

RECOMMENDATION MONITORING REPORT

“What We All Want”

A Review and an Urgent Proposal for Change in New Brunswick’s Long-Term Care System

Office of the New Brunswick Advocate

P.O. Box 6000

Fredericton, NB

E3B 5H1

Toll Free: 1-833-453-8653

Local: 506-453-8653

Email: advocate-defenseur@gnb.ca

Website: www.defenseur-nb-advocate.ca



How to cite this document:

Office of the New Brunswick Advocate. Recommendation Monitoring Report: What We All Want, A Review and Urgent Proposal for Change in New Brunswick's Long-Term Care System, October 2025.

ISBN: 978-1-4605-4467-9

TABLE OF CONTENTS

Foreword	1
General Remarks from Social Development	4
New Recommendations	6
Introduction.....	9
Theme 1 Recommendations: Governance	11
Theme 2 Recommendations: Accountability	21
Theme 3 Recommendations: Assessment and Affordability	29
Theme 4 Recommendations: Person-Centred Care	39
Theme 5 Recommendations: A Long-Term Human Resource Plan	52
Theme 6 Recommendations: Removing Disincentives To Aging In Place	57
Theme 7 Recommendations: Planning for Diversity	65
Conclusion.....	72
Appendix A: Recommendation Monitoring Process.....	73

FOREWORD

After the release of the *What We All Want* report, we heard from a lot of New Brunswickers. It was clear that citizens remain anxious about the long-term care system. People want desperately to feel secure knowing that they can rely on care when time takes us into a state of relying upon others. We all want to know that the parents and adults who were so strong when we were little will have dignity and happiness when they need help.

It's not just what we all want. It's what we all deserve.

Of course, what is and what should be, these are two very different things and making them meet requires hard work and wise decisions. In *What We All Want* we tried to speak plainly about what it would take to create the long-term care system New Brunswickers deserve. We did our best to describe the real human experiences behind abstract policies, such as seniors waiting for care, families exhausted by uncertainty, and front-line workers doing their best to work within systems that frustrate rather than enable them.

What We All Want was not just about long-term care. It was about whether government in this province is capable of aligning its structures, its budgets, and its decisions with the most essential measure of social progress, that being whether people's needs are met in their moment of vulnerability.

The crises in long-term care did not emerge in isolation from other social programs. These long-term care crises are symptoms of the same systemic weaknesses that afflict other large systems such as education and health. The issues were familiar from other programs New Brunswickers count upon. Human resource planning has failed to keep pace with demographic change. Budgeting processes have been detached from measurable outcomes. We tenaciously hold front-line workers accountable for following rules but don't act when there are poor results. Data is rarely collected, even more rarely tied to action. We often starve preventative programs only to force spending far more once children, vulnerable adults, families, and older adults are in crisis.

These governance problems are so central to the challenges we face that they were not only included in the *What We All Want* report but also released in the separate report *How It All Broke*. The government has now provided guidance to the public service that the spirit of the *How It All Broke* report is to guide transformation of public services, a big task for which there have been some promising early signs.

The Department of Social Development has now provided responses to the recommendations found in *What We All Want*. We do see some signs of a shift in thinking. There is an openness to results-driven accountability, changes in training, and use of community resources. The honest assessment of need is welcome.

These responses represent an important test of will. The Advocate's recommendations monitoring process is not about fault-finding; it is about asking whether government has taken the opportunity to move from acknowledgement to action, and from crisis management to prevention.

It is reassuring to see in the 'General Remarks from Social Development', included here in this report, that the Department began examining *What We All Want* in the Spring of 2024, dedicating resources to the development of action plans and responses. It is especially heartening to see that the Department noted the following aspect of their work:

A tracker was developed to itemize each recommendation, identify the key goal, assign the responsible team within the Department, and set out what work was currently underway to address the recommendation and identify any remaining gaps.

It is also encouraging to see that the Department states that the *What We All Want* report will be an integral part of the development and implementation of a new statute governing long-term care. This will be a pivotal shift in how the province manages long-term care. It is important, though, that the promise of a new statute does not become a catch-all excuse to delay needed reforms throughout the system, as has happened in other transformational efforts. It is challenging to reimagine long-term and respond in the immediate term, but it is necessary to protect seniors.

The Department's responses to the *What We All Want* recommendations are on the whole well-considered and incisively answered. In some cases, the Department has been honest that full implementation will require a political decision on resources, and we note this so that the Legislative Assembly can fully understand the nature of the decisions ahead.

The challenge ahead isn't only about programs and the rules. It is about whether we believe in government as a guarantor of dignity, fairness, and equality of opportunity. The sustainability of long-term care, like the future of child protection or the viability of our schools and hospitals, depends on whether government authorities can break away from habits that avoid accountability for outcomes. It depends on whether the province can summon the political will and the administrative acumen to define problems honestly, measure progress transparently, and empower those on the front lines to deliver solutions rather than excuses.

The responses of the Department to the *What We All Want* recommendations show more of a recognition of this reality than we have grown accustomed to seeing. Commitments to legislative reform, to workforce planning, and to a more coherent provincial strategy for aging signal an understanding that piecemeal adjustments will not suffice. These are commendable responses.

That said, there are some areas where we would caution government that the responses here are too hesitant and may not meet the moment.

- The numbers of seniors stuck in hospitals waiting for long-term care are spiraling out of control and destabilizing two vital health care systems. It is clear that the departments need political direction and resources to take extraordinary measures to keep people aging at home or in less

institutional settings as long as possible, even if it means empowering people to have ways to work around restrictive rules and formulas.

- There still seems to be a reticence to address very real staffing shortages with honest assessments of long-term needs and solutions that address training. Recruitment alone, without revisiting training numbers, will only drive-up costs of recruitment. We would urge government at the highest levels to bring departments together for credible human resources planning.
- The responses on First Nations services continue to be too passive and too reliant on federal responses. As a small province, we can be responsive to human needs in ways that the federal government cannot. New Brunswick has been a leader in tri-partite agreements that empower First Nations governments to lead, and the long-term care sector is ripe for that kind of innovation.
- Departments still seem reluctant to truly engage the non-profit and community sectors in providing and supporting services, despite mountains of evidence showing the impact of the community sector on quality of life, social connection and aging in place. Government at the highest levels should provide direction and support for new ways to harness the power of communities.
- There needs to be thought given to stronger integration of services between departments, at a time when government is (to their credit) reimagining Integrated Service Delivery for children and youth.
- While there is significant progress in accumulating data and requiring reporting, we would challenge government to connect results to action with strong administrative follow-ups when data shows institutions or departments heading in the wrong direction.
- We continue to be alarmed at the lack of moral clarity when it comes to the need to provide long-term care for people with disabilities and their right to have care tailored to their needs and their full development.

We can continue to see long-term care as an area driven by crisis and response, where we react only after seniors have been let down. Or we can embrace the challenge of planning based upon honest assessment of need, a willingness to find and learn from results, and seeing each person as deserving of dignity and security throughout their lives.

That is what we all want. And it is what we all deserve.

GENERAL REMARKS FROM SOCIAL DEVELOPMENT

Social Development's First Response to the Office of the New Brunswick Advocate's What We All Want Report

The Department of Social Development appreciates the thorough review and report the Child, Youth and Seniors' Advocate (CYSA) has completed. As illustrated by the length and breadth of the Report, transforming, and revitalizing New Brunswick's long-term care (LTC) sector will require time, resources, and prioritization.

The Department began its review of the CYSA's *What We All Want* (Report) in the Spring of 2024. Because of the importance and magnitude of the report, several resources within the Department were involved in the development of action plans and responses. A tracker was developed to itemize each recommendation, identify the key goal, assign the responsible team within the Department, and set out what work was currently underway to address the recommendation and identify any remaining gaps.

The Department has several initiatives either under way or in development that aim to address many of the issues that were presented in *What We All Want*. Through the development of a Senior Care Plan, Long Term Care Bed Plan, and a single piece of legislation pertaining to the care and services of older adults, in addition to several other projects, the Department intends to address many of the themes raised in *What We All Want*. The Advocate's report will be an integral part of the development and implementation of these initiatives. The work done by the Advocate's office, the Advisory Council and all who contributed their feedback is a great resource for the Department.

The Department agreed with and accepted many of the recommendations made by the Seniors' Advocate; there were also instances where the Department was unable to accept the recommendation at this time. These responses were chosen if there was *currently* no action plan that would aim to address the recommendation within the next two years, however for those recommendations there is currently work underway to review the issue presented as part of research and analysis being done for the development of new LTC legislation and a senior care plan.

In most of these cases, the Department's vision aligns with the underlying goal of the recommendation, but it would be premature for the Department to commit to the specific approach prescribed in the recommendation until the legislative framework has been fully determined following analysis and legislative drafting advice.

As set out in the narrative of the Report, the LTC sector is currently facing many challenges. As a department, we must consider those challenges as we seek to implement the Report's recommendations and improve the lives of New Brunswick's seniors. We would like to thank the Office of the Child, Youth and Seniors' Advocate for their collaboration through this process and we look forward to continuing to our close relationship to monitor the process of the Department's action plans.

NEW RECOMMENDATIONS

It has been the Advocate's practice to provide a limited number of additional recommendations in monitoring reports, when new developments have warranted some evolution of recommendations or where additional clarity is needed.

As it has been eighteen months since the release of *What We All Want*, there are a few areas that warrant these additional recommendations.

1. Not only did government not diminish the numbers of seniors stuck in hospitals waiting for long-term care, there has been growth in those numbers that are destabilizing two vital health care systems. It is clear that the departments need political direction and dedicated resources to take extraordinary measures to keep people aging at home or in less institutional settings as long as possible, even if it means empowering people to have ways to work around restrictive rules and formulas. Extraordinary measures should apply to prevention and early intervention, and not just situations when hospitals have a dangerous lack of capacity.

The Advocate recommends that the Departments of Health and Social Development adopt a protocol where any new admission resulting in a new ALC patient will require a review and signoff by a designated senior official certifying that they have ascertained that the patient being admitted to hospital could not be reasonably cared for at home, in a special care home or in a community setting even with exceptions being made to existing support programs. This review must certify that all reasonable alternatives, including enhanced home care or community-based options have been explored and documented. This review should include the input of the older adult, their family or supportive decision-maker.

Dedicated funding to support temporary exceptions, through innovative community based or home care interventions, while individuals wait for LTC placement.

The Advocate further recommends that the Department of Social Development undertake a province wide, coordinated evaluation of all special care home and long-term care assets within the next six months to fully activate available capacity. This evaluation should provide reviewers a verified, up to date count of licensed special care home beds, with distinctions between beds that are vacant and available, vacant but closed due to staffing, and unavailable due to infrastructure or regulatory constraints.

2. There still seems to be a reticence to address very real staffing shortages with honest assessments of long-term needs and solutions that address training. Recruitment alone, without revisiting training numbers, will only drive-up costs of recruitment. We would urge government at the highest levels to bring departments together for credible human resources planning.

The Advocate recommends that, as a minimal alternative to the rejected suggestion of a training summit, that the Departments of Health, Social Development and Post-Secondary Education, Training and Labour annually and collaboratively publish projected human resource needs for nurses over the next five years and other key long-term care professions and the current training capacity of the post-secondary sector in New Brunswick. This should also include actions taken to align training capacity with projected needs, including incentive for retention and upskilling, not just recruitment.

3. The responses on First Nations services continue to be too passive and too reliant on federal responses. As a small province, we can be responsive to human needs in ways that the federal government cannot. New Brunswick has been a leader in tri-partite agreements that empower First Nations governments to lead, and this sector is ripe for that kind of innovation.

The Advocate recommends that the Departments of Health, Post-Secondary Education and Aboriginal Affairs collaboratively develop proposals for tripartite agreements with First Nations governments for the provision of culturally appropriate and financially accessible long-term care for First Nations communities and engage the Government of Canada where appropriate.

4. There needs to be thought given to stronger integration of services between departments, at a time when government is (to their credit) reimagining Integrated Service Delivery for children and youth.

The Advocate recommends that the Executive Council Office and the Departments of Health and Social Development explore a framework for integrated service delivery for seniors, beginning with the need for common standards for Alternate Level of Care patients. This framework should be piloted with all patients currently in Alternate Level of Care.

5. While there is significant progress in accumulating data and requiring reporting, we would challenge government to connect results to action with strong administrative follow-ups when data shows institutions or departments heading in the wrong direction.

The Advocate recommends that the Department of Social Development design and implement a scorecard for regional offices in the provision of services to seniors with an emphasis on upstream and preventative interventions. The protocol should include regular reporting intervals and a clear, mandatory protocol of administrative reviews and/or corrective measures when adequate progress is not demonstrated within a region.

6. We continue to be alarmed at the lack of moral clarity when it comes to the need to provide long-term care for people with disabilities and their right to have care tailored to their needs and their full development.

The Advocate recommends that, in the absence of clarity regarding the use of special care homes and nursing homes to house younger citizens with disabilities, that the Department of Social Development adopt clear, binding standards for acceptable and unacceptable placements for citizens with disabilities, a clear entrenchment in policy or regulation of how the right to the least-restrictive, most community-integrated placement will be ascertained, and clear timelines for mandatory review of placements of adults with disabilities.

7. Departments still seem reluctant to truly engage the non-profit and community sectors in providing and supporting services, despite mountains of evidence showing the impact of the community sector on quality of life, social connection and aging in place. Government at the highest levels should provide direction and support for new ways to harness the power of communities.

The Advocate defers recommendations in this area to the forthcoming report on government's relationship with the non-profit sector.

INTRODUCTION

What We All Want was released with a sense of urgency over the state of the long-term care system. It identified structural flaws that led to a system in crisis and proposed recommendations for building a system that could overcome the challenges of the moment. The Advocate requested that the department of Social Development provide an accounting of the progress made or actions proposed to implement these recommendations. These are reproduced below with commentary from the Advocate along with scoring. The scoring scheme can be found in Appendix “A.”

