The pandemic did not improve the situation for those left behind, as even when beds were available to accommodate them in nursing homes, there was a lack of staff to care for them. With the health restrictions associated with COVID-19, these residents were and still are often deprived of visits from family members, including their close caregivers.





While the integrity of the hospital system must be protected, when hospital employees, including non-vaccinated employees, are in and out of the facilities every day with no accountability for their contacts or travel between shifts, we must wonder if the interests of seniors who are suffering the ordeal of unnecessary hospitalization and isolation from their loved ones are really a consideration for those in charge.

It seems that everyone wants to absolve themselves of this responsibility. Who will take the initiative to find a lasting solution to this long-standing problem where both seniors and the health care system are losing out? This disgraceful and disrespectful, not to mention shameful, situation is completely incomprehensible and reflects the lack of seriousness in the government's approach to the delivery of care to our seniors.

**No senior should have to wait more than two hours for a change of soiled underwear, let alone when the person has developed bed sores.**

## TO BE AT HOME... BUT NOT IN MISERY!

In our province, as in many other areas, the trend is to allow seniors to live in their homes as long as possible. Experts agree on the benefits of this approach to maintaining a good quality of life.

While seniors are staying in their homes for longer periods of time rather than in a nursing home, we as a society have a responsibility to support them during this era of their lives. Families obviously play an important role in supporting their aging parents, but governments also have a responsibility to provide home care. It is important to remember that although home care can be expensive, it is far less expensive than building, maintaining and operating nursing homes.

Indeed, the Danish experience has much to teach us about an approach that truly focuses on home care. An inverted pyramid of investments in elder care, which truly prioritizes aging in place in this Scandinavian country, demonstrates that the benefits are felt not only by those in need of even substantial support, but also by the taxpayer who pays for it. In Canada, home care providers often work alone in their regions, without direction or guidance from government or a provincial entity. The salaries of staff in these agencies are low, resulting in staff turnover of up to 40% annually. Seniors who live at home must adapt to this turnover on an ongoing basis.

Standards for home care services are not well understood by the agencies that provide them or by the seniors who receive them. There is little evaluation of these services and even less follow-up on the few evaluations that do occur.

New Brunswick, family caregivers provide 28.5 million hours of unpaid work for the home care of seniors. At the minimum wage currently paid by the province of NB, this number of hours is equivalent to a contribution of \$300 million per year. There is an urgent need to support family caregivers and facilitate their work to ensure the well-being of seniors. It is often the caregivers who have the most empathy and commitment to the quality of life of an aging person.

Allowing seniors to remain in their own homes as long as possible is the best approach for everyone, but the focus must be on supporting their caregivers to give them the security and peace of mind they deserve.

An interesting initiative is that of **nursing homes without walls**. The nursing home without walls is a new way for nursing homes to serve the senior population in their jurisdiction. They provide services to seniors who are still living at home so that they can remain in their homes as long as possible. Instead of creating a completely new structure, existing nursing homes can be provided with resources to fulfill this role. Since nursing homes exist in most of our communities, in rural and urban areas, francophone and anglophone, we believe this new approach holds great promise. In fact, the province has launched the pilot project with four homes in 2021 and in its last budget announced its intention to increase the number of nursing homes without walls.

Other projects such as **Age Well at Home** in Cocagne and the **Extra-Mural Program** were of interest to our committee members. The latter has long been known for the quality of its services and is currently looking at ways to better serve residents of special care homes and to reduce the number of hospital visits by seniors.

It is also important that our communities include their seniors in community life. They have ideas, experiences and expertise to share. Already, some municipalities are implementing the [Municipalités amies des aînés](#) (Age-Friendly Communities) program to encourage healthy aging for seniors in their communities. Such an initiative should be in place in all municipalities in the province and should be supported by the provincial government.

While these initiatives are encouraging and the amount of research in the field is impressive, including several federally funded pilot projects, the crisis we describe in this paper is still real and very troubling.



# THE EMBARRASSMENT OF THE RACE TO THE BOTTOM

In summary, we conclude that the long-term care and special care home sector appears to have ample opportunity to practise the race to the bottom.

- The government is very lax in enforcing the rules and turns a blind eye to systemic problems.
- Families are left out of the loop and have no means of asserting the rights of their aging parents.
- Physical and psychological abuse is on the rise.
- Sole proprietorships and very large corporations have the freedom to run the show and put seniors at risk in a multitude of ways.
- Wages are so low that recruitment and retention of qualified, quality employees are diminishing or non-existent.

## **The question must be asked:**

### **Has New Brunswick abandoned its elders?**

Given the extent of the indignity and indifference suffered by too many seniors in many nursing homes, we realize that the private sector service delivery model is not the long-term solution.

To address this growing problem, we strongly recommend that the government consider phasing out the number of private homes. This is an idea that is gaining momentum in Ontario and Quebec. The pandemic has highlighted the inability of private nursing homes to adequately meet the safety, health care and other supportive needs of seniors. A new model and structure are needed to ensure that seniors are treated with respect and dignity.

