



ACR

ACR is dedicated to improving the quality of life and care for people living in long-term, residential care in British Columbia

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FALL/WINTER
2010

CARING

The Newsletter of ACR; The Home of Family Councils

Message from the Board

Good news should be shared and we are very pleased to announce that ACR has received a grant from the United Way of the Lower Mainland (UWLM). The publication of this newsletter is just one of several projects made possible by the UWLM grant. We are most grateful for this support, especially during these challenging times of funding cuts and increased competition for available funds.

Promoting and supporting the development of family councils in residential care facilities in British Columbia has been at the heart of ACR's mission since its inception. In keeping with our mission, this issue of our newsletter is devoted to family councils. We felt it would be timely to revisit the importance of family councils in residential care facilities in BC in recognition of several significant developments, as outlined below.

1. The Best of Care: Getting it Right for Seniors in British Columbia (Part 1)

The Report of the Ombudsperson for the Province of British Columbia supports an expanded role for family councils and the development of regional family council organizations. (December 2009; www.bcombudsperson.ca)

Key recommendations from the report (page 50) related to family councils include that: "3(a) e Ministry of Health Services and the Ministry of Healthy Living and Sport take the necessary steps to entrench an expanded role for resident and family councils in legislation or regulations that applies to all residential care facilities in British Columbia.

ese changes should include a requirement to designate a liaison person at each facility and in each health authority to assist and respond to resident and family councils. ese changes also should include timeframes for responding to resident and family councils.

3(b) e Ministry of Health Services and the Ministry of Healthy Living and Sport provide guidelines for operators of all residential care facilities on the types of support they should o er resident and family councils.

3(c) e Ministry of Health Services and the Ministry of Healthy Living and Sport establish an ongoing position to promote and help develop resident and family councils, and to report publicly on those activities every year.

3(d) e Ministry of Health Services and the Ministry of Healthy Living and Sport support the establishment and development of regional family council organizations".

The Ombudsperson's report (page 49) also indicates:

"If the role of resident and family councils is expanded, it is likely to result in more issues and concerns being satisfactorily addressed by facilities without ever becoming formal complaints. e role of resident and family councils could be expanded to include:

- advising operators about concerns and making recommendations to remedying them
- providing input to operators about policy matters and operational decisions
- advocating for residents in individual disputes
- reviewing inspection reports and other operational documents
- monitoring services to ensure residents' rights are respected"

2. Provision for Family Councils in BC Residential Care Facilities

Residential Care Regulation

The Residential Care Regulation in BC for all facilities that fall under the Community Care and Assisted Living (CCAL) Act*, effective as of October 1, 2009, includes provision for family councils (Section 59) in residential care facilities in BC – a first for our province. This regulatory requirement has provided the impetus for all residential care facilities under the CCAL Act to welcome and encourage the development of family councils. (**It should be noted that these regulations do not apply to residential care facilities that fall under the Hospital Act. ACR has helped some facilities regulated under the Hospital Act to successfully establish family councils in the past*).

Residents' Bill of Rights

The Residents' Bill of Rights, a Schedule of the CCAL Act, includes reference to family councils in the section entitled 'Rights to participation and freedom of expression'. The Residents' Bill of Rights applies to residential care facilities licensed under the CCAL Act, as well as to private and extended care hospitals that are regulated under the Hospital Act. The 'Rights to participation and freedom of expression' section states:

"A resident has the right to participate in his or her own care and to freely express his or her views, including the right to all of the following:

- *to participate in the development of his or her care plan*
- *to establish and participate in a resident or family council to represent the interests of residents*
- *to have his or her family or representative participate on a resident or family council on their own behalf*
- *to have access to a fair and effective process to express concerns, make complaints or resolve disputes within the facility*
- *to be informed as to how to make a complaint to an authority outside the facility*
- *to have his or her family or representative exercise the rights under this section on the resident's behalf"*

3. Care Concern Processing and Dispute Resolution



Care Concern Processing Timelines

"The Best of Care: Getting it Right for Seniors in British Columbia (Part 1)" report of the Ombudsperson for BC noted the troubling matter of lengthy response times to concerns raised by family councils. As stated in the report (page 49) *"Two weeks can be a very long time for seniors and families dealing with concerns about the care provided in a facility. Currently a complaint made to the Patient Care Quality Office can take up to 30 days for a response, and if the matter goes further to a Patient Care Quality Review Board, the board has 180 business days (about eight months) to respond."* These time estimates do not include the time for resolution within the facility, prior to referral to the Patient Care Quality Office. As the average length of stay of a resident is currently approximately 22 months and levels of acuity have increased, it is conceivable that a resident may die before resolution of a care concern is reached.