A great many of the responses provided by the department involve the ongoing development of new long-term care legislation. In many cases the Advocate is satisfied with the department’s proposal to address the recommendation in the legislation or as part of the legislative drafting and development process and views these proposals as significant progress toward implementing the recommendation. We anticipate that these will be fully implemented upon the tabling of said legislation, but a final determination would need to be made at the conclusion of that process.

We note that in some instances the department has explained that they are unable to make a determination as to whether they intend to implement certain recommendations until the legislative development process has progressed further. Given that this process is ongoing and the department’s criteria for when they would be able to make those determinations are clear and reasonable we have agreed to defer monitoring on certain recommendations until those criteria are met.

Of course, the prospective nature of these contingent responses makes it hard to draw firm conclusions about the effectiveness of government’s response. If these contingent actions are completed, there would be reason for optimism. Nevertheless, we believe it is more accurate for departments to be straightforward that acceptance is contingent upon future events than to simply accept the principle and not disclose the unknown factors ahead. This provides us with enough information to acknowledge the seriousness and thoroughness with which the Department has considered the recommendation, while recognizing that cautious optimism will have to stand in for definitive conclusions.

In some instances, the department has rejected our recommendations. While we stand by our recommendations, we appreciate the department’s candor. Clarity in terms of which actions an authority does and does not plan to take allows for honest debate and accountability. Where a rejected recommendation is a source of particular concern we have offered additional commentary here. In all other instances, the reasons for our recommendations are explained at length in the initial report and we invite the Legislative Assembly to consider those reasons and have thoughtful discussions on whether they view the rejections as appropriate in that context.

While relatively few responses merit a score of “Full implementation” we wish to be clear that this is indicative of the large-scale changes required to fulfil recommendations and the relatively early stage of progress rather than a lack of action on the part of the department. Overall, the Advocate is satisfied with the proposed actions and the progress made thus far.

That said, there are areas of concern which bear mentioning here. The responses to 2.3, 4.8, 4.9, 6.2 and 6.4 are reflective of governance flaws highlighted in *What We All Want*.

What We All Want contained 56 recommendations directed to the Department of Social Development. Of these, 3 were ranked as being “Full Implementation,” 27 were ranked as “Significantly Implemented,” meaning that the progress or proposed action is satisfactory and on track but not yet complete, 11 were ranked as “Somewhat Implemented” meaning that some progress was made in implementing the recommendation but it is not yet satisfactory, and 5 were ranked as “No Action Taken” meaning no or minimal progress was made in implementing the recommendation. A total of 5 recommendations were rejected by the department and 5 recommendations have been deferred for monitoring in subsequent reports and labelled as “Unable to Accept at This Time.”

Scores of “Full Implementation” and “Significantly Implemented” are considered positive outcomes while “Somewhat Implemented” and “No Action Taken” are considered negative outcomes.

Full Implementation	Significant Implementation	Somewhat Implemented	No Action Taken	Rejected	Unable to Accept at This Time
3	27	11	5	5	5

THEME 1 RECOMMENDATIONS: GOVERNANCE

RECOMMENDATION 1.1

A new *Long-Term Care Act* should be adopted integrating the long-term care system at all points, with co-ordination at a more decentralized, community level. Part of the *Long-Term Care Act* should establish a number of long-term care Authorities who manage defined authority within the *Act*, each having a distinct subset of citizens for whom they deliver services. The number should be large enough to ensure localized collaboration and delivery and to reflect linguistic obligations and community diversity, but small enough to ensure that governance talent and skillsets are not spread too thinly.

Social Development's Response: Unable to accept at this time

The Department agrees that there are changes needed to the long-term care system for better integration and coordination of care and services for older adults. Due to ongoing analysis of governance and the long-term care continuum as new long-term care (LTC) legislation is being developed, the Department cannot accept this recommendation.

The Department is currently in the preliminary stages of developing new comprehensive LTC legislation that will aim to promote the integration and collaboration of services across the continuum of care, from home, community, and facility-based care. One of the goals of this new legislation will be to promote and leverage work currently being done in communities across the province. An example of this community-based work is the Nursing Home Without Walls program (NHWW), which is designed to leverage existing hubs and connections within a community to better support individuals to age in place while benefitting from enhanced resources and services in the community. The NHWW pilot ran from 2019 to 2023, with provincial implementation in 2023. The new legislation will better support the continuation of this program and should allow for the development of other similar programs where community-based coordination is front and centre.

The new legislation will provide a modernized framework to support better integrated service delivery across the continuum of care; however, the precise structure of authorities within the new legislative framework is the subject of ongoing research and analysis and has yet to be determined.

SCORE: UNABLE TO ACCEPT AT THIS TIME

Advocate's Comments: The key pillars of the recommendation are that the long-term care system has four highly centralized silos (nursing homes, special care homes, home care and disability services) which have highly centralized decision making, and that there should be an integrated system that decentralizes decision making. If the specific approach meets these goals, we would be open to revisiting it in the future by considering alternate approaches.

RECOMMENDATION 1.2

The new long-term care authorities should be established along the following parameters, and within the governance model the Department of Social Development's role should be as follows:

- **Establishing funding formulas for regional bodies**

The department will be essential in creating ways to fund regional authorities. Their role includes making sure that money is distributed effectively, matching the needs of specific geographical areas throughout the province.

- **Establishing standards for service, accountability and reporting**

It will be incumbent upon the Department to set robust standards for service quality, accountability, and reporting, and to ensure that Long-Term-Care Authorities adhere to prescribed benchmarks in delivering care to the individuals under their purview. Contracts should be outcome-based, indexed on clear quality of life indicators.

- **Income support for individuals**

The department will be responsible for providing financial assistance to individuals within the long-term care system. This support is designed to specifically address the financial challenges associated with medical care and connection to their community. The department should work to ensure that individuals in the long-term care system receive the necessary financial resources to meet their individualized needs, thereby enhancing their overall well-being within the framework of long-term care.

- **Centralized recruitment, training, and professional standards for staff**

The Department will lead centralized recruitment, training, and the establishment of professional standards for staff within the long-term care Authorities, ensuring a consistent and well-qualified workforce across the system.

- **Dispute resolution**

The Department will define clear and efficient dispute resolution processes for service users and feedback mechanisms that allow the individual, their family, and service providers to provide input on the quality of care.

- **Facilitating inter-regional contracts and collaboration**

The department will play a critical role in facilitating collaboration between regional authorities to support efficient resource allocation for both financial and human resources, increase their ability to address broader systemic challenges, and to support the sharing of best practices and innovations in the sector.

Regional long-term care Governing Authorities will oversee various aspects of the long-term care system, with specific responsibilities aimed at ensuring the highest standards of care and support. The detailed breakdown of their oversight responsibilities is as follows:

- **Identifying and contracting with providers**

Regional Authorities are tasked with the crucial responsibility of identifying and contracting with providers for a spectrum of services, including home care, special care homes, and nursing homes. This involves a meticulous process of evaluating and selecting providers that align with the specific needs and standards set forth by the long-term care system. The goal is to establish partnerships that contribute to the well-being of individuals receiving long-term care.

- **Managing partnerships with community agencies**

In addition to formal providers, the Authorities are responsible for managing partnerships with community agencies that offer home support and transportation services. This entails integrating service standards into contracts with these agencies, ensuring that the services delivered meet the defined quality benchmarks. By fostering collaborations with community entities, the Authorities contribute to a more holistic and community-based approach to long-term care.

- **Inspections, accountability, and standard oversight**

Authorities are mandated to conduct inspections and enforce accountability measures for all long-term care providers under their jurisdiction. This includes regular assessments of facilities and services to ensure compliance with established standards. By upholding rigorous accountability and setting high quality standards, the Authorities promote a safe and secure environment for individuals receiving long-term care.

- **Needs assessment and citizen planning services**

Regional Authorities are involved in conducting comprehensive needs assessments to understand the unique requirements of individuals in their regions. This data informs strategic

planning to effectively address citizen needs. Additionally, the Authorities can partner with local community agencies to facilitate individualized citizen planning services.

- **Mobility and standardization of workers**

Authorities should be given support to standardize worker compensation and conditions and to facilitate collaboration between care providers in assignment of health care workers.

- **Professional development**

To attract and retain a skilled workforce in long-term care, regional authorities are responsible for continued professional development. This will involve establishing programs and initiatives that enhance the skills and knowledge of professionals working in home care, special care homes, and nursing homes. By prioritizing ongoing professional development, the Authorities will contribute to the continuous improvement of the quality of care provided across the regional long-term care system.

SD Response: Unable to accept at this time

The detailed breakdown of roles and responsibilities provided in the Report recommendation above aligns with a potential vision the Department has for the future state of service delivery. The Department agrees that some responsibilities should be centralized, while others should be managed at a more regional level. The closer you get to the client, the more locally controlled the responsibility should be. For example, responsibility for individual case management and other front-line services should rest within more local control rather than being centralized.

There is currently no developed action plan related to this recommendation; therefore, the Department is rejecting the recommendation. The Department is currently exploring ways to structure and govern long-term care services within a new legislative and regulatory framework. This work includes the exploration of a potential shared service delivery model and analysis of many of the suggestions prescribed above by the CYSA. As development of the new legislative framework continues over the coming months, the Department will review each of the approaches prescribed within the recommendation and will strive to ensure that the goal of each suggested approach may be supported within the new legislation.

SCORE: UNABLE TO ACCEPT AT THIS TIME

Advocate's Comments: As with the previous recommendation, we would judge the specific approach by how well it meets the goals outlined.

RECOMMENDATION 1.3

Regional Boards should have the following governance model:

- Appointing and forming Boards within Regional Governing Authorities requires a thoughtful and varied approach to ensure effective oversight and governance. Throughout the review process, concerns have been raised about the challenges in New Brunswick when it comes to finding qualified individuals to staff these boards. And yet with the right support, training, and a clear understanding of roles, the recruitment process can be made both targeted and straightforward. The reality is that our long-term care system requires an all-hands-on-deck approach since the ubiquity of ageing means it is a system that we will all interact with at some point in time.
- Boards should be made up of individuals with a mix of essential professional skills and backgrounds, emphasizing expertise in quality care, needs planning, change management, community partnerships, and lived experience. This diverse composition ensures a comprehensive understanding of the various aspects of long-term care and facilitates informed decision-making.
- Regional boards can acknowledge the significance of involving communities and management at a local level. They should set up specific initiatives to genuinely connect with communities. These initiatives should aim to encourage collaboration, understanding, and responsiveness within smaller, more manageable regions. This approach ensures a more personalized and customized approach to long-term care, promoting community engagement and consideration of the distinct needs and dynamics of each region.
- Additionally, it will be imperative that Regional long-term care Governing Authorities respect linguistic communities of interest and acknowledge the autonomy of First Nations Communities. In so doing, the Authorities demonstrate a commitment to cultural sensitivity and inclusivity, recognizing the diverse linguistic and cultural landscape within their jurisdiction.

SD Response: Unable to accept at this time

The Department agrees that individuals governing the services provided on the long-term care continuum have the adequate knowledge and expertise to accurately represent the needs of the clients and residents.

Currently, a person who selects or appoints members to a board of directors of a nursing home that is operated on a non-profit basis shall attempt to ensure that the selection / appointment results in the composition of the board of directors of the nursing home that generally reflects the composition of the population of the area in which the nursing home is situated.

The Department is exploring opportunities to strengthen requirements related to board diversity, equity, and inclusion to ensure that governance structures are representative of the communities they serve and responsive to the evolving needs of residents. Due to ongoing analysis of board qualifications and training as new LTC legislation is developed, the Department is unable to accept this recommendation at this time.

SCORE: UNABLE TO ACCEPT AT THIS TIME

Advocate's Comments: While we will not withdraw the recommendation, we would be open to reviewing an alternate way to meet the goal of ensuring competent governance.

RECOMMENDATION 1.4

The Department of Social Development and Department of Health should launch a collaborative governance system that aligns healthcare and social services affecting long-term care. This process should be aimed at administrative barriers that may impede collaboration or impact individuals moving through the long-term care continuum, particularly for those that are medically discharged but still occupying a hospital bed (ALC patients). This should include collaboration with the Department of Finance and Treasury Board to harmonize working conditions and compensation for staff doing the same job in different types of care. The regulatory review should be done at the same time as the drafting of the *Long-Term Care Act*, with both statute and regulatory reform available to Cabinet through a Memorandum to Executive Council no later than Fall 2025.

SD Response: Unable to accept at this time

Removing silos so that clients and residents can move through an integrated system with ease is a priority for several ongoing projects and initiatives in the Department, however there are currently no action plans developed that meet the requirements as set out in the recommendation, therefore the recommendation has been rejected.

The digital transformation and creation of new systems, such as the CommunityCareNB which is a shared platform with partners such as the Department of Health, Extra Mural Program (EMP), and Ambulance New Brunswick (ANB) that is designed to enable collaboration and coordination with clients who have needs across service providers, both internal and external aligns with the recommendation. A Home Support Partner Portal (which is being piloted in the southwest zone of the province) will simplify and streamline system navigation. The objectives of the new system are

to reduce administrative burden, delays, and errors to enable focus on planning and supporting the people we serve. The Department is currently piloting the ability of service providers to access the portal with the goal of having client portal introduced in 2025 which will allow clients and caregivers (who wish) to communicate, and coordinate supports with department staff online.

These system changes and current ideas being explored in integrated care coordination workshops aim to promote a new way of working. A collaborative governance system is being reviewed as part of the development of new legislation along with the exploration of potential new provisions to allow appropriate information sharing so that services may be provided to the client in a more seamless manner throughout the continuum of care.

Part of this recommendation has already been accomplished. Wage parity between Resident Attendants in nursing homes and Patient Care Attendants in the Regional Health Authorities (RHAs) has been realized through the recent collective agreement between the New Brunswick Association of Nursing Homes and the New Brunswick Council of Nursing Home Unions.

Additional work is required to address wage differentials with other care professions in Adult Residential Facilities and home care.

SCORE: UNABLE TO ACCEPT AT THIS TIME

Advocate's Comments: While we will not withdraw the recommendation, we would be open to revisiting it if alternate approaches show an accountable and appropriate structure for encouraging integrated service delivery for seniors and vulnerable adults.