The new municipalization reform currently taking place in New Brunswick is the perfect opportunity to involve local governance in the issue of seniors' care and support services. They are potential partners in a not-for-profit model that could make a significant contribution to managing the delivery of care services to our seniors, including home care.



# RECOMMENDATIONS

We have already summarized the essential points of the needed reform by declaring that the province must begin by passing legislation to update the system already in place, as well as regulations establishing uniform standards for all stakeholders, an effective monitoring mechanism, and an adequate complaints process. The system must establish rights for seniors and a way for them to be heard, consulted, and respected. We must also give caregivers the means to truly contribute to the well-being of seniors, while clarifying their status and guaranteeing the sustainability of their contribution, and put in place the conditions that will improve the retention of qualified personnel. It goes without saying that it is essential that the government assess the financial needs of this recovery and strengthen the system in all respects. The needs have been identified, studied, and documented. Models have been examined. Pilot projects have been explored. **Now it is time for concrete action.**

We want to reiterate the priorities in six points:

**1. Revise the standards to apply to all long-term care, special care homes, and home care services:**

- a. Review the standards for drug management and distribution.
- b. Review the standards related to personal hygiene of seniors, as well as the cleanliness of residents' rooms whether in nursing homes or in homes that receive house cleaning services.
- c. Ensure enforcement of standards through regular and independent inspections.
- d. Adopt measures to ensure compliance with the standards, with significant consequences for non-compliance.
- e. Establish appeal committees for residents who are discharged from a home.
- f. Ensure that all services in long-term care homes, special care homes and home care services are available in French to all francophone seniors in the province.

**2. Establish a consistent communication process between home management and resident families, as well as between home care families and clients:**

- a. Create resident and family committees in each nursing home or regional committees for smaller nursing homes.
- b. Create communication tools for all nursing homes and home care services to ensure effective and easily accessible interactions with families, residents, clients, and the public.
- c. Create a guide, in simple and clear language, that informs the user of the relevant services and the complaint process for failure to meet prescribed standards. This guide should be widely available in New Brunswick.

**3. Ensure appropriate training for all nursing home staff as well as all home care service staff, including owners, operators, and managers of these care and support services:**

- a. Collaborate with the Collège communautaire du Nouveau-Brunswick (CCNB) which already offers training for nursing home attendants. Training would be offered in modules, based on the needs of the sector, and with as much flexibility as possible in terms of delivery (training blocks, online training, on-the-job training).
- b. Create mandatory entry-level training for all elder care attendants before they enter their positions.
- c. Develop a training program (first aid, medication management and distribution, quality of care, workplace safety, etc.) for all nursing home attendants, as well as for home care workers.
- d. Provide and require specialized training for owners, operators, and managers of long-term care homes, special care homes, and organizations that provide home care services.
- e. Recognize and value successful training to promote the importance of work in the senior care sector.

**4. Ensure proper nutrition for seniors in long-term care homes, special care homes, and home care services:**

- a. Ensure that those who prepare meals for home support have recognized training in food preparation.
- b. Ensure that meals prepared for residents and seniors in the home are nutritious and meet the standards of Canada's Food Guide.
- c. Provide quality meals that reflect the regional culture of the residents and that they enjoy, as meals are often among the few delights that an older person can still take pleasure in. It is also important to consult with the residents and prepare meals that satisfy, at least occasionally, their wishes of the residents.

**5. Beginning in fiscal year 2023-2024, start a gradual but substantial transition to greater investment in home care:**

- a. Commit to prioritizing home care services or other promising initiatives that promote aging in place, such as nursing homes without walls.
- b. Establish clear and measurable targets to make the initiative as transparent and accountable as possible.
- c. Announce the final goal (e.g. 50% of long-term care spending will be on home care), as well as the number of years required to reach that goal.

**6. Gradually begin to suspend the number of private homes and create a new model of non-profit organizations, which will not have a goal of profitability, but rather the well-being of seniors:**

- a. Take advantage of local governance reform to involve municipalities in the issue of care and support services for seniors.
- b. Support municipalities financially to play a supportive role for seniors through Age-Friendly Community programs.
- c. See municipalities as potential partners that can play a major role in establishing non-profit organizations to manage the delivery of care and support services to seniors.

Our recommendations call for action on the legislative and regulatory front, and for collaboration with the Department of Social Development, the Department of Health, and the community colleges. As we have already noted, there is also a need for better supervision of community action through the involvement of family caregivers, municipalities and various social groups. The universities, particularly the Université de Moncton, the Collège communautaire du Nouveau-Brunswick (CCNB) and the hospitals must also play a collaborative role in bringing about these changes.

The other question is who will coordinate, plan, monitor timelines and prepare budgets. There are probably different approaches that can be taken. In 2012, the Living Healthy report proposed the creation of a provincial secretariat and the appointment of a minister responsible for seniors, as well as the establishment of an expert advisory committee. These possibilities can be reconsidered, but a structure must first be decided upon. After all, someone must be responsible for staffing, which is lacking, and for government relations with Ottawa and other provinces.