To address these concerns, the Ombudsperson's report includes a recommendation to designate a liaison person at each facility to assist and respond to resident and family councils and suggests a need for response timeframes.

In addition, Section 60 (Dispute Resolution) of the Residential Care Regulation requires a licensee to (a) establish a fair, prompt and effective process for persons in care and their parents or representatives, family members and contact persons to express a concern, make a complaint or resolve dispute, and (c) ensure that all complaints, concerns and disputes are responded to promptly.

Dispute Resolution Legislation

Fear of retaliation in response to care complaints has been a common concern for residents, family members and friends of those in care. Section 60 (Dispute Resolution) of the Residential Care Regulation also includes specific reference to prohibition of retaliation, stating that a licensee must (b) ensure that there is no retaliation against a person in care as a result of anyone expressing a concern or making a complaint.

An important benefit of the ACR family council model is the ability for common care concerns to be raised and discussed confidentially, and brought to the attention of the facility management without specifying particular residents or families. Encouraged by the new regulations in place related to dispute resolution, it is our hope that fear of retaliation will gradually lessen and levels of trust will be increased.

4. Resident Profile and Voice

Over the past decade, the profile of those living in residential care has changed significantly. Notably, the age at admission and level of acuity of those entering residential care has increased. At the same time, the age of those who are family members and friends of people now in residential care has also increased – many family members and friends are now ‘seniors’ themselves. There has also been a decrease in the length of time residents spend in care; the average estimate is now only about 22 months.

With increased age and acuity at admission, residents in care today typically have some degree of cognitive decline, and many present significant levels of cognitive decline. In the past, residents may have participated in a ‘residents’ council’. Given the profile of many residents today, however, residents’ councils are often no longer able to fulfill their intended purpose.

Family councils have had to adapt to this changing environment to ensure they continue to contribute not only to the quality of care and life for those in residential care, but also to the needs of family members and friends. The family council has become increasingly important as a voice for residents as well as a place where family members and friends can find mutual support.



The developments highlighted above, many of which are fairly recent, directly affect and support the role and place of family councils in residential care facilities in BC. As such, we felt it would be most fitting to devote this issue of the ACR newsletter to family councils. To this end, we have assembled articles and information that address a number of different perspectives and experiences related to family councils.

For those new to ACR and the ACR family council model, we include an overview of family councils. Karen Baillie’s article, from the viewpoint of a residential care facility director, is taken from her presentation at our first Family Council Conference. Her thought-provoking presentation on family councils from an administrator’s perspective was very well received and we are pleased to include it as an article in this newsletter. Gaby Marcano’s article reflects the experience of placing a loved one into residential care. Reprinted here, her article has become a staple in orientation packages prepared by family councils for family members new to residential care. Finally, we have also included some background information on Regional Family Council Organizations.

Please see the announcements section of this newsletter and visit our website (www.acr.bc.ca) to learn about our upcoming events. We look forward to welcoming you to our AGM, and to our *third* family council conference!

With best wishes on behalf of the ACR Board,

JoAnn Perry and Kathleen Hamilton, Co-presidents



Announcements

ACR Annual General Meeting

Saturday, September 18th, 2010

Cross Reach Adult Day Centre, 3348 West Broadway, Vancouver

10:30am to 12:00 Noon

For additional details, please check our website: www.acrbc.ca

Please RSVP by email: info@acrbc.ca

Third Family Council Conference

Residential Care: What Do We Want for Older Adults in BC?

Saturday, October 23rd, 2010

9:30am to 3:30pm (Refreshments and lunch provided)

Unitarian Church

949 West 49th (at Oak Street), Vancouver

Parking available onsite and easy public transit access

Special Guest: We're very pleased to have **Carly Hyman, Manager of Systemic Investigations of the Office of the Ombudsperson for BC** speaking at the morning session. In the afternoon, a panel will discuss: "Communication in Residential Care – a cornerstone of quality."