RECOMMENDATION 1.5

The new *Long-Term Care Act* should entrench the statutory rights of aging adults, fostering a comprehensive framework that will prioritize their well-being and autonomy as follows:

- To age at home where possible
- To have support in remaining independent, active, and maintaining social inclusion within their communities
- To enjoy access to educational, religious, cultural, and social activities
- To be treated with respect and dignity
- To receive timely access to health care
- To live in safe environments free of physical, mental, emotional, and financial abuse
- To have an effective and confidential system for reporting violations of their rights

- It should also entrench the rights of persons with disabilities within the disability support system and long-term care system as follows:
- To live in inclusive housing options which provide for their social, intellectual, and emotional inclusion in the community
- To receive full and timely access to health, educational, and vocational services
- To receive services such as supported decision-making and advocacy in a manner and forum which maximizes their independence
- To live independently and with autonomy to the greatest extent possible
- To enjoy access to educational, religious, cultural, and social activities
- To live in safe environments free of physical, mental, emotional abuse
- To have an effective and confidential system for reporting violations of their rights

SD Response: Alternative Solution

The Department accepts the underlying goal of this recommendation, that all elements set out as statutory rights in the above recommended framework to prioritize the well-being and autonomy of aging adults should be ensured via the design and authority structure of the new LTC legislation. The Department will therefore request that these rights, worded as recommended or amended as may be required, will be included when the new LTC and Disability Support Services (DSS) legislation is being developed.

The actual language used in the new legislation will be subject to the language that is proposed by government's legislative drafters and ultimately approved by the Legislative Assembly. An overarching theme of the proposed new LTC and DSS legislation will be person-centred care, especially when it comes to care planning and collaboration with clients. The best interest of each client must be at the center of care planning decisions to ensure that the care and services being provided are aligned with the needs and desired outcomes of the client.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: The Advocate appreciates that the outcome of the legislative process is not within the control of the department. As such, we accept the department's alternative of requesting that these rights are included. We would rate this as Significant Implementation pending the request being made and provided that the final bill provide clear statements of seniors' rights and connect to effective remedies if they are not met.

RECOMMENDATION 1.6

The Department of Social Development should, based upon the rights entrenched in statute, develop Key Performance Indicators (KPIs) for authorities to adopt and report on through a public dashboard annually. These KPIs should also be connected to the Social Outcome Targets used in the annual budgeting process, as discussed in Recommendation 8 made to the Executive Council Office and Department of Finance and Treasury Board earlier in this report.

SD Response: Accept

The Department accepts this recommendation. The development of key performance indicators (KPIs) will be integral to measuring the success of new LTC legislation.

Adoption and reporting these KPIs will be integral to the vision of greater accountability and transparency within the long-term care system. Through the CommunityCareNB (CCNB) system, the Department will be able to obtain feedback on satisfaction with services.

The following KPIs are currently being explored for consideration:

- Quality of life survey scores
- Satisfaction Scores (family / care circle), including client experience dimensions (access, empathy, respect of time, expectations, resolution, and voice) and feedback on satisfaction with services
- Canadian Institute for Health Information (CIHI) indicators
- Reduction in wait time for services, reduction of unnecessary emergency room visits
- Increase in seniors receiving home and community-based services. Reduction in unnecessary admission to facility-based care.
- Compliance targets and data
- Reduction in ALC clients in hospital

Although these targets are being strongly considered as KPIs, the new LTC legislative and regulatory framework could result in the development of additional or amended KPIs and could also speak to requirements respecting public reporting. Analysis of appropriate KPIs and public reporting requirement will be determined as part of the legislative development project and the Reimagine GNB initiative which is reviewing social outcome targets in LTC.

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments: The department's proposed actions seem positive in general terms, but it is unclear how the performance indicators address the rights or social outcome targets referenced in the recommendation. We understand that this may be further addressed in the drafting process and if so, would merit a higher score at that time.

RECOMMENDATION 1.7

The Department of Social Development should provide funding and support for the establishment of service delivery arrangements, including the use of social impact bonds, through partnerships with the non-profit sector at the regional level. This can be structured through the Non-Profit Sector Inquiry identified in Recommendation 9 made to the Executive Council Office and Department of Finance and Treasury Board earlier in this report.

SD Response: Accept

The Department accepts this recommendation and agrees that collaboration through partnerships with local non-profit agencies who have a vested interest in their communities are integral to creating better communities and outcomes for our seniors. Through the Social Supports website, 211 and the integration of 211 into Social Supports, community services are promoted and shared. The Department currently provides funding and support to establish service delivery arrangements to several community-based agencies such as:

- Ability NB for Senior Navigator Services
- Alzheimer Society for First Link Program
- Vision Loss Rehabilitation
- Canadian Red Cross for Health Equipment Loan program and Specialized Rehabilitation equipment Program

–
These arrangements will continue and will be expanded. As an example, the Nursing Home Without Walls program establishes alternative service delivery arrangements by providing funding for nursing homes. The program began in 2019 and has grown to include 27 nursing homes. Current targets are to expand the program to have 40 available sites by March 2026.

In addition, there are non-profit organizations providing services throughout the continuum of care through home support contracts, meals on wheels, community residences and nursing homes. Social Development values the contribution of these organizations.

The CommunityCareNB system is also being designed to enable care collaboration across multiple partners, including community partners. To meet the needs of our clients, we need to

think outside the box for how we deliver services. The development of new LTC legislation is not expected to exclude the possibility of the Province entering into social impact bonds; however, these arrangements require careful research and planning in order to be successful. The Department will conduct research into the feasibility of social impact bonds in order to better serve our clients and to better support the community-based non-profit sector.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: We consider this to be significant implementation as the work with regard to social impact bonds is in progress.

THEME 2 RECOMMENDATIONS: ACCOUNTABILITY

RECOMMENDATION 2.1

Budgets for inspections should be increased through a comprehensive per capita funding formula. Levels of staffing of the assessment and standards units should be sufficiently robust as to allow for regular and thorough inspections, including unannounced or 'spot' inspections. The Department of Social Development should undertake a cross-Canada review of best practices for educating and training reviewers.

SD Response: Alternative Solution

The Department accepts the underlying goal of this recommendation, to improve the inspection process but proposes an alternative approach to achieving the goal than that prescribed in the recommendation. This alternative approach is proposed due to ongoing analysis of this issue as new LTC legislation is developed and as the Department reviews recommendations made by Finance and Treasury Board (FTB) relating to nursing home inspections.

The Department collaborated with FTB to see what can be improved upon to ensure that the compliance and inspection process support the provision of high-quality care and services. As part of their analysis, FTB completed a small jurisdictional scan which the Department will expand through the LTC legislation project.

The Department's intended outcome from the FTB review is an increase in the capacity of our nursing home inspectors, ensuring the ability for follow up and support for improving outcomes. It is anticipated that the review may result in recommendations that will require additional funding;

the Department will discuss the feasibility of a per capita based funding model with FTB, and will increase funding as recommended by the review, following the conclusion of the Department's review.

The Department aims to implement the following changes:

- highlighting level of risk for each measure of compliance to assist operators to prioritize action plans;
- enhance instructions within the Liaison Officer inspection tool to ensure directions are clear for each criterion to foster alignment among inspectors;
- combining criteria which are evaluated within other criteria to minimize multiple non-compliances being issued for a comparable inspection item.

In addition to the work with FTB, the introduction of a digital inspection tool was launched to optimize the Department's and nursing home resources, reduce duplicate documents, and enhance the Department's ability to monitor inspection results across the NH sector, with the hope to provide data for analysis that will support and prioritize quality improvement initiatives to enhance overall resident care.

The Department has also introduced a new branch within the long-term care division which aims to support nursing homes with operational, infrastructure, governance and financial items. This initiative has allowed existing inspection staff to focus on clinical-related issues thereby greatly increasing their efficiency. Staffing needs, including facility staff and Departmental staff will also be included in the next nursing home bed plan.

Current inspections in nursing homes are unannounced (including "spot checks"), as is authorized under the *Nursing Homes Act*. One of the areas being studied as part of the new LTC legislative development project is the structure of a compliance framework across the entire continuum of care. The current compliance framework is inconsistent across the continuum due to fact that the compliance provisions in the *Nursing Homes Act* and the *Family Services Act* are structured differently. It is likely that the new legislative framework, once determined, will require a different funding model for compliance, as well as a new training model.

SCORE: NO ACTION TAKEN

Advocate's Comments: It is not entirely clear what alternative is actually being proposed here. The recommendation is to address a resourcing issue. The Department acknowledges that more resources are needed but does not provide concrete steps to address it.

The recommendation included a cross Canada review of best practices. The response proposes this is fulfilled by a jurisdictional scan they have already completed. However, the department was unable to provide a copy of the jurisdictional scan when requested which raises concerns as to whether it contributes to fulfilling the recommendation.

Part of the impetus for the recommendation is that while spot checks are intended to be unannounced, we regularly receive reports that this is not occurring in practice. We asked the department to speak to this discrepancy. They did not do so.

As such we cannot accept the proposed alternative without further action.

RECOMMENDATION 2.2

Public reporting standards should be updated. Standards should be the same for both for-profit and not-for-profit providers in all long-term care sectors.

SD Response: Accept

The Department accepts this recommendation and agrees that we need to continue to increase transparency and improve accountability of all service providers (regardless of funding model or ownership type) across the long-term care continuum. Currently, all our nursing homes, whether not-for-profit or for-profit are held to the same service standards; likewise, all special care homes (not-for-profit and for-profit) are held to the same service standards, appropriate to the level of care they are providing. All nursing homes, and all special care homes are inspected using the same respective process. Inspection reports can be found publicly posted [here](#) for nursing homes and [here](#) for special care homes. There is currently work underway for a public dashboard of nursing homes inspection results, with future plans to include other services on the care continuum.

The Department is currently reviewing our compliance framework applicable to all services and what those implications may be for a new LTC legislation. Including clear client / resident outcomes in service standard requirements and how to measure these outcomes will be integral to the success and quality of care and services being provided in addition to improved public reporting. The CommunityCareNB system increases transparency and enhanced analytics to identify performance and compliance issues for the Department's funded services.

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments: Reviewing the compliance framework with a view to updating reporting standards as recommended speaks to some progress toward implementing the recommendation. We note that part of the intent of the recommendation was to address the issue of reporting standards being enforced differently in practice. We asked the department to comment on this and they declined.

RECOMMENDATION 2.3

Both nursing homes and special care homes should be expected to have regular, publicly accessible, and standardized reporting on Key Performance Indicators. At least a third of those metrics should speak to patient experience and satisfaction, with opportunities for patients and their families to provide confidential feedback without fear of reprisal. A repository of both current and past reports should be online in an easily discoverable format. Historical reports and trends should be available, regardless of changes in ownership.

Reports should be built around Key Performance Indicators which are standard and clear. In general, accountability frameworks should be built around outcomes and results rather than processes – the Department should measure what was accomplished more so than how it was done. An example of a key performance indicator framework would be as follows:

- Target scores for client satisfaction with services
- Target impact scores for positive impact of services on health (including mental health, physical abilities), and quality of life
- Target scores for long-term care in-home clients reporting increased ability to live as independently as possible at home and involvement in the community
- The percentage of aging adults and adults with a disability who refuse services due to cost of co-payment (target: less than 10% annually)
- The percentage of adults with a disability under age 65 admitted to long-term care homes (target: less than 5% annually)
- Numbers of persons waiting for long-term care admission by region
- Length of long-term care stay, year over year
- Long-term care hours of care delivered per resident per day
- Use of anti-psychotic or sedating medications and a tracking of annual trends
- Number of adverse incidents per year and a tracking of annual trends

SD Response: Accept

The Department accepts this recommendation and KPIs being reported should be standardized and publicly accessible with an emphasis on client satisfaction. Nursing home residents are

currently monitored according to health and quality of life indicators accepted by the Canadian Institute for Health Information (CIHI) and developed by interRAI.

InterRAI is a collaborative network of researchers and practitioners from over 35 countries committed to improving care through the development and analysis of several instruments that measure health outcomes.

Currently, there are 9 long-term care quality indicators (QIs) that are reported in Your Health System, CIHI's public reporting initiative:

- Falls in the Last 30 Days in Long-Term Care
- Worsened Pressure Ulcer in Long-Term Care
- Potentially Inappropriate Use of Antipsychotics in Long-Term Care
- Restraint Use in Long-Term Care
- Improved Physical Functioning in Long-Term Care
- Worsened Physical Functioning in Long-term Care
- Worsened Depressed Mood in Long-Term Care
- Experiencing Pain in Long-Term Care
- Experiencing Worsened Pain in Long-Term Care

Your Health System is an interactive tool for use by both the general public and the health sector. It allows individuals to explore long-term care homes and hospitals based on 5 themes important to Canadians: access; quality of care; spending; health promotion; and disease prevention and health outcomes. This system is currently being used by the Department to track a variety of outcomes, including relevant drug usage data (as mentioned in recommendation 2.3) and the number of nursing home residents who could have been cared for at home. This data is accessible by the Department through CIHI, and can be viewed in a variety of ways, including by facility or by region. Consideration for using interRAI in other areas of the long-term care continuum is being considered as analysis is underway for new LTC legislation.

The Department continues to work on ways to leverage the use of the data collection through interRAI instruments, including how to collect major incident data.

Additionally, the newly digitized Nursing Home Waitlist has the capacity to monitor residents waiting for nursing home.

There is also a project currently underway to evaluate client satisfaction from SD Home Care users and the Extramural Program. The Department is currently assessing whether this model can be applied to other programs and services in the long-term care continuum.

Client satisfaction surveys, quality of life surveys such as the *Self-Reported Quality of Life* survey and *Quality of Life Caregiver* Survey are options the Department is exploring to ensure continuous

feedback mechanisms to engage and improve services. Many homes complete routine assessments regarding client satisfaction.

The CommunityCareNB system will also be able to support the Department in reporting on KPIs, as a plan to obtain, monitor, and report client experience (access, empathy, respect of time, expectations, resolution, and voice) is currently under development.