# CONCLUSION

An immediate government commitment is needed to provide reassurance to seniors about their health and safety and to give hope to families who are burdened with the responsibility of overseeing the living conditions of their elders in home care.

As noted at the beginning of this document, over the past 10 years, there have been many significant reports with recommendations to improve services for seniors living in New Brunswick. Unfortunately, these reports have been shelved and the vast majority of the recommendations have not been acted upon, leaving us in the midst of the crisis that has been predicted for a very long time and is turning out to be even worse than imagined. The latest census figures warn us that the trend will continue, and that any complacency would be unforgivable.

The investments that have been made in this sector have not even maintained the status quo. Pilot projects, such as homes without walls, are promising, but the pace must be accelerated to meet the demands of those who, almost without exception, want to stay in their homes as long as possible.

In any case, the pace of reform is not keeping up with the growth in needs and its ambition is not equal to the challenges to be overcome.

We therefore expect a clear response with firm commitments, including specific targets and inflexible timelines to be met. And we pledge to work with any organization that shares our sense of urgency to bring about change. We can no longer turn our backs on the most vulnerable people in our society.

Some of our recommendations can be implemented quickly and without major expense. We implore the authorities to proceed immediately with their implementation. For others, significant reform is urgent and necessary. Clearly, these changes will require considerable investment and political will.

**We call on our elected officials to act urgently, or we will be forced to conclude that the government has no intention of acting to alleviate the misery experienced by New Brunswick's most vulnerable citizens.**



# APPENDIX 1

**Members of the Comité d'action sur la bienveillance envers les aînés (Action committee for the well-being of seniors) of the Association francophone des aînés du Nouveau-Brunswick:**

**Norma Dubé of Fredericton, Committee Chair** (*Fredericton*), Former provincial civil servant for over 40 years and Assistant Deputy Minister, including the Women's Equality Branch

**Marcelle Fafard-Godbout** (*Grand-Sault*)  
Professional nurse, former hospital and patient services director

**Denis Losier** (*Cap-Pelé*)  
Former CEO of Assumption Life and former provincial minister

**Bernard Richard** (*Cap-Pelé*)  
Former NB Ombudsman, former child advocate and former provincial minister

**Elvy Robichaud** (*Tracadie*)  
Former school principal, former hospital director and former provincial minister

**Thérèse Tremblay** (*Dalhousie Junction*)  
Former union advisor

**Marcel Larocque**  
President of the AFANB

**Jules Chiasson**  
Executive Director of the AFANB

# APPENDIX 2

**The AFANB Comité d'action sur la bienveillance envers les aînés (Action committee for the well-being of seniors) would like to thank the following individuals who agreed to meet and talk with the committee:**

**Michael Keating**, Acting Executive Director of the New Brunswick Association of Nursing Home;

**Suzanne Dupuis-Blanchard**, director of the Centre for Studies in Aging at the Université de Moncton;

**Majella Dupuis**, President of *Age Well at Home in Cocagne*;

**Catherine Bigonnesse, PhD**, Université de Moncton, co-leader of the project "*Guichet unique de services de soutien communautaire pour vieillir chez soi*";

**Adrien Mazerolle**, member of the board of directors of the New Brunswick Home Support

Association and director of The Harbour Family Support Services;

**Richard Losier**, President of Medavie Health Services New Brunswick;

**Ginette Pellerin**, Medavie Health Services New Brunswick;

**Éric Beaulieu**, Deputy Minister of the Department of Social Development;

**Julie David, Elizabeth Dube, Rashmi Hawley and Barbara Whitenect**, Department of Social Development;

**Morel Caissie**, training consultant for nursing home attendants and employees;

**Jason St-Onge**, Vice President of Local 5108, Union of Nursing Home Employees;

**Christian Whelan**, Deputy Advocate and Senior Legal Counsel, Office of the New Brunswick Seniors' Advocate;

**Katie Cake, Wendy Cartwright and Robert Savoie**, New Brunswick Seniors' Advocate's office;

**Stéphane Robichaud**, Executive Director of the New Brunswick Health Council;

**Samuel Lanctin**, retired pharmacist of fifteen years;

Four francophone stakeholders representing special care homes;

Six anglophone stakeholders representing special care homes or organizations advocating for seniors in nursing homes;

All those who contacted us to share their experiences with a family member who resides in a nursing home or who is still living at home and receiving support services;

Minister Glen Savoie, responsible for La Francophonie and the Intergovernmental Affairs;

Vicky Deschênes and Anicet Buranga, Department of La Francophonie and the Intergovernmental Affairs;

Nadine Cormier, Graphic Designer, for the layout of this report;

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Special thanks to Pascale Paulin of Forté Communication Inc. for assisting us in the preparation of this report.

**The Association francophone des aînés du Nouveau-Brunswick sincerely thanks the members of the Comité d'action sur la bienveillance envers les aînés (Action committee for the well-being of seniors) for their dedication, passion, energy, wisdom and availability. The writing of this report was made possible by your generosity and commitment. Now the work of implementing the recommendations in this report begins!**



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