Pre-registration with fee payment (\$15) required as spaces are limited.

For additional details and registration information, please check our website: www.acrbc.ca

The ACR Family Council Model

What is a family council?

The standard definition of a family council is an organized, self-led, self-determining, democratic group composed of family and friends of residents in residential care. The focus of the family council is on the well-being of the residents in care and their family and friends.

What are the key characteristics of the ACR family council model?

The ACR family council model has many facets:

- It is a safe and supportive place where family and friends can confidentially share the experience of having a family member or friend in care and of being a caregiver to a loved one who is on a journey of illness or disability.
- It is a source of information and education on all aspects of life in residential care, including specific topics such as: levels of intervention, communication with those with dementia, the use of medications for pain control, recreation and rehabilitation programs, stress management, and end of life issues.
- It is a place that facilitates two-way communication between family council members and facility staff and management, and enables opportunities to engage in consultation on matters of quality of care and life in the facility.
- It is a place where members can identify and discuss collective concerns and work towards resolution, offering possible solutions and seeking a collaborative approach to problem solving.
- It is a place to gather the combined skills, interests and expertise of family members and friends to work together, for example to sponsor events or activities that contribute to the quality of care and life in the facility and build community both within the family council and the facility.



Are all family councils the same?

Many factors can influence the structure and shape of a family council. Each family council organization is unique, typically in response to such differences as size of facility, location of the facility (i.e. in an urban versus a rural setting), age and relationship of the residents' family members or friends, proximity of family members and friends to the facility, level of family commitment, and the level and nature of staff and facility support. Experience has shown that the quality or success of a family council is not related to the size of the family council; there are many examples of small groups accomplishing a great deal.

Who can participate in a family council?

The question of who can or should participate in a family council is often asked. At ACR, we follow the approach that family councils should be open to all family and friends playing the role of caregiver, using a broad definition of caregiver as provided by Vancouver Coastal Health:

A "caregiver" is anyone who provides unpaid care and support at home, in the community or in a care facility to an adult friend or family member who is living with a disability, chronically ill, elderly or palliative."

Source: Vancouver Coastal Health, Caregiver Support Program <http://caregivers.vch.ca/>

Where can I find more information on the ACR family council model?

The ACR website (www.acrbc.ca) provides information and materials on the ACR family council model, and the development and maintenance of family councils. Resources, including a family council handbook, are available on the website. We are pleased to report that with the financial support of the UWLM, our information materials are currently being updated.

ACR also offers family council workshops to help establish new family councils or provide a tune-up for existing organizations. We anticipate offering local area family council workshops in Fall 2010 and Spring 2011. To arrange a workshop, or to volunteer your facility as a venue for a local area workshop, contact us at: info@acrbc.ca. There is a nominal fee per workshop attendee.

The Value of Family Councils from an Administrator's Perspective

Submitted by: Karen L. Baillie (RN, BScN, MHA, CHE), Executive Director, Laurel Place, Surrey, BC

Working with seniors and their families in four different residential care facilities over the past 28 years, I have seen the value of family councils demonstrated time and time again. I have had the opportunity to observe their effectiveness and appreciate their importance from an administrator's perspective.

Family councils play a fundamental and important role in communication and advocacy, ensuring that the needs of residents living in care facilities are represented and promoted. They also provide an opportunity for family members and friends of residents to come together to support each other and network with others in similar circumstances. Family council members provide encouragement and a perspective which helps family and friends of new residents cope with the relocation of their loved one, and the changes in their role as caregiver.

Family councils provide a forum which facilitates two-way communication, between the staff and administrative leaders of the facility and the residents and their families and friends, to improve the quality of life for persons in care. By promoting the notion that both are equal partners in the care team and that both share a vision for excellence in service, family councils help establish meaningful relationships between family members and friends involved in the care of a loved one and facility staff.

The family council provides a mechanism for family members and friends to learn about the facility, the staff who work there and the systems and processes that make the facility run. Through the family council, family and friends are able to gain insight into the complexity of running a facility. This leads to an increased level of understanding about the limitations and the opportunities that abound in the care environment, which in turn helps support collaboration and a sense of partnership between the facility and the families and friends of residents.

From my perspective, the family council can be seen as a 'quality improvement committee.' The family council format provides focused time for family members, friends and facility representatives to discuss and consolidate common concerns and develop ideas or strategies for improvement. In addition, the family council is a natural forum for information sharing and exchange and for educational events.