The Department is currently reviewing the compliance framework applicable to all services across the continuum of care and considering the implications for new LTC legislation. This analysis includes the potential requirements of service providers with respect to reporting, and how required reporting information could be appropriately shared with the public.

SCORE: NO ACTION TAKEN

Advocate's Comments: The intent of the recommendation was to ensure that accountability frameworks should be built around outcomes rather than processes. The sample KPIs in the recommendation all include results-based targets, linked to effective administrative action when they are not met. The metrics proposed by the department do not do this and thus do not reflect the governance standards set out in *How It All Broke*.

The metrics listed are more focused on medical outcomes than quality of life outcomes as recommended. This is concerning. There is more to long-term care than avoiding adverse medical incidents. We cannot credit this as an adequate response.

RECOMMENDATION 2.4

The Department of Social Development should contract an independent small-area variations study of procedures and outcomes every five years, with an emphasis on patient-focused measures such as use of medications and adverse incidents.

SD Response: Accept

The Department accepts the recommendation and agrees that the appropriate collection and analysis of data is critical to understanding bigger care quality issues, such as the inappropriate use of antipsychotics and variations in care quality outcomes across different regions of the province. Recently, the Department of Health and the Data, Analytics, and Research Unit of the Department of Social Development joined as a single team to serve the analytics and research needs of both departments. The main objective of having this consolidated, shared analytics

team is to access and analyze information across functions and systems, thereby allowing us to better serve our clients.

The LTC legislative development project will include research and analysis of an appropriate LTC-related data collection and sharing framework to facilitate independent research, such as the small area variation analysis recommended.

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments: It seems that by merging these teams the Departments are creating the conditions to gather the data they will need to address the recommendation. While still very preliminary this does indicate progress towards fulfilling the recommendation.

RECOMMENDATION 2.5

The *Long-Term Care Act* should include legislative protection for whistleblowers and establish an offence under the *Provincial Offences Procedures Act* for anyone who attempts to interfere with the complaints process through intimidation or reprisal, both real or perceived.

SD Response: Accept

The Department accepts this recommendation and agrees that it is imperative that our clients and residents feel safe and have a voice in determining the quality of care they receive while accessing our services. The Advocate raises an important issue about the power imbalance that can exist from being a resident in a facility.

Currently, the *Family Services Act* provides some protections for those who in good faith report suspected cases of abuse and neglect of an adult in the context of adult protection; however, these provisions require expansion such that they provide greater and more specific protections for reporting of significant care concerns within LTC facilities.

Through the development of new LTC legislation, those who report significant care concerns (“whistleblowers”) will be provided with greater and more specific protection in the new legislative framework.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: This is positive and pending the tabling of long-term care Legislation we would view this as Significant Implementation.

RECOMMENDATION 2.6

The Department of Social Development should develop and provide mandatory standardized training in effective governance and public accountability for authorities and boards of long-term care and special care homes. This should include both orientation training and continuing education. The Department should also develop provincial standards for the qualifications and continuing professional development of boards and CEOs of long-term care and special care homes.

SD Response: Accept

The Department accepts this recommendation and agrees that setting up board members for success, enabling transparency and understanding of board requirements and accountability related to LTC programs and services is essential to providing high quality care to our residents and clients. Requirements relating to orientation, training, and continuing education of board members will be included as an element within new LTC legislation which requires further analysis.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: This is positive and pending the tabling of long-term care Legislation we would view this as Significant Implementation.

RECOMMENDATION 2.7

Discharge procedures should be reviewed and automatic reviews of discharges by an independent office at the Department of Social Development should be entrenched in legislation. This should include a requirement to advise the Office of the Senior Advocate of discharges.

SD Response: Accept

The Department accepts this recommendation. There have been recent changes to the discharge procedure requirements in legislation, requiring 30 days' notice (increased from 15 days);

however, the Department agrees that there is still room to improve this procedure to ensure that discharge is truly a last resort and that all other options have been explored. There currently exists an internal review process within the Department, however improving this internal process as well as notifying the Office of the Child, Youth and Seniors' Advocate to review potential discharges could increase due diligence of operators during the discharge process. This is currently under review as part of the new LTC legislation project and will include a review of the appeal process, with the final framework to be determined. The Department will work closely with the Office of the Child, Youth and Seniors' Advocate while updating the discharge requirements.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: This is positive and pending the tabling of long-term care Legislation we would view this as Significant Implementation.

THEME 3 RECOMMENDATIONS: ASSESSMENT AND AFFORDABILITY

RECOMMENDATION 3.1

The Department of Social Development should decouple needs assessment from the contributions of service participants and departmental funding. The assessment of needs should be done at the regional level and establish the individual's needs and goals clearly before the government's financial support formula is applied by the provincial Department.

SD Response: Unable to accept at this time

The Department agrees with the underlying tenets of this recommendation but cannot currently accept without conducting a thorough analysis of resourcing impacts and associated structural changes that will be required to implement this recommendation.

SCORE: UNABLE TO ACCEPT AT THIS TIME

Advocate's Comments: While we will not withdraw the recommendation, we would be open to revisiting it in the future. We would urge the Department to find effective ways in all intake processes of identifying a client's needs first, on the record, to avoid assessments that limit assessment to what existing programs will fund rather than the actual needs of the client.

RECOMMENDATION 3.2

Disability service and income support legislation should be modernized to provide adequate and essential assistance for individuals with disabilities. The level of assistance should meet the following criteria:

- Enabling recipients to achieve optimal independence in employment
- Enabling recipients to receive housing and living support which meets their specific needs, allows easy access to accessible transportation, and allows them to live with safety and dignity
- Providing sufficient support to ensure full participation in the community

SD Response: Accept

The Department accepts this recommendation as we continue to work toward improving the lives of individuals with disabilities through both transformational initiatives and on-going continuous improvement efforts.

The Department has committed to designing a comprehensive, integrated, and person-centred Disability Support Services (DSS) Program to empower individuals living with a disability and their support networks to achieve their personal goals and enhance overall well-being. With a view to improving the overall experience and outcomes for individuals living with a disability and their support networks, the Department has embarked on transforming the way service and supports are delivered to this target population. We intend to move away from the current model of several programs with separate and distinct program applications, eligibility criteria, benefits and services, procedures, practices, and legislation, to one program and service delivery model with a *single* service pathway to disability-related services and financial support. Key features of will include:

- A streamlined application process and comprehensive assessment of needs.
- An inclusive, modern, and dynamic model of support underpinned by person-centred planning (PCP).
- A multi-disciplinary team approach to support Disability Support Service program users
- One primary worker / point of contact for each Disability Support Service user; this person is responsible for on-going case management and service coordination.
- Improvements to services for individuals with complex needs including, but not limited to the development of new adult residential facility models that provide enhanced care and interventions, and
- Expansion of technical aids and devices.

Approval of a new legislative framework will be required *prior* to implementation of the new DSS program given the current disability support programs for children, youth, adults and families

under three separate acts: *Family Services Act*, *Family Income Security Act*, and *Child & Youth Well-being Act*. A proposal will be brought forward for government approval with implementation to follow if approved.

In addition to the DSS transformation project and future legislation, development, there are a number of other projects and initiatives that are underway within the Department that will serve to move the needle on this recommendation, including the following:

Initiative / Activity	Actions / Deliverables	Lead Branch
Government Commitment – Explore Basic Income for individuals with a disability (GC-24-048)	<p>Milestones to be completed to inform Basic Income MEC:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Research, Jurisdictional Scan and Defining Scope <input type="checkbox"/> Consultations with Key Partners and Stakeholders Target Date: June 2025 <input type="checkbox"/> Developing Options for government considerations: Fall 2025 	Policy & Legislative Affairs Branch
Increase in social assistance	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> All recipients received an increase in monthly social assistance effective April 1, annually to match the Consumer Price Index (CPI) 	Homelessness & Income Support Branch
Regulatory Changes to <i>Family Income Security Act</i> (FISA)	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Amendment requested to exempt the Canada Disability Benefit from household income calculations effective July 1, 2025 <input type="checkbox"/> Approval is pending 	Policy & Legislative Affairs Branch
Government Commitment - Increase the Capacity of New Brunswickers with Social Assistance to participate in the Workforce (GC-24-047)	<ul style="list-style-type: none"> <input type="checkbox"/> SD is partnering with PETL to strengthen our relationship and provide job search supports to individuals looking for employment. 	Homelessness & Income Support Branch
Alternate Family Living Arrangement Program (AFLA)	<ul style="list-style-type: none"> <input type="checkbox"/> SD will examine the AFLA program to identify improvements. Target Date: April 2026 	Disability Support Services Branch
Housing First for Permanent Supportive Housing (GC-24-043 and Housing First GC-24-049)	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fostered an understanding of individuals in psychiatric units who identified as having no housing options following discharge, as revealed through the Point-in-Time Count <input type="checkbox"/> Preparing to implement service delivery models that provide client-centered, wraparound 	Families & Children Division

	<p>supports to promote housing stability for those with the most complex need requirements.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collaborating with Health to design alternative housing and support models that integrate clinical supports and address training needs to improve client outcomes 	
--	--	--

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate’s Comments: The actions and proposed actions are positive and address most of the elements of the recommendation. The elements of housing and enabling full participation in the community are addressed. It is not clear that the response fulfills the element of the recommendation around independence in employment and the Advocate will be urging that this be addressed in the course of the development of a new legislative framework.

RECOMMENDATION 3.3

A standard template for Personalized Aging Plans should be developed by the Department of Social Development to assist long-term care Authorities in supporting residents. Areas to be addressed should include a holistic approach to needs assessment that considers physical, mental, emotional, and social well-being. The Personalized Plan should consider not only medical requirements but also factors such as personal interests, cultural preferences, and the desire for independence.

SD Response: Accept

The Department accepts this recommendation. The Department has identified the need to review the current assessment tool used within the LTC program as part a larger senior care plan aiming to improve the client’s experience accessing the Department’s services. Using an evidence-based tool for assessments and care planning will enable care / service providers to have a person-centred approach to provision of care. A high-quality care plan is an excellent tool to ensure the interests, cultural preferences, values and goals of care are understood by the care team.

The CommunityCareNB system will also support a new generation of care planning once rolled out.

The Department is also in the early stages of developing a Care Coordination Initiative which will review will improve access for seniors to programs and services.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocates' Comments: Based on the definition of person-centred care provided in the response to 4.1 a person-centred tool meets the holistic approach outlined in the recommendation. Pending the completion of the actions described we would rate this as Significant Implementation.

RECOMMENDATION 3.4

The Department of Social Development should implement a single common assessment for individual contribution. The financial capacity of an individual to contribute should be a constant whether they are receiving home care, specialized care, or nursing home care. There should be no need to repeat the financial assessment process simply because the individual's needs have changed. The financial assessment tool should be designed with support from providers, social workers, community service organizations, and public policy experts.

SD Response: Alternative Solution

The Department has made some significant improvements to the financial assessment process in recent years that reduces burden on the client. The CRA assessment process has been implemented and reduces the burden for clients to continuously provide financial information. With this process, applicants provide their consent for Social Development to access their current Income Tax Reports, which are received in a digital application within an hour of the request in the system. Financial reassessments occur annually, or if there is a change in income, change in family situation, or if an individual changing from in-home to facility-based care. When a client consents to the CRA process, they are not required to provide the documentation on an ongoing basis for reassessments as this is collected directly from CRA. The Department will continue to promote this option as the preferred process.

The Department does not agree with having one formula to determine level of financial subsidization for in-home and facility-based care, therefore will continue to assess income related to these services differently, however work will continue to improve the assessments to better meet the needs of clients.

Changes were recently made to financial assessments with married or common-law couples where one person resides in facility, to reduce the financial burden on the person remaining at home. In January 2024, no couple should pay more than 40% of their household income to the

cost of facility-based care. Single clients continue to have 100% of their income assessed towards facility-based care, less their comfort and clothing allowance. The calculation of income is conducted in the same manner for all types of services. However, it is the determination of the amount of financial subsidy that differs based on the type of service a client is receiving, either in home services or facility-based placement.

Work is underway to improve the financial assessment for in-home services to improve affordability of the co-pay and incentivize staying at home versus facility-based care. In order to make home support more affordable, a significant investment will be required. An initial investment of \$10M was made in 2025—2026, however more will be required to get the have subsidization levels comparable to other jurisdictions and remove barriers to the program.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: The adoption of the CRA assessment process to reduce the burden for clients to provide financial information is in line with the intent of the recommendation. The recommendation did not call for a single formula for multiple forms of services, only that there be a single assessment. The response indicates that the department is amenable to this and has already implemented a process through the CRA assessment. The key is to reduce the repetition of financial information when needs change, but resources do not, which should save clients and the system significant unnecessary effort.

RECOMMENDATION 3.5

The Department of Social Development should develop a simplified assessment for families above the income level for subsidies to save time for families and preserve scarce human resources.

SD Response: Alternative Solution

The Department accepts the underlying goal of this recommendation, to simplify the assessment process for families above the income level for subsidies but proposes an alternative approach to achieving the goal than that prescribed in the recommendation. This alternative approach is proposed due to ongoing and completed initiatives in the Department, as listed below:

- The Department has streamlined the financial assessment process for individuals for the completion of the financial assistance for the Long-Term Care and Disability Support Programs by connecting directly with the Canada Revenue Agency (CRA) to verify client

income, with their consent. As of October 14, 2021, all applicants, and clients of LTC and DSP throughout the province have access to this process to collect their income tax information through CRA.

- The project reviewing the in-home financial assessment, the transparency and ease of administration are being considered in the development of a new assessment.
- Social Supports NB website has a tool available to help clients determine what, if any, level of subsidy they may be eligible for through the financial help calculator. By entering their income and answering some simple questions, an estimate of client contribution is provided to help in the decision-making process in accessing support through Social Development. Also, 211 operators are being trained to assist callers in using this tool, and partners have also been informed of its availability when supporting clients to access services.
- The CommunityCareNB system that is being rolled out in phases is designed to simplify and streamline processes to reduce duplication, reduce errors, improve collaboration and communication, reduce administrative burden for staff and service providers and 'time tax' on clients/applicants.