Facility staff and administrative leaders are often busy and absorbed in the day-to-day operation of running a residential care facility. Family members and friends offer a different perspective, one that often enables them to observe care processes and other services and make informed quality improvement suggestions. A good example of this comes from one of my previous facilities where family members and residents were having trouble identifying facility staff and contractors and figuring out their different roles at the facility. Nametags with pictures were too small for anyone to read. The family council did research to determine the design that would be easiest for seniors to read. A very simple, low cost suggestion was made by the family council and implemented by the facility, which vastly improved the identification of staff members and improved facility security. It also was much easier for residents to ask for help when they needed it as they knew which staff member to approach. This is just one example of an improvement initiated by the family council that increased the quality of life for residents living at the facility.

In my role as Executive Director at Laurel Place, I was involved in establishing this new facility. I learned first hand that opening a large, brand new facility with all new residents and staff is an exciting adventure. The experience helped me understand more clearly that while architects design buildings, construction teams build walls and rooms, landscapers plant trees and flowers and decorators make the facility look attractive, it is the people who live in, work at and visit the facility who make it truly a "home." The members of our Family and Friends Council have been integral partners in determining how the facility is run and what services and care are provided. At Laurel Place we call our family council a "Family and Friends Council" (FFC) to specifically acknowledge the important role that friends who are not technically "family" members often play in the lives of our residents.

The impact of the FFC at Laurel Place has been significant. Through the FFC, staff have been able to get to know family members and friends and gain an understanding of what life was like for our residents before they moved into Laurel Place. Family members involved in the FFC have helped us meet the needs of our residents by working with us to design a home that the residents love. As well, the FFC has provided a forum for families to get to know each other so that when they visit they feel part of a community and truly know one another. We even see relationships building between and amongst different family members and residents – a process facilitated by the FFC. Family members work as volunteers in our home, or help us recruit volunteers from their communities to support our programs. For example, twice a week, members of the FFC help us transform our Spiritual Centre into a Sikh temple so residents are supported in their own faith and FFC members regularly attend facility events such as pub evenings and parties. When staffing changes are required, the FFC is consulted and informed so they can help staff and residents adjust.

At Laurel Place, our FFC members willingly take on the role of advocates for quality care. They feel completely at home strolling into my office and sharing with me their ideas for improvement. We have developed a trusting relationship with the members of our FFC who feel confident their concerns are heard and will be addressed. As Executive Director, I feel supported by the members of the FFC and know they recognize that while budgetary constraints are a challenge for us all, we can work together to identify solutions by being creative.

Ultimately, we all want our residents to be well cared for in a nurturing environment. Our seniors deserve the best care and services that we can provide. With everyone working together we can continue to strive for excellence in residential care. In my experience as a residential care administrator, having a strong and supported family council is key to achieving this goal. It helps me provide residential care "The Family Way".



The Transition to Residential Care; Reflections from one Family Member's Personal Journey

Submitted by: Gaby Marcano (RPN (ret), ECE), Family Council Member, Holyrood Manor, Maple Ridge

Throughout my career as a Psychiatric Nurse, I have worked with seniors with challenging behaviors. This experience has given me a degree of insight that many people do not have, and that I probably wouldn't have otherwise. But, even so, it did not ease the pain of placing a loved one in a residential care facility. I can only imagine how much more difficult it must be for those who have had less exposure to the health care system. I would like to share my story, in the hope that my experience may help others.

My intimate involvement with the health care system as a family member, as opposed to as a professional, and, specifically with residential care, began about seven years ago when my mother was first diagnosed with dementia. At that time, she was living in a remote community in the Kootenay area. Widowed and remarried, my mother lived with her husband when dementia first began to change her life. At the early stages of the disease, my mother and her husband relied on home support and respite care. However, as my mother's dementia progressed, it became increasingly clear that she would need additional care.

At that point, I intervened and brought my mother to live with me in the Fraser Valley. Once I obtained status as my mother's 'committee', I was able to take control and make decisions on her behalf and in her best interest.

What is a committee?

A committee (pronounced caw-mi-tay, or caw-mi-tee, with emphasis on the end of the word) is a person appointed by the BC Supreme Court to make personal, medical, legal, or financial decisions for someone who is mentally incapable and cannot make those decisions.

One of the first major decisions I had to make was to move my mother to a residential care facility when her condition progressed to the point that I could no longer care for her on my own. Fortunately, she was placed in a nearby facility, which enabled me to visit regularly and continue my involvement in her care. In addition to being active in my mother's care at the facility, I also involved myself with the family council, which I found to be a welcome source of support and an educational resource, as well as an effective means to advocate for my mother's care and well being.

The move to residential care is not something most families talk about or anticipate. Some families plan effectively for the future of their loved ones by having open discussions and agreeing on future plans. Some take advantage of home support and assisted living options, and progress smoothly through the transition to residential care. In these cases, life in a care facility is often anticipated and accepted without further concern. However, for the majority of us, the process of moving a loved one to residential care can be much more of an upheaval. And many of our elders have preconceived notions about what living in a residential care facility might mean. Many recall 'nursing homes' as undesirable places to 'end up', and have reservations about the transition.

Through my experience, I learned that there are many issues to deal with when placing a loved one in care. Like many families before me, I learned that:

- The transition may not occur as we envision, regardless of how prepared we are.
- Placement rarely occurs at a convenient time in our lives.
- Placement often occurs in an unpredictable way, for example, it typically follows a crisis, like a medical emergency, an injury or an illness.
- The reactions of other family members are not always as we expect them to be.
- Whether the transition is gradual or abrupt, there are many adjustments to make and there is a need to adapt quickly – not only for our loved one, and our family members, but also for ourselves.
- Everyone's experience is individual and different, but what we do have in common is an expectation of quality care for our loved one.

I also learned first hand that once the decision is made to list a loved one for placement in residential care, a bed often becomes available within days and there is little time to adjust. There are many aspects to consider in relation to this reality:

- Immediately, we have to become familiar with the admission process.
- We have to focus entirely on the needs of our loved one and make informed decisions in a short space of time, either in collaboration with family members or alone, about extremely important issues such as their health, finances, home and belongings.
- Many times there is resistance to the loss of control over personal decisions, especially when there is no time to get used to this major change. We must deal with our loved one's feelings about their lack of control, which can manifest in negative behavior towards us.
- Often the transition to residential care is from an individual's home to a shared room. In this case, moving to a care facility can seem like an even greater departure from independent living.

At the same time that all of this is going on, we are trying to come to terms ourselves with the change in the nature of our relationship with our loved one – from spouse, or son or daughter – to a role now more defined by care-giving. While we try to help our loved one adapt, and accept their new surroundings, we try to remain positive and reassuring when we visit. Yet many things are going through our minds:

- Will they receive quality care?
- How will they fit in?
- Will their interests, activities, and mobility be maintained?
- Will there be enough social contact and mental stimulation?
- Will their spiritual, cultural and language needs be met?
- How will their medical needs change?
- Is there a need to change doctors?

And meanwhile, we need to discuss the details of care with facility staff, as well as seek out supportive and specialized services, such as dietary, dental, physiotherapy, and podiatry care services and recreational programs.

Some additional pressures we may face at this time include:

- Extra workload, due to time taken away from our home and our job.
- Family pressures, including our family's reaction to our loved one's decline in health and family members experiencing feelings of neglect due to the demands on our time. Sometimes family members act out towards us in anger or withdrawal. Family configurations differ, and relationships are not always harmonious or stable.
- Compounding our feelings of stress, are our own feelings about the loss of our relationship to our loved one, and how it affects us.
- In some situations, our loved one's spouse or caregiver may have their own serious health issues to cope with.
- We have to concern ourselves with details such as 'health directives' and 'end of life' issues to make sure these things are in place.

Throughout the admission process, the bulk of our time and energy is spent dealing with specifics and details. We strive to be understanding, and to be patient, supportive and helpful to our loved ones in order to help them adjust. In this scenario, we really don't have the time or energy to focus on our own feelings and needs. We may get to the point where we feel quite drained. Often we experience feelings of loss, failure, inadequacy and helplessness. Yet while we are so focused on the needs of our loved one, we must remember to observe and respect our own needs. We, too, need support and understanding as well as a chance to vent and express our feelings and concerns, our doubts and fears. We need to regain a sense of empowerment in this new and unfamiliar situation with our loved one, and to do more than just visit to overcome the sense of isolation and displacement we may feel. We need to come to terms with the reality that we are now the 'voice' for our loved one, and in this new role we want to be effective in advocating in their best interest.