SCORE: FULL IMPLEMENTATION

Advocate's Comments: The actions described fulfil the intent of the recommendation.

RECOMMENDATION 3.6

The Department of Social Development should regulate the use of 'upcharges' by providers with a hard cap on daily charges across all sectors. This should begin by ensuring that the current rates of individual maximum contribution are enforced as hard caps across all parts of the long-term care continuum, including special care and memory-care homes.

SD Response: Alternative Solution

The Department accepts the underlying goal of this recommendation, defining what core services are, and what would be considered above those core services, but proposes an alternative approach to achieving the goal than that prescribed in the recommendation. This alternative approach is proposed due to ongoing analysis of the scope of services as new LTC legislation is developed.

The LTC legislative development project includes research and analysis pertaining to the funding and regulation of services across the continuum of care, with particular consideration of the issue of affordability. The current framework is inconsistent across the continuum due to the fact that

funding / financial support provisions in the *Nursing Homes Act* and the *Family Services Act* are structured differently. As part of the Department’s research and analysis, all aspects of any new funding model require study before a different framework for LTC legislation could be recommended. In addition to affordability, other considerations include alternative funding / contract options, wage costs, operational costs, analysis of services that are currently being upcharged, and the associated costs for these services.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate’s Comments: We accept that in order to place limits on upcharges the department must develop a standardized criteria for which services do or do not qualify as such. Provided this is addressed in the course of the development of long-term care legislation we accept the proposed alternative and would rate this as significant implementation pending the introduction of said legislation.

RECOMMENDATION 3.7

Within one year, the Department of Social Development should establish an independent and transparent review process (with opportunities for public input) for contribution formulas and daily rate caps at all points along the long-term care continuum. Advocates for aging adults, persons with a disability, families and clients, as well as providers should be heard as part of this independent review and recommendation process.

SD Response: Accept

The Department is currently in the process of developing new legislation focused on older adults. As part of this legislative initiative, a comprehensive review of affordability and client contributions across the long-term care continuum is already planned. This review will include stakeholder engagement and will ensure that the voices of aging adults, persons with disabilities, families, and care providers are heard and considered.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate’s Comments: Provided that it is independent and transparent, it is likely that the public consultations as part of the legislative drafting process would fulfill this recommendation

at least in part. We would view this as Significant implementation pending the completion of public consultations as part of the legislative drafting process.

RECOMMENDATION 3.8

Within one year, the Department of Social Development should establish a process to track the number of individuals refusing long-term care funding and their reasons for the refusal, including measuring refusals due to inability to afford the co-payment or lack of qualified human resources.

SD Response: Accept

The Department accepts this recommendation and agrees it is important to have an understanding of the number of individuals who refuse LTC funding and services, including their reasons for refusal, and to use this data to develop a more effective financial model for accessible and affordable LTC services across the continuum of care. Currently, through the new digital waitlist system, the Department can track the refusals of nursing home placement.

The Department is looking into how the CommunityCareNB system could support the tracking of refusals, including the reasons for such refusals.

SCORE: FULL IMPLEMENTATION

Advocate's Comments: This fulfils the recommendation, and as such is considered fully implemented. Validating documents show the tracking and is operational and ongoing. We have appreciated the Department's commitment to accurate and meaningful data in the past year.

RECOMMENDATION 3.9

The Department of Social Development should initiate forthwith a review of funding models between long-term care sectors to ensure equal capacity between providers to recruit and retrain skilled staff and to ensure flexibility of patient and staff movement throughout the continuum of care.

SD Response: Accept

The Department accepts this recommendation and agrees that recruitment and retention in the LTC sector is essential to quality of care across the continuum. As first mentioned in response to

Recommendation 3.6, the LTC legislative development project includes research and analysis pertaining to the funding and regulation of services across the continuum of care. As part of the Department’s research and analysis, all aspects of any new funding model require study before a different framework for LTC legislation could be recommended. These include wage costs, operational costs, and the promotion of increased training and skills across the LTC sector.

As part of the Aging with Dignity agreement with the federal government, \$7.7 million is being invested for the training of LTC staff. Part of this funding will go to:

- Needs assessment & training for nursing home staff: based on findings from the needs assessment, an agency has been contracted to provide the following:
 - Design and implement sustainable communicate of learning model for leaders in Nursing Homes
 - Launch of Monthly Learning Series for Nursing Home staff (content based on learning needs as assessed)
 - Leadership Courses (three separate streams)
 - Leadership Mentoring Support Program
- Needs assessment & training for special care home staff
- U!First training through Alzheimer’s society: provide training to an additional 1,400 front line staff (30% NH Staff, 70% Home Support and Memory Care Staff) and 200 friend and family caregivers per year, between 2025/26 -2027/28.

All of which aim to promote and enhance skills in the sector and improve outcomes of our clients and residents.

The Community Care Bed Model pilot project is to implement the initial transformation of a new Adult Residential Facility (ARF) model focused on improving the outcomes of clients, enhancing operational sustainability for operators, and improving overall client quality of life. This pilot project began in March 2025 and the pilot is ongoing. Through this project, the Department hopes to identify system transformation opportunities to address in the future.

In addition, the Department continues to collaborate with the Department of Post Secondary Education, Training and Labour regarding Personal Support Worker (PSW) certification, which ensures a minimum standard for training across the continuum of care.

SCORE: SOMEWHAT IMPLEMENTED

Advocate’s Comments: While the training and other items described in the response are positive in general terms, the intent of the recommendation concerns ensuring equity among providers capacity to recruit and train staff, not specifically the training programs themselves. This has been

a significant problem that is contributing to the lack of capacity in the system, as the sectors providing the least institutional care also have the greatest challenges in retaining staff. This creates perverse incentives that may make it harder for special care homes and home care providers to meet the need when a client’s situation worsens.

The recommendation involved an assessment of funding models to ensure equal capacity across sectors. The response indicates that this may be studied in the course of the development of LTC legislation but does not provide a clear commitment assessing this specific issue.

While the actions outlined may be preliminary steps necessary to address the recommendation, but it is not clear that the recommendation will be addressed beyond this.

THEME 4 RECOMMENDATIONS: PERSON-CENTRED CARE

RECOMMENDATION 4.1

The new *Long-Term Care Act* should establish, in its preamble, a clear definition of “person-centred care” with principles consistent with the criteria enumerated in this report and informed by the rights contained in the *United Nations Declaration on the Rights of Older Persons* and the *United Nations Convention on the Rights of Persons with Disabilities*

SD Response: Accept

The Department accepts this recommendation and will be incorporating a person-centred approach and definition in the new LTC legislation that is currently under development. Person-centred care will be an overarching theme of the legislation, and the elements of person-centred care will be strongly supported through the provisions of the legislation. The Department agrees that accessibility, education, awareness of what person-centred care is, will be integral in applying the approach consistently across the LTC continuum. The Department also agrees that the new LTC legislation must take into consideration the rights set out in the United Nations Declaration on the Rights of Older Persons and the United Nations Convention on the Rights of Persons with Disabilities. The current working definition for “person-centred care” for the proposed legislation is “a model of care that prioritizes the individual needs, preferences, and values of the person receiving care. This approach involves collaboration between service providers, clients/residents, and their loved ones to tailor services and support to the unique circumstances of each person”.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: This is positive and pending the tabling of long-term care Legislation we would view this as Significant Implementation.

RECOMMENDATION 4.2

The Department of Social Development should, in defining and reporting Key Performance Indicators, include measurable indicators of patient-centred results in the following areas:

- Structures and cultures which encourage assessment of the person's full spectrum of needs
- Presence of educational and recreational programs
- Presence of health promotion and prevention programs
- Workforce training and procedures consistent with PCCcentred
- Effective integration of health information technology to support PCC
- Feedback processes which cultivate communication
- Team accountability for respectful and compassionate care
- Patients engaged in managing their own care
- Access to timely and predictable care
- Patient-reported satisfaction and outcomes

SD Response: Accept

The Department accepts this recommendation. The use of measurable key performance indicators, including those listed in the recommendation above, will be supported within the new LTC legislative framework that is currently under development. The Department agrees that a strong focus on outcomes will be integral to the successful application of new legislation.

Preliminary elements being studied for inclusion in the development of a robust set of KPIs include:

- expanding client feedback mechanisms;
- expanding requirement for interRAI or Minimum Data Set (MDS); and
- requiring nursing homes to use Canadian Institute for Health Information (CIHI) data for outcome-based care planning.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: This is positive and pending the tabling of long-term care Legislation we would view this as Significant Implementation.

RECOMMENDATION 4.3

The Department of Social Development should develop, implement, and regulate mandatory training for Social Development and Extra-Mural Program social workers and hospital discharge planners to improve person-centred (and family-centred) planning and navigation of community supports and services.

SD Response: Alternative Solution

The Department agrees with the underlying goal of this recommendation, which is to increase awareness of person-centred planning and support for navigation of community supports and service, however, as the Department does not have authority over EMP and RHAs, we cannot accept this recommendation.

An alternative solution is proposed as there are initiatives underway that will support the outcome of this recommendation from the Department's perspective. The Department agrees that navigation through the system can be most effectively facilitated by those responsible for care planning, such as social workers and discharge planners. It is therefore extremely important that those professionals are fully aware of all programs and services available and have a strong understanding of person-centred care when assisting clients with decision-making and navigation.

Under the Aging with Dignity bilateral agreement with the federal government, the Care Coordination Initiative will aim to design and implement a Care Coordination approach within the LTC Program to improve client experience and align social workers' responsibilities to better align to their scope of practice. The initiative includes hiring 16 front line coordinators and 2 supervisors in the service delivery zones and 1 employee for central coordination. Additionally, new LTC legislation will present an opportunity to change approaches to education and increasing awareness of the new legislative framework, including person-centred care. This training will be provided to Departmental staff and will be shared with our partners as applicable. Any lessons learned and best practices that are adopted for the Department can be shared with EMP and RHAs.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: We accept the alternative proposed by the department on provided that the training is mandatory within the department. We would rate this as significant implementation at this time.

RECOMMENDATION 4.4

The Departments of Health and Social Development should develop and standardize personnel training in dementia and mental health care across the long-term care continuum.

SD Response: Accept

The Department accepts this recommendation and has several initiatives underway that will contribute to enhancing personnel training in dementia and mental health care.

There is currently a platform commitment led by the Department Health and supported by the Department that aims to “*Work with communities to develop and implement a strategy that better supports those living with Alzheimer’s and dementia*”. There are currently 14 action items / activities being suggested for implementation, including staff training. Details of this platform commitment and tracking of implementation can be found here: [Health care](#).

Some progress has been achieved with commitments under the Aging with Dignity (AWD) projects / initiatives as mentioned in response 3.9.

One of the initiatives through the AWD, will aim to train 660 front line staff, 120 informal caregivers by the end of March 2025, with more trained by March 2028. U!First is an evidence-based training program offered through the Alzheimer’s Society which aims to help individuals increase their knowledge and supportive approaches in caring for people with cognitive impairments.

The LTC legislative development project will provide an opportunity for analysis of existing resources providing high quality, evidence-based training, through groups like the Alzheimer's Society, Registered Nurses' Association of Ontario (RNAO) best practice, Health Standards Organization (HSO) courses and University programming, to name a few.

The Department will let their colleagues at the Department of Health and RHAs speak to specific requirements they have for training; however, the Department is aware that the Horizon Health Network has recently implemented required Health and Aging Program Standardized Orientation through their Health and Aging Units across the Horizon Network.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: It is not clear that the proposed actions fulfill the element of standardization contained in the recommendation, but the actions described otherwise fulfill the recommendation.

RECOMMENDATION 4.5

The Departments of Health and Social Development should develop and standardize key personnel training in neurodiverse-affirming practices for autistic adults in care across the long-term care continuum. Engaging with the post-secondary sector in realization of this recommendation is advised.

SD Response: Accept

The Department will take a similar approach to establishing training in neurodiverse-affirming practices for autistic adults as was set out in the response to Recommendation 4.4. That is, the Department intends to do an analysis of existing resources and will share such training with our partners as applicable.

The Department will also leverage its current work with the Department of Health to support training in neuro-diverse affirming practices for autistic adults, which is occurring through the disability support program.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: While a more detailed action plan would be helpful, the approach described is in keeping with the intent of the recommendation and the overall expectations for progress at this stage.

RECOMMENDATION 4.6

The Department of Social Development should develop and deliver a quality assurance survey to all long-term care program clients and their families every two years to evaluate client experience with the program, the impacts of the program, and to identify recommendations for continuous improvement, with regular public reporting of results.

SD Response: Accept

The Department accepts this recommendation. As work is being done for the proposed new LTC legislation, there will be a strong emphasis on data-driven decisions leading to policy change.

Obtaining and including client voice of experience at multiple points in the design and implementation journey and having a solid understanding of client priorities is at the forefront of the work being done by the Department's Chief Experience Officer.

The Department is actively working to enhance the client experience. During the summer of 2025, a new platform is being piloted to capture client feedback, specifically focused on screening and basic case management services. This pilot will assess the platform's scalability and its potential to support cross-program comparisons.

The client experience framework being explored includes three key feedback touchpoints:

1. Ongoing Client Experience

This channel will remain open continuously, allowing clients, applicants, and caregivers to provide anonymous feedback at any time. The survey will include 10–15 questions in both short and long formats to support continuous quality improvement, to identify where to focus efforts and to monitor changes over time.

2. Understanding to Design

Used prior to the development or implementation of new initiatives, this feedback mechanism will gather targeted input from clients, employees, and partners. The goal is to ensure that design decisions are informed by the needs and expectations of those impacted.

3. Evaluation of the Experience

During and after implementation of changes, this touchpoint will collect feedback to evaluate whether the changes have improved the client experience or introduced any unintended consequences. The target audience includes clients, employees, and partners.

The client experience questions are structured around these dimensions and have been inspired by [work underway](#) in New South Wales, Australia.

To ensure accessibility, several options are available:

- Respondents can receive assistance in completing the survey, for example Clients can call 211 to have their responses recorded by 211 staff.
- The first survey question identifies who is responding (e.g., client, advocate, substitute decision-maker, family member).

- Surveys are tested for accessibility and optimized for compatibility with screen readers and other assistive technologies.
- People can provide feedback on their own.

The new system to replace legacy systems, CommunityCareNB, will include a feature that solicits feedback and input directly from clients/caregivers. The first version of a ‘client portal’ will be available this Fall with enhancements including a mechanism to comment on services and experiences will be added over the following two years.

The new LTC legislative framework is considering setting requirements for service providers to obtain client input on a regular basis, the currently requirement being is explored is for facility-based care facilities to have a resident council which meets at a prescribed frequency or have another method for collecting feedback at a prescribed frequency, further analysis is required prior to finalizing this requirement.

Another avenue the Department is exploring is modeling the survey that is currently completed by the NB Health Council completes surveys every two years with clients of the Extra Mural Program and the Department receiving in-home care. The results are published publicly, [Aging at Home | New Brunswick Health Council](#). Through the senior care planning work undertaken by the Department, there is a desire have NB Health Council complete similar surveys with clients in facility-based care. Clients responding to the survey can be assisted by family / caregivers as needed.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate’s Comments: Pending completion of the described actions, we would rate this as Significant Implementation.

RECOMMENDATION 4.7

The current model of restrictive levels of care should be reviewed with an eye to developing a more flexible system of matching enumerated patient needs to home capacities. The Department of Social Development should implement a phased approach to transition LTC from a leveled system to a person-centred assessment and holistic model of care. This will provide much needed clarity for families, physicians, discharge planners, and social workers.

SD Response: Accept

These themes are important elements being studied as part of the new LTC legislative development projects. The final framework, once determined, will better support the goal of this recommendation. The *Family Services Act* currently requires clients with increased needs residing in a special care home obtain a Minister's Exemption to age in place.

Currently, the Department is taking steps to test this approach by completing a pilot to develop a Community Care Bed Model, which would allow services to be scaled up to meet client needs as they increase without transferring these clients from their current care environment.

Significant work has been done by the special care home sector to enable aging in place through the establishment of EMP Liaison Program.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: This is positive and pending the tabling of long-term care Legislation we would view this as Significant Implementation.

RECOMMENDATION 4.8

By May 2024, a costed plan should be presented to the Legislative Assembly to increase the hours of care in long-term care facilities to 4 hours a day by the 2025-26 fiscal year. Subsequent independent reviews of the prescribed hours of care by an external reviewer should commence in 2027 and continue every two years thereafter.

SD Response: Alternative Solution

The Department agrees with the underlying goal of the recommendation to increase the hours of care but must complete further analysis on appropriate skill mix in a person-centred model of care before hours of care increases can be properly costed. The platform commitment to "ensure all existing nursing home beds are accessible by filling staffing gaps by investing in wages for personal support workers and resident attendants *ultimately resulting in increased hours of care*" seeks to achieve this goal and is currently in the early phase of plan development with a current target of full implementation by 2030 (incremental increases per year starting in 2026), pending approval.

As part of the development of new LTC legislation, staffing requirements (direct hours, skill mix, etc.) are being closely reviewed. Since the Department's intention is to adopt a person-centred

approach to the provision of care services, the range of staff roles to be included in hours of care requires deeper analysis. The recommendation, as currently proposed, does not appear to contemplate the appropriate skill mix that this increase in hours of care might include. Allowing for flexibility in care planning and how service providers will meet those needs is crucial for the success of a flexible, person-centred model. For example, if a resident has identified that strong social connections are important to them, recreational therapy would need to be included as part of the daily care hours to meet the needs of the resident.

Completing this analysis will help inform the funding model that will be supported within the new LTC legislative framework.

The Department is engaged in discussions with other provinces and territories as many are facing the same challenge with respect to determining appropriate hours of care and skill mix ratios.

SCORE: NO ACTION TAKEN

Advocate's Comments: The proposal of an unspecified increase in hours of care by 2030 is not an acceptable alternative to the implementation of a 4-hour benchmark by 2026. As such, we must consider this effectively a rejection of the recommendation.

RECOMMENDATION 4.9

A clear, costed action plan, establishing hard targets each six months for reductions in the number of patients in Alternate Levels of Care, should be presented to the Legislative Assembly by June 2024.

SD Response: Alternative Solution

The Department continues to work on plans to reduce the number of alternate level of care (ALC) patients in hospital and over the past several years, projects / initiatives have been implemented to rapidly reduce the number of ALC patients; including the establishment of a working group between senior executive leaders of the Department, Health, Vitalité Health Network, Horizon Health Network, and Extra-Mural to share information and develop and implement actions to reduce ALC pressures.

The Department currently has several initiatives underway to address some of the *root causes* of high numbers of ALC patients in hospitals. The following list illustrates the projects / initiatives underway and the underlying issues each is meant to address:

- Affordability of in-home supports. Many clients are refusing or withdrawing from programs, this can lead to safety issues, caregiver burnout and more that potentially lead individuals to the ER and subsequently becoming ALC patients.
- Increasing bed capacity:
 - Opened 195 new nursing home beds in 2023
 - Opened 150 new nursing home beds in 2024
 - Opened 60 new nursing home beds to date in 2025, with another 60 scheduled in December 2025.
 - An additional 120 new nursing home beds will be opened in 2026.
 - A total of 407 beds were allocated from the 2018-2023 Nursing Home plan for Memory Care and Generalist Care. Out of the 407: 166 are memory care and 241 are generalist care. 289 beds are open, the remaining 118 are to open in 2025.
 - Development of the next Long-Term Care Bed Plan.
- Looking at various improvements to the assessment and nursing home admissions process to make it easier for ALC patients to move out of hospital into a long-term care facility.
 - Horizon Assessment Project – which aims to support assessment of all seniors in hospital, whether admitted or not
 - Health Card process improvement – decrease delays in placement
 - Reduce median time from initial contact to in-home services in place from 40 days to 21 calendar days
 - Improvements to public trustee process to decrease process time
- Regulatory and policy changes to the waitlist / admission process to ensure that individuals on the nursing home waitlist are prepared for admission and that ALC patients can be prioritized in appropriate circumstances are being worked on for Fall 2025.
- Addressing Nursing Home Vacancies
 - Working with individual nursing homes on various strategies to address staffing shortages and open vacant beds.
 - Participating in international recruitment missions in such markets as the Philippines, Belgium, France, Tunisia and Morocco. These efforts have resulted in 139 job offers to date in 2024.
 - The Department is also supporting retention of internationally recruited staff through the funding of a settlement support program
 - Total number of vacant beds across the nursing home sector has decreased from 347 in December 2023 to 248 in July 2024.
- 3G/3B beds – working to convert / open 3G/3B beds in areas that do not currently have that level of care
- Improved support for caregivers

- Nursing Homes Without Walls
- Respite Care
- Working with nursing homes to avoid unnecessary discharges (due to non-payments)

As high ALC patient numbers are an indicator of breakdowns along the continuum of care, a comprehensive senior care plan being developed by the Department aims to identify several initiatives that would address the pressures in the system as it focuses supporting seniors to remain at home, and ensuring seniors are being care for in the most appropriate setting for which they have been assessed preventing some hospital admissions.

SCORE: NO ACTION TAKEN

Advocate's Comments: The ALC crisis identified in the report is ongoing and has now come to a head. As discussed at some length in the report, ALC has pronounced negative impacts upon both those who are in the hospital unnecessarily due to a shortage of long-term care space and on those who need access to healthcare resources that are being diverted to ALC.

Indeed, in the course of drafting this report, it was announced that the province enacted emergency measures to address the ALC crisis which likely could have been avoided had the department fulfilled the recommendation as written on the timeline recommended. They did not do that.

The intent of the recommendation is to ensure a coherent plan is in place to address this crisis. The response does not indicate any such plan. Further, the element of hard targets is to ensure an accountability mechanism for addressing this crisis that is input agnostic. The approach outlined here is reflective of several of the governance flaws outlined in the initial report.

While the actions taken are improvements in a strict sense, they do not reflect the urgency or the scale of the issue. As such, we cannot accept the alternative proposed.

Additionally, while human resourcing issues are addressed elsewhere, we note with some concern that the response references international recruiting efforts but does not speak to issues raised in the report with regard to having adequate structures in place so that international recruits do not face regulatory barriers upon arrival.

RECOMMENDATION 4.10

The Departments of Health and Social Development should forthwith produce service standards for patients currently in Alternate Level of Care, setting out what are acceptable standards for hours of care, patient experience, and responsiveness to patient needs.

SD Response: Reject

As the Department of Health has the authority over the RHAs, the Department is not able to accept the recommendations made about service standards for acute care settings. Vitalité has implemented a senior friendly initiative for hospitals that the Department supports expanding across both RHAs. The Department would also support the Department of Health and RHAs in their development of such standards and would share any applicable standards, policies or evidence-based strategies to ensure senior care needs are being met while in hospital.

SCORE: NO ACTION TAKEN

Advocate's Comments: While the Advocate has and will continue to raise this issue with the Department of Health, the lack of governmental action remains a concern. It is somewhat indicative of the problem that, for patients in transition between the two systems, that the Departments involved could not collaborate on a response to this recommendation but simply redirected the answer.

RECOMMENDATION 4.11

The Departments of Social Development and Health should collaborate with regional health and long-term care authorities to establish standards and pilots for “Social Geriatrics” offices to surround family doctors with other community resources and agencies to allow them to support families in aging at home and assist hospital discharge planners to connect patients with services in their community.

SD Response: Reject

Increasing awareness of community-based programs that support aging at home to avoid admission to more institutionalized options is a priority for the Department in its development of a senior care plan.

The Department is also engaged with the NB Medical Society, health care assessors and discharge planners, to increase their awareness of community supports for seniors aging at home while supported by families.

With the CommunityCareNB system, it will be easier for Departmental staff to be aware of the available supports and services provided in the province, matching the geography and language

to the clients needs and preferences. Services providers will be able to collaborate through CommunityCareNB via digital requisitions.

211 currently provides 24/7 navigation supports to New Brunswickers. 211 staff have received customized training regarding supports for older adults. 211 chat support was recently launched within www.socialsupportsnb.ca and www.nb211.ca has a publicly available resource data base accessible to the public.

SCORE: REJECTED

Advocate's Comments: The Advocate continues to believe that there are inadequate mechanisms to leverage community supports in order to extend the time seniors can stay in their homes. The sustained poor results in reducing the number of seniors waiting in hospitals, and the negative impacts it has on the health care system, should lead the Department to more aggressive and creative policy actions than have been reported, and it remains one of the more significant failings in otherwise positive responses.

RECOMMENDATION 4.12

The Departments of Social Development and Health should collaborate with the Department of Government Services to create standards for future development of nursing homes and special care homes which deinstitutionalize long-term care in favour of smaller, less institutional; more residential-style spaces. Attention should be paid to emerging best practices in memory and dementia care, which suggests that spaces that place residents in settings familiar from their younger days will improve quality of life and reduce negative incidents. Quebec's version of the Green House Project model should be considered as a template.

SD Response: Accept

The Department accepts this recommendation and as part of the new LTC legislative development project, research, and analysis on potential future LTC infrastructure design will be completed. This research will include LTC facility design from jurisdictions in and outside Canada and will also include a review of smaller home models. Recommended design standards for new LTC infrastructure, once determined, will be supported by the new LTC legislative framework. The recommendation has been implemented for new Nursing Homes procured by the Department, more specifically the *Space and Design Requirements* that highlight the importance of moving "away from the institutional model" to allow "developers to design a facility or facilities that ultimately ensure privacy, dignity, and the autonomy for Residents in a home-like setting as well as fostering community integration."

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: This is positive and pending the tabling of long-term care Legislation we would view this as Significant Implementation.

THEME 5 RECOMMENDATIONS: A LONG-TERM HUMAN RESOURCE PLAN

RECOMMENDATION 5.1

By the Spring of 2025, the Departments of Post-Secondary Education, Training and Labour, Health, Social Development, and Education and Early Childhood Development should convene a Training Summit with post-secondary institutions and professional associations in the areas of numerous health professions including doctors, nurses, psychologists, care workers, and other scarce professions. The Departments of Health and Social Development should be prepared with projections of actual staffing needs to meet clear care standards. The goal of the summit should be to establish, by Fall 2025, a costed model of expansion of New Brunswick's training capacity for consideration in the 2025- 26 Budget process.

SD Response: Reject

The Department is committed to a collaborative approach to planning for the future workforce needs of the LTC sector.

As part of the LTC legislation development project, research and analysis will be conducted to project the future staffing requirements to meet standards of care within the new legislative framework. The Department is reviewing best practices and evidence to support various staffing requirements to meet the care needs of our clients. The shared SD / Health analytics team will assist with that analysis, including projections to understand what the current and future needs will be. The Department will also continue to collaborate with the NBANH and Special Care Home Association as they also review staffing projections for the future.

In addition to projections for staffing *facility-based* care, the Department will also explore projections for *in home* support staffing as the Department continues to encourage and promote access to these services.

The Talent Recruitment Division (TRD) continues to work collaboratively with staff at the Department, and other partners to monitor the supply and demand of the health and long-term care workforce and identifying trends and developing and implementing retention and recruitment strategies for health care professionals. Due to its on-going success, the Division has been granted an expanded mandate, which a recruitment specialist from the Department's Operational Excellence Branch as responsible to further assist and support the NBANH. The Division will continue to work very closely in utilizing the support and expertise of staff at the Department of Post Secondary Education, Training and Labour within the Immigration NB Division.

SCORE: REJECTED

Advocate's Comments: The convening of a training summit would not have been particularly difficult for the department and the Department did not provide justification for their refusal to do so. As such we must express our disappointment at the rejection of this recommendation. The melding of training plans and needs planning is a key part of *How It All Broke*, and the resistance to such a simple step is mystifying to us.