Ultimately, we need to adjust positively to all of the changes that are being presented, while helping our loved one to do the same. This is not always an easy task. As we get to know the facility staff, routines, programs and other family members, we need to build trust as we rely on others to look after our loved ones to our satisfaction. Our roles may be

different but our goals are the same and all of us – whether facility staff members, family members or residents – need to feel valued in our individual roles. As well, we need to understand the scope and limitations of our roles, and to strive for a harmonious, respectful and interactive relationship with each other.

My experience taught me that getting involved with the care facility's family council is the most effective way to bridge the gap between family members and facility staff. The family council provides the opportunity for family members to engage with the facility in a collaborative relationship. For example, facility staff rely on family members for information about the history and personal characteristics of our loved ones. The family council provides a supportive venue to share information. And through developing relationships with other family members, we begin to realize that as unique as each of our own situations is, we have many things in common with each other.

Family councils allow family and friends to play an important role in improving the quality of the care environment through providing a mechanism for advocacy, support and education.

Advocacy

- Family councils provide a means to discuss, process, and communicate concerns to facility administration on a regular basis, and to collectively advocate for resolution and change on issues arising within the facility that affect our loved ones.

Support

- At each care facility, there is a wide variety of family situations represented. The support of other family members can be a valuable resource that can be provided and accessed through a family council. Telling our own story helps us to come to terms with frustrations, conflicting emotions and unresolved issues. Hearing other people's stories helps give us a healthy and more balanced perspective. Through the family council we also have the opportunity to volunteer and become involved in programs occurring in the facility. And the family council provides a venue to celebrate successes at the facility and express satisfaction to support and encourage best practice in care.

Education

- Getting together on a monthly basis as a family council group provides the opportunity to discuss topics of interest that have current applications for our loved ones and ourselves. It also allows us the chance to become knowledgeable about issues that will affect us eventually. As we advocate for our loved one in care, we are laying the groundwork for our own future too. We will one day need help, and we have an opportunity now to affect changes while we still have a voice.

Tips for family members to help ease the transition to residential care:

Anticipate change

- We know change will occur - we just don't know how and when. Trying to anticipate the course of action as events occur can help you prepare for change.

Seek out information

- Proactively look for information about health care services and community resources available to help prepare you for what to do if and when a family member can no longer cope on their own.

Seek support

- Do not try to face the change alone. Seek support, for both your loved and yourself, from whatever sources you find helpful. Once placement has occurred, seek out and get involved in the facility's family council as soon as you can. Remember that your participation will benefit you and your loved one.

With communication, knowledge and participation, we can demystify the transition to living in residential care for our loved one and for ourselves. We can help make this new home a desirable place to be, and we can help make this stage of life the best that it can be.

Regional Family Council Organizations

In the report of the Ombudsperson for BC, “The Best of Care: Getting it Right for Seniors in British Columbia (Part 1)”, the recommendations include reference to ‘regional family council organizations’ (page 50):

“3(d) The Ministry of Health Services and the Ministry of Healthy Living and Sport support the establishment and development of regional family council organizations”.

The notion of establishing regional family council organizations in BC is not new. We anticipate that with the impetus of the Ombudsperson’s report and with the goodwill of the Ministries of Health Services and Healthy Living and Sport, the establishment of regional family council organizations is a realistic possibility.



British Columbia

The profile of regional family council organizations in BC is evolving. As this process continues, ACR is committed to endorsing the establishment of regional family council organizations in their diversity. Important characteristics of these networks from ACR's perspective include that they are: independent, inclusive, focused on providing educational opportunities, nonpartisan, and that they provide a collective voice for the family councils and residents in care in a given region.

So far, in BC, family councils on Vancouver Island have banded together and established a family council network organization – the Vancouver Island Association of Family Councils (VIAFC). VIAFC members were elected by their own family council to represent their organization at the regional level. The first VIAFC Annual General Meeting was held in Duncan in February 2010. In attendance were representatives from both Vancouver Island Health Authority (VIHA) residential care facilities and affiliates from North and South Vancouver Island. The newly elected VIAFC executive is equally representative of both North and South Vancouver Island. VIAFC currently meets monthly and the group's Terms of Reference provides the focus for the organization. Family councils on Vancouver Island or within VIHA wanting more information can contact Lyne by phone at 250 658 8593 or e-mail jolyn@telus.net. When sending an email, please indicate VIAFC in the subject line.