RECOMMENDATION 5.2

The Departments of Health, Social Development, and the New Brunswick Community College system should collaborate on a plan to raise the skills and compensation levels of skilled care workers in long-term care. Skills profiles should be developed for home care workers, personal support workers, and staff for nursing and special care homes which take into account the holistic needs of aging adults and adults with a disability. An enhanced model to train and certify these workers should be developed through NBCC and CCNB, and the Departments should develop a Quality Improvement Funding Support Program to assist providers in paying a wage to skilled care workers at a level which will retain workers in the sector (\$22-24/hour). Special attention should be paid to the desired expansion of the home care sector and the need for more diverse skill sets, including increased demands for dementia care and neurodivergence affirming care for individuals on the Autism Spectrum.

SD Response: Alternative Solution

The Department agrees with the underlying goal of this recommendation: to increase staffing standards and to encourage competitive compensation to attract workers to LTC sector. A study of longer-term staffing requirements and skill profiles is being conducted as part of the LTC

legislative development project. The Department will be reviewing the staffing requirements according to quality-of-care standards, including those relating to skill, specialization, certification etc.

Certification for Personal Support Workers and Human Service Counsellors was implemented by PETL with the support and direction of the Human Services Coalition. The Department was also an active partner in this work and continues to remain involved in promoting and reviewing the program. The Department is currently exploring ways to access funding to help with PSW wage increases.

There are several initiatives underway that are aligned with the recommendation:

- Aging with Dignity bilateral agreement with the federal government:
 - U!First Training - Alzheimer's: provide training to an additional 1,400 front line staff (30% NH Staff, 70% Home Support and Memory Care Staff) and 200 friend and family caregivers per year, between 2025/26 -2027/28.
 - Pallium Canada – Palliative Training to provide essential competencies for palliative care.
 - Training and needs assessment of the non-profit nursing home sector in New Brunswick. This project considered all employee designations within the nursing home including management and front-line staff within all departments. 15 Key Findings through a needs assessment with a proposed 4-year plan to significantly reduce training gap.
 - Training and needs assessment for special care home staff.
- In addition to the AWD projects, through the regular budget processes, the Department is looking at wage increases and funding for training.

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments: While this addresses some elements of the recommendation, it is largely a restatement of the status quo. The Department's characterization of the intent of the recommendation does not fully capture its substance, which is to engage in long-term thinking about system needs and to rethink training and specialization in LTC employees. As with the previous response, this is timid thinking in an area which has been seen as critical for system success.

RECOMMENDATION 5.3

The Department of Social Development should collaborate with providers on a Quality Workforce Initiative, which will focus on the recruitment, retention, and job satisfaction of long-term care professionals. This should include developing career progression paths, continuing professional development, appropriate mental health support, and human resources feedback mechanisms. It should include a component to ensure the continuing professional development of facility managers.

SD Response: Accept

The Department accepts this recommendation. The Department will continue to work with the Talent Recruitment Division as they focus on recruitment. The Department will also continue to work with partners (PETL, DH) for programs like Step up to Nursing (career progression paths).

The Department is also currently funding settlement support for non-profit nursing homes as they work with the Talent Division to recruit internationally trained health care workers to assist with retention of new workers.

The Department is now providing funding to NBANH for a Wellness Coordinator. This position was established to help nursing homes reduce workplace burnout and stress within the workforce.

In addition to the project / initiative currently underway as listed in the response to recommendation 5.1, ongoing analysis of these issues will be completed as new LTC legislation is developed, including a review of job satisfaction, healthy workplaces, feedback mechanisms, as well as the discussion and analysis of a shared services governance model that would support homes in their efforts to retain and recruit staff.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: The department's response is in line with the collaborative approach outlined in the recommendation. They have provided supplementary material showing tracking of human resource feedback mechanisms. The response is generally positive and is scored as significant implementation pending the above noted development of LTC legislation.

RECOMMENDATION 5.4

Training programs, professional development, and the provincial human resources plan should pay particular attention to promising practices in supporting aging at home, including a focus on community paramedicine.

SD Response: Accept

The Department accepts this recommendation and supports leveraging practices that encourage and enable individuals to age at home. Many initiatives underway under the umbrella of the [Integration of Community Care Systems](#) through the AWD bilateral agreement, including the Care Coordination Initiative.

The following initiatives have been undertaken under this priority area since 2017-18 and will continue to be improved and expanded by investing approximately \$1.0M in federal funding annually between 2023-24 and 2026-27:

- Introduction of Advanced Care Paramedics
- Introduction of a Dedicated Patient Transfer Unit System
- Implementation of EMP Clinical Practice Leadership Structure
- Adoption of EM/ANB Quality and Safety Framework
- Establishment of EMP Liaison Program
- Launch of EM/ANB Paramedics Providing Palliative Care at Home
- Vaccinations provided in home and adult residential facilities by EM/ANB staff
- Launch of the Pre-Hospital Alternative Low-Risk Triage (Pre-ALRT) protocol
- Launch of the Model of Care for Vulnerable Patients with Complex Needs
- Implementation of nurse practitioners within the Extra-Mural Program interdisciplinary team
- Transition beds/ ALC initiatives

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: The recommendation is broad in scope and the items outlined address its intent at least in part. While positive in general terms, there is some concern that reliance on a modest expansion of already existing programs may not be sufficient.

RECOMMENDATION 5.5

The Department of Health should ensure a final, integrated report on the projects funded by the Healthy Seniors Pilot Project, with determinations as to scalability. A similar program should be relaunched with a focus on aging at home, with a particular focus on supporting multidisciplinary delivery models and social inclusion of aging adults and adults with a disability.

SD Response: Not Applicable

Advocate's Notes: This recommendation was directed to the department of health and will be addressed elsewhere.

THEME 6 RECOMMENDATIONS: REMOVING DISINCENTIVES TO AGING IN PLACE

RECOMMENDATION 6.1

The Department of Social Development should modernize the long-term care services income testing policies to meet the following policy goals:

- Co-payments which make aging at home accessible and are set in consideration of long-term benefits to government of avoiding institutional care as long as possible
- Realistic and evidence-based consideration of disability and health expenses
- Acceptable targets for the timeframe for financial reviews
- Minimization and gradual elimination of involuntary separation requirements

SD Response: Accept

The Department agrees with the underlying goal of this recommendation: to ensure financial requirements are realistic and take into consideration current day costs, build in reviews to ensure requirements stay current and to promote safely aging at home. The Department is currently working on a senior care plan that will aim to address affordability. Ongoing analysis of the affordability issue is underway as new LTC legislation is developed and as the Department is currently reviewing the financial assessment process. Upon approval of a senior care plan, a detailed action plan will be submitted to the Advocate's office. Encouragingly, the Department

received an additional \$10 million in the 2025-26 budget as a first step to help make home support services more affordable.

There will be considerable additional research and analysis on this topic as part of the LTC legislative development project. New funding models, once finalized, will be supported by the new legislative framework.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: This is positive and pending the tabling of long-term care Legislation we would view this as Significant Implementation.

RECOMMENDATION 6.2

In light of changes to the housing market and inflationary pressures, the Department of Social Development should increase NB Housing assistance program threshold for supporting home modifications from \$175,000 to \$350,000. Service standards should be established to ensure a maximum request processing time of 90 days.

SD Response: Alternative Solution

The *Homeowner Repair Programs* are funded and delivered through Housing New Brunswick (HNB). In 2024, HNB updated the House Threshold Value from \$175,000 to \$275,000 and continues to identify program efficiencies. The Department is rejecting this recommendation as further discussion, collaboration and analysis is required.

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments: We accept the alternative proposed. That said, while this increase in threshold value is positive, we would urge the adoption of market driven criteria rather than arbitrary thresholds.

RECOMMENDATION 6.3

The Department of Social Development should ensure that the long-term care program allows for flexible individualized benefits including:

- Transportation costs (e.g., mileage for workers, bus passes) to medical appointments, recreation, and social connections
- Technical aids not covered under programs for low-income seniors to help reduce the hands-on care needed by seniors and to support independent living.

The Nova Scotia Continuing Care program should be used as a guide:

1. Grab bars
2. Lift chairs
3. Mobility scooters
4. Reachers
5. Adapted cooking and eating devices

SD Response: Accept

The Department accepts this recommendation and is currently exploring options that will encourage flexibility in spending when it comes to resources that would promote aging at home and aging in place. The Department currently has delegated an increased spending approval to social workers to further enable flexibility with the provision of resources and services. The Department's Health Card Program also provides coverage to eligible clients to support them with their activities of daily living and enable them to live and be cared for safely.

The Department currently funds the Canadian Red Cross to administer the [Health Equipment Loan Program](#) and the Specialized Rehabilitation Equipment Program and has worked with the agency to improve the accessibility of equipment to individuals not eligible for a health card to free equipment. The Canadian Red Cross offers 2 equipment loan programs:

- The Health Equipment Loan Program (HELP) loans mobility & bathroom aids at no cost. Equipment such as wheelchairs, walkers, shower chairs, tub transfer benches, commodes and raised toilet seats, crutches, canes, and others are available through this program.
- The Senior Rehabilitative Equipment Program (SREP) provides customized mobility and bathroom aids at no cost to eligible New Brunswick seniors who do not have a Department of Social Development health card and are in a private home, apartment, Special Care Home, or Adult Residential Facility.

The Department will continue to seek opportunities to improve these programs.

The Care Coordination Initiative is another initiative underway which will provide assistance with navigating the system, while taking a person-centred view of needs assessment and care coordination, including access to existing equipment programs.

Further analysis will be done to review innovation and best practices that support aging at home and aging in place as work is underway for the LTC legislation project.

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments: While the programs described largely fulfill the intent of the recommendation, there is an over-reliance on status quo programs which does not seem to match the obvious and accepted urgency of the growing ALC list. The true spirit of the recommendation is for a government-wide look at the financial impacts of the growing ALC list and a consideration of options that might be more intensive investments up front but may save money and improve quality of life by more aggressively addressing the root cause of the problem. This is a list of meritorious programs that are still not, on the evidence we have, meeting the moment.

RECOMMENDATION 6.4

The Department of Social Development should review its manuals for social workers and front-line staff to allow for more use of global, per-service user budgets and decentralized authority for front-line staff to approve supports that encourage aging at home. Standardized cost-benefit analyses which consider the cost of denying, as well as granting, requests should be developed to guide front-line staff.

SD Response: Accept

The Department accepts this recommendation and agrees that manuals and standards should be reviewed for social workers and front-line staff. Increasing staff autonomy to use critical thinking and clinical judgement are key factors in providing person-centred care that considers the bigger picture, factoring in the cost of denying services or resources. The Department currently has increased the spending approval of social workers to further enable flexibility with the provision of resources and services.

A detailed analysis of service provision models will be completed as part of the LTC legislative development project. The Department also intends to explore options to allow for flexible case management while ensuring consistency of service / resource delivery across the province.

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments: Supporting documents show and increase in spending approvals but the formula provided is also based on hours of care; it is unclear that increasing spending approvals without increasing approvals in increases of hours amounts to a real increase in spending approval. While this could be addressed as part of the long-term care legislative development project, manuals and standards do not require statutory changes and it is a source of concern that there may be an overreliance on that process.

RECOMMENDATION 6.5

The Department of Social Development should fund Long-Term Care Authorities to engage Community Inclusion Coordinators. By working at the local level, these coordinators will enhance people's ability to age in place while staying socially connected by supporting service and housing navigation for aging adults and adults with a disability.

SD Response: Reject

The Department is currently launching a Care Coordination Initiative, which will provide assistance with navigating the system, while taking a person view of needs assessment and care coordination. In addition to the Care Coordination Initiative, detailed analysis of service provision models will be completed as part of the LTC legislative development project.

SCORE: REJECTED

Advocate's Comments: The reasons for our recommendations are explained at length in the initial report. Where the department has rejected a recommendation, we invite the Legislative Assembly to consider those reasons and determine whether they view the rejections as appropriate in that context.

RECOMMENDATION 6.6

A Non-Profit Partnership Secretariat should be established within the Department of Social Development to support long-term care authorities in developing partnerships with non-profit providers to improve the aging at home experience and to expand the capacities of special care

homes and long-term care homes to provide for the social, emotional and recreational needs of patients. The Secretariat should also be empowered to develop province-wide agreements with provincial non-profit organizations for standardized service across regions. This should be linked to Recommendation 9 made to the Executive Council Office and the Department of Finance and Treasury Board.

SD Response: Reject

The Department acknowledges there is an important role for community-based and provincial non-profit organizations to improve the aging at home experience and to expand the capacities of special care homes and long-term care homes to provide for the social, emotional, and recreational needs of clients.

At this time, the Department will be continuing to focus on existing initiatives such as the NHWW program, which leverages existing non-profit agencies in community for the provision of social, emotional, and recreational needs of individuals. NHWW is currently expanding and has promising potential future application across a variety of programs and services.

Partnerships such as those suggested in this recommendation are currently permitted under the authority of the Minister of Social Development. As part of the LTC legislative development project, provisions related to contract arrangement and partnerships will be reviewed. Any new types of arrangements would be determined as part of that project.

SCORE: REJECTED

Advocate's Comments: The reasons for our recommendations are explained at length in the initial report. Where the department has rejected a recommendation, we invite the Legislative Assembly to consider those reasons and determine whether they view the rejections as appropriate in that context.

RECOMMENDATION 6.7

The Departments of Health and Social Development should ensure that the Nursing Home Without Walls program is expanded and even better defined. Flexible standards for allowing care homes to assume responsibility for individual support and programming while using the home as a de facto bed within the home should be developed to ensure quality of care and efficient use of vital positions such as Registered Nurses, paramedics, rehabilitation specialists, and recreation specialists.

SD Response: Accept

The Department accepts this recommendation and through the NHWW program and the bilateral agreement with the federal government, the Department will continue to expand the NHWW program in addition to the other elements being explored through AWD such as the initiatives under the “[Integration of Community Care Systems](#)” and the “Community and Home Care Support System” pillars.

A government commitment was made to expand NHWW to all nursing homes by March 2029. The Department is currently in Phase 3 of expansion, with a goal of 40 total sites by 2026.