As well, in the Metro Vancouver area, Betty Yagai, Chair, Little Mountain Family Council, has taken the initiative to see if there is interest in starting a Metro Vancouver Family Council Network. We applaud her effort and invite any interested family councils to contact us at: info@acrbc.ca.

Information Exchange

“Thank you to ACR for helping us establish a family council at our facility. Like many long term care facilities, we are experiencing challenges and changes – tighter budgets, changing staffing models, and new regulations and reporting requirements – while families are also working hard to navigate the system and continue to afford quality care. Through the family council we are encouraging a stronger sense of partnership between our families and our facility.”

Facility Administrator

“I am sending this note to let you know just how productive our family council has been within its first six months. Our success is thanks in large part to having the ACR model as our foundation. The family council has been working closely with the facility administration on a number of initiatives, including:

- Offering more liquids (e.g. water, diluted juice) to residents throughout the day;
- Advocating for a review of the exercise and activity program for residents, including increasing the frequency of bus outings, establishing daily walks for residents when weather permits, and arranging for the monthly activity calendar to be emailed upon request; and,
- Establishing a family members' email network, which was very effective in communicating information to families during the recent three week Norwalk virus quarantine.”

Chair of the family council for a Special Care Dementia Unit

CBC Victoria Morning Radio Interview – ‘Depression in Residential Care Facilities’

Lyne England, a Board Member of ACR was contacted by the CBC Victoria morning program and interviewed on the prevalence and indicators of depression in residential care. The interview was prompted by a report released by the Canadian Institute of Health Information (CIHI) on May 20, 2010 citing the high rate of depression amongst residents of long term care facilities in Canada. Lyne, a Registered Nurse, has had many years of varied nursing experience. She was well suited to provide practical information about the symptoms of possible depression among the geriatric population and share her knowledge about the prevalence of depression in residential care. Thank you to Lyne for helping raise awareness of this important issue.

Depression in residential care is a good topic for a speaker at a family council meeting. The report from the CIHI can be downloaded at www.cihi.ca

Kudos to the Ontario Family Council Program: enshrined family council legislation and Family Council Day!

The Ontario Family Council Program has been underway for some years now and was initially established as a pilot program sponsored by the Ontario government. Legislation that subsequently enshrined family councils in legislation was written and implemented, but not enacted until this year on July 1, 2010. To acknowledge and celebrate this important milestone, July first was also proclaimed as 'Family Council Day' in Ontario. Congratulations to all in the Ontario Family Council Program and the government of Ontario for supporting and taking this important step.

ACR and the Ontario Family Council Program have a long history of collaboration. The Ontario Family Council Program is funded by the Ontario Ministry of Health and Long Term Care. The legislation in Ontario differs from that recently enacted in BC; it is enshrined in an Act, whereas in BC, family councils are referenced in regulations pursuant to an Act.

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- **The Board Members of ACR**, who generously volunteer their time, talent and passion in their commitment to family councils and to the quality of life and care in residential care facilities in BC.
- **Ontario Family Council Program**, for kindly sharing their experience and materials with us.

Thank you also to our new and renewing members and donors for their support by way of memberships and donations. Your contribution allows us to further our work to support family councils and create awareness around the issues of care and quality of life in residential care in BC.

A very special thank you to the United Way of the Lower Mainland for their support, which has made this newsletter and other important ACR initiatives possible.



Disclaimer

This newsletter contains material that is meant to be informative, thought-provoking and promote dialogue. Articles are for information only and should not be construed as an endorsement of the views expressed, products or services mentioned and should not replace consultation with qualified professionals. Individuals who require medical, legal or other expert advice should consult with the appropriate qualified professional. ACR does not endorse any specific approach to care. The views and opinions expressed are not necessarily those held by the ACR Board of Directors and staff.

Submissions for the newsletter, including articles, creative writing, photos, links and topic ideas are most welcome. However, the editors reserve the right to edit material and to withhold material from publication. Although ACR makes every effort to ensure accuracy, reliability and currency, we cannot guarantee the information contained in this newsletter.