SCORE: SOMEWHAT IMPLEMENTED

Advocate’s Comments: The main substance of the recommendation is to expand the program which the department has committed to doing here, however, other elements of the recommendation do not appear to be addressed.

RECOMMENDATION 6.8

By January 2025, the Department of Social Development should develop an enhanced provincial plan for wage replacement and respite care for family members and designated caregivers who are supporting a loved one aging at home and should establish a system of key performance indicators to track and ensure that the supports are sufficient to foster and to increase the participation of families and designated caregivers.

SD Response: Accept

Through the senior care plan development undertaken by the Department, support to caregivers was an important theme and had identified solutions to support these individuals in their role, informal caregiver support is a key pillar of the senior care plan currently in development. The Department is currently exploring ways to empower informal caregivers, through access to resources (Aging in NB guide, 211, SocialSupportsNB, etc.), education and funding.

An initial step to this was providing dementia training to informal caregivers through the Alzheimer Society and is funded through the AWD bilateral federal funding agreement.

There is also a government commitment to provide recognition of informal caregivers via a monthly caregiver benefit. The action plan for this commitment is currently in development.

Additionally, the LTC legislative development project will include analysis as to how family and friend caregivers can best be recognized and supported within a new LTC legislative framework.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: This is positive and pending the tabling of long-term care Legislation we would view this as Significant Implementation.

RECOMMENDATION 6.9

The Department of Social Development, through supporting long-term care Authorities, should establish a provincial caregiver's network with a focus on inperson and online support with a focus on emotional support and navigations of services and benefits.

SD Response: Alternative Solution

The Department accepts this recommendation and will participate in the culture shift required to ensure that aging NB residents are cared for by family and friend caregivers, if appropriate. Many informal caregivers do not even identify as caregivers, an essential step to ensuring support is available is to recognize informal caregivers by including them on the care continuum.

Through the development of a senior care plan and new LTC legislation, the Department will be exploring additional supports and resources available to caregivers as this was an important theme identified through literature reviews, consultations and feedback from partners and stakeholders.

A platform commitment was made to implement a caregiver benefit, through the development of an action plan to roll out this benefit, special consideration will be made for establishing the suggested network, including leveraging established resources such as SocialSupportsNB, and Nursing Homes Without Walls.

Currently, Social Development has continued to support the Healthy Senior Pilot Project led by NBCC that offers *Senior Navigator* workshops to caregivers along with respite services to seniors through an experiential learning program offered at the college.

As part of the LTC legislative development project, the Department will be reviewing and recommending improvements to supports available to friend and family caregivers. These improvements, once determined, would be supported within the new legislative framework.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: This is positive and pending the tabling of long-term care Legislation we would view this as Significant Implementation.

THEME 7 RECOMMENDATIONS: PLANNING FOR DIVERSITY

RECOMMENDATION 7.1

By January 2025, the Department of Social Development should release a plan to transition all adults with a disability who are under the age of 65 out of special care home or long-term care placement and into small, supported living options (ideally 2-3 individuals per housing option).

SD Response: Reject

As the Department continues work to review legislation applicable to LTC and disability support services, the process by which individual needs are identified and matched with supports is being carefully reviewed. With the application of a person-centred approach in our processes, individuals should be matched to the most appropriate supports within the least institutionalized option. As part of its legislative development projects, the Department is reviewing alternative models of LTC and DSS infrastructure. Should there be a feasible model to support adults with a disability living in community, the Department prioritizes exploring that option and possibly implementing it. With the development and implementation of a person-centred approach in new legislation, there will be greater focus and measurement of compliance as it relates to care planning, and ensuring individuals are being supported and cared for based on their needs and goals, including various goals of independence.

However, it is anticipated that due to the nature of their needs, some adults under the age of 65 may continue to reside in special care home or nursing home. These should be approached on a case-by-case basis to ensure that the individual's choice, best interests and ensuring their needs are safely met.

SCORE: REJECTED

Advocate's Comments: The reasons for our recommendations are explained at length in the initial report. Where the department has rejected a recommendation, we invite the Legislative Assembly to consider those reasons and determine whether they view the rejections as appropriate in that context. The Advocate continues to believe that the housing of younger adults with disabilities in institutions like nursing homes is a practice which is unacceptable and should be subject to a plan to phase it out.

RECOMMENDATION 7.2

By January 2025, the Department of Social Development should commission an external review on the adequacy of long-term care services for neurodiverse adults.

SD Response: Accept

The Department accepts this recommendation and agrees that this a good approach as we plan for the needs of our current and future clients. The Department plans on leveraging the existing partnerships of the Child and Youth Team in order to execute the review. The Department also plans on including advocacy groups representing neurodiverse adults such as the Neurodivergent Collective of NB / Collectif neurodivergent du N.-B. as LTC legislation is being developed. The Departments aim would be to conduct the review in tandem with the development of the senior care plan and LTC legislation between 2026-2027.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: This is positive and pending the tabling of long-term care Legislation we would view this as Significant Implementation.

RECOMMENDATION 7.3

The Department of Social Development should partner with groups such as the New Brunswick Multicultural Association to consult and develop a profile of future users of long-term care. This study should look at cultural attitudes and service needs of growing newcomer communities within New Brunswick. An ongoing professional development curriculum for boards, managers, and staff should evolve from this process, as should standing guidelines and measurements for inclusivity of all types of long-term care.

SD Response: Accept

The Department agrees with the recommendation and will ensure it is included for analysis in the LTC legislation development process through consultation with various stakeholder groups, including the New Brunswick Multicultural Association as recommended by the Advocate. An overarching theme of the legislation will be a person-centred approach, which is crucial to high quality care planning and service delivery.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: This is positive, pending the tabling of long-term care Legislation we would view this as Significant Implementation.

RECOMMENDATION 7.4

The Department of Social Development should work with training institutions and programs, and review their own training processes, to ensure that capacity for cross-cultural communication exists throughout the public service and in any future human resources plan.

SD Response: Accept

The Department regularly reviews the training curriculum and guiding policies with a lens of cultural competency. Collaboration with program areas, diverse communities as well as cultural organizations, aid in informing the competencies and cultural insights that reflect the nuances of a multicultural province. By integrating these components, the Department helps to equip employees with the skills needed to engage in meaningful and respectful practices.

The Department is clarifying that new actions have been undertaken in response to the recommendation as well as its commitment to ongoing and continuous improvement. The Department developed and launched the learning series entitled Working with Older Adults, which guides employees through an in-depth look at considerations and strategies for working with diverse groups and individuals. This series is aimed at helping employees better understand intersectionality and cultural considerations, outlining respect as a fundamental value of the Department. Employees are instructed to reflect on their implicit biases in order to provide fair and equitable support, and are provided strategies for respectful communication, engagement, and provision of services that are culturally competent and trauma responsive.

This series directs employees to connect with the Multicultural Association or community members, friends or family when working with older adults whose first language is not French or English to ensure communication and understanding. A case study that is focused on communication and understanding highlights the importance of meaningful conversations and relationship building. This series also contains information to help employees better understand and consider factors such as culture and religion, and how these considerations may impact a person’s worldview, as well as how clients present, their willingness to engage, and communication of their needs.

SCORE: FULL IMPLEMENTATION

Advocate’s Comments: The actions described fulfil the intent of the recommendation.

RECOMMENDATION 7.5

The Department of Social Development should undertake surveys of LGBTQIA2S+ populations and develop plans for a long-term care sector which will see an increase in the next 20 years of individuals with diverse gender identities and sexual orientations.

SD Response: Accept

The Department accepts this recommendation and will include a survey for members of the LGBTQIA2S+ population for the consultation and engagement during the development of LTC legislation. Details of the administration of the survey, including what will be included have not been determined yet. The Department plans on conducting research for best practices and utilizing resources such as the National Resource Centre on 2SLGBTQI Aging. The Department will also look to collaborate with the Women’s Equality Branch and other jurisdictions that have completed similar initiatives, such as British Columbia ([Aging with dignity: 2SLGBTQI+ seniors in British Columbia – National Resource Centre on 2SLGBTQI Aging](#))

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate’s Comments: This is positive and pending the tabling of long-term care Legislation we would view this as Significant Implementation.

RECOMMENDATION 7.6

The Department of Social Development should ensure that capacity for LGBTQIA2S+ cultural sensitivity should be added to the competencies for skilled care workers in the human resources plan.

SD Response: Accept

This Department accepts this recommendation, and it will be included for analysis during the development of LTC legislation, specifically as the Department develops requirements related to person-centred care for staff orientation, training, and specialization.

SCORE: SIGNIFICANT IMPLEMENTATION

Advocate's Comments: This is positive and pending the tabling of long-term care Legislation we would view this as Significant Implementation.

RECOMMENDATION 7.7

The Departments of Health and Social Development, in collaboration with the Aboriginal Affairs Secretariat, should initiate a process with the Government of Canada and New Brunswick First Nations governments to establish a long-term care infrastructure plan to ensure aging in the community. Trilateral agreements in education which ensured the ability of First Nations governments to co-manage funds should be considered as a template.

SD Response: Accept

The Department supports meaningful collaboration with First Nations governments and the federal government. As part of the development of provincial LTC legislation, the Department will consult with relevant stakeholders, including the Department of Indigenous Affairs who will coordinate the engagement with First Nation communities and federal partners.

Federal Budget 2019 provided resources of \$8.5M over two years to Indigenous Services Canada (ISC), and ISC has been mandated to engage First Nations and Inuit partners and communities on the co-creation of options for a holistic long-term care continuum of health and social services for community members with continuing care needs at all stages of life, including seniors, people living with disabilities and others.

Results from the engagement are informing the co-development of options for a holistic and culturally safe distinctions-based First Nations and Inuit-led long-term care continuum. The outcomes of these discussions will provide advice and guidance on adjusting how services will be delivered and will lay the foundation for potential future investments by the federal government.

Co-development of policy options with First Nations and Inuit organizations at the national level based on regional summary reports began in October 2021. The First Nations-in-Assembly have mandated the Assembly of First Nations (AFN) through AFN Resolution 44/2022, *Co-Development of Policy Options with ISC for a Memorandum to Cabinet on the Wholistic Long-term and Continuing Care Framework*, with support and oversight of the Technical Working Group on Social Development (TWGSD) and the Chiefs Committee on Health (CCoH), to co-develop policy recommendations with ISC for a Wholistic Long-term and Continuing Care (LTCC) Framework through the reform of the Assisted Living and First Nations and Inuit Home and Community Care Program programs. The vision of the Framework is to ensure First Nations are supported to age comfortably in their home and community and receive equitable healthcare regardless of where they reside. SD looks forward to engagement by ISC and First Nations when invited to discuss reform framework of federal programming.

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments: The items indicated in the response speak to the intent of the recommendation, in part. However, while first nations issues can be jurisdictionally complex, the response indicates a concerning over reliance on federal programing. The Province is not as helpless as this answer would suggest, and trilateral agreements in other areas have successfully been instigated by the Province. We would urge the Department to end its passivity in this area and to take steps to engage First Nations governments collectively on this file.

RECOMMENDATION 7.8

Consideration should be given by the Department of Social Development to establishing, with full participation of First Nations governments, a First Nations long-term care Authority (or Authorities), with the power to modify provincial programs to provide for family and respite care programs consistent with First Nations family needs, to offer social and cultural programming for seniors which is linguistically and culturally appropriate, and to develop smaller care facilities within First Nations communities which can provide care in the community while accessing support from nearby larger facilities and institutions.

SD Response: Accept

The Department will leverage existing engagement processes, such as coordination with the Department of Indigenous Affairs, as work is undertaken to modernize LTC legislation. The Department is receptive to new ways of partnering with First Nations communities and the federal government with respect to LTC services. As previously outlined, we look forward to engagement by ISC and First Nations when invited to discuss the reform framework of federal programming.

SCORE: SOMEWHAT IMPLEMENTED

Advocate's Comments: The items indicated in the response speak to the intent of the recommendation, in part. However, while first nations issues can be jurisdictionally complex, the response indicates a concerning over reliance on federal programming. The Province is not as helpless as this answer would suggest, and trilateral agreements in other areas have successfully been instigated by the Province. We would urge the Department to end its passivity in this area and to take steps to engage First Nations governments collectively on this file.

CONCLUSION

We have been appreciative of the genuine engagement shown by the Department of Social Development in responding to the urgent call in What We All Want. This process has involved significant discussion of policy options and reflected an appreciation for the urgency of the task by Department leadership. The reimagining of long-term care is no small task, and when an authority makes significant progress, it is important that we note that progress in our report.

Where we have noted some shortcomings, it is generally in areas where some of the long-standing governance flaws noted in How It All Broke still exist. The collection of effective data, the use of data to create short and medium term demands for results, the establishment of effective incentive structures to reward results rather than process, the need to ensure that departments truly collaborate – these are not new problems. We note that there has been more discussion about addressing them than government has shown in the past, and we see signs that the Departments of Social Development and Health, as well as the Executive Council Office and Treasury Board, are making good faith efforts to address them. It is, of course, easier to spot flaws than to make large systems address them, and we acknowledge that in evaluating progress on this file.

While we are encouraged by the initial contours of new legislation, we are also trying with our additional recommendations to make government mindful that not all change can await new legislation, and not all change requires legislative change.

It remains the role of our office to be impatient, on behalf of the communities whose concerns the Legislature has asked us to make our cause. Children do not grow up and adults do not age at a speed that matches the pace of government study. We are still guided by the stories we heard in our review of long-term care systems and by the anxiety that families still feel. The only power of a legislative officer is the power of persuasion, and we take seriously our responsibility to put the voices of those most dependent upon good governance into the minds and hearts of those with the power to deliver.

We are hopeful, even optimistic, in our review of the process of change thus far. The political and bureaucratic leadership in government must play their part in justifying that optimism in the months ahead. Our part is to offer constructive advice, and to infuse that advice with the urgency and impatience that many seniors and their families feel. We are not impatient because we lack optimism – we are impatient because we believe there is an opportunity to do better by all those who are counting on better long-term care.

APPENDIX A: RECOMMENDATION MONITORING PROCESS

RECOMMENDATION MONITORING FRAMEWORK

