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July 14, 2020

Ms. Val Avery,  
President,  
Health Sciences Association of BC,  
180 East Columbia Street,  
New Westminster, BC.  
V3L 0G7

Dear Ms. Avery,

We are writing to you as representatives of the B.C. Therapeutic Recreation Association (BCTRA). BCTRA is a member driven association dedicated to promoting and developing the profession of therapeutic recreation (recreation therapy) in B.C. We represent recreation therapists who work with diverse populations and practice in numerous community and healthcare settings throughout B.C., many of whom are represented by the Health Sciences Association (HSA) within the various health authorities. We have appreciated the opportunity to participate in the HSA Professional Associations semi-annual meetings.

The current COVID-19 health crisis has highlighted some gaps and weaknesses in health services, specifically in long-term care, in B.C. and across Canada. Many recreation therapists work in long term care communities across Canada. Recreation therapists are not currently regulated although we have made efforts to this end over the past decade. Over the last number of years, we have seen a reduction in the recognition of our profession. As the COVID-19 health crisis has progressed we have become concerned about the lack of recognition of recreation therapy and its seeming invisibility as compared to other allied health professions.

Recently we conducted a survey of our members who have been working during COVID-19 to understand the challenges, added workload and adjustments that they have experienced while working during this crisis. BCTRA would like to collaborate with HSA to advocate for recreation therapy positions and stronger recreation therapy leadership. We need HSA's support and understanding of the issues and challenges faced by frontline recreation therapists and their staff. We would like to

discuss these issues with you and look for your support during consultations which will take place following the COVID-19 pandemic crisis. We assume that HSA will have a role in these discussions.

Prior to COVID-19, recreation therapists' roles included planning and implementing appropriate therapeutic recreation interventions based on assessments of residents' needs. Activity-based therapeutic recreation interventions lead to improved resident outcomes including reduced responsive behaviours in older adults with dementia, maintained physical strength of older adults through exercise, increased social engagement and cognitive stimulation through experiences using games, discussions and music. In addition, in these roles, recreation therapists provide leadership and supervision to recreation staff. As noted in a recent Seniors Advocate's 2019 report (1) only 29% of older adults residing in long-term care receive recreation therapy services. This is clearly not adequate to address older adults' needs, and in particular, to address the urgent needs outlined in the Seniors Advocate's 2015 and 2016 reports (1). In 2016, BCTRA responded to these two reports describing recreation therapists' ability to address these issues but were, and still remain, challenged to meet licensing expectations for therapeutic recreation services due to a lack of resources.

In the attached summary of the BC Seniors Advocate reports from 2015 – 2019 (1), recreation therapy is recognized as an important service. In fact, in terms of therapies, even though only 29% of older adult residents reported receiving recreation therapy services in long term care, this is significantly higher than other therapies. However, surprisingly, recreation therapy was not recognized for its role as it was not mentioned as one of the trained health care professionals in the new Health Human Resources section of the most recent Seniors Advocate 2019 report (1). This report notes that delivering quality health care requires an adequate supply of qualified health care providers. The recreation therapy team has responsibility for the social, cognitive, physical, spiritual and emotional needs of older adults in these facilities. Yet, it was not included in the reporting of the overall numbers of trained health care professionals and the examination of job vacancies in these occupations which creates the impression that recreation therapy is not supported nor does there seem to be a plan to identify and improve these services.

Recreation therapy as a practice has undergone cuts over the years and continues to be without practice leadership in all but one health authority. This has meant that each recreation therapist is on their own and, as a result, it is typically management who dictates what the recreation therapy service will look like. As front-line practitioners, without recreation therapy practice leadership or access to decision makers, it is very difficult for individual recreation therapists to take time away from their responsibilities to clients/residents to mount a case for the value of recreation therapy or to develop a rationale and arguments against cuts.

Using our survey results, we have written to health ministry officials about our concerns regarding recreation therapists along with recreation therapy assistants who are frontline workers in the older adult sector of health care, in particular long-term care, assisted living and independent living communities. We are asking that the recreation therapy profession have a seat at the table when talks of reforms to the system begin. We are writing to you to discuss ways that BCTRA can help HSA to understand and defend recreation therapist members' rights and interests in their workplace and in the broader healthcare system.

While our current, specific focus is on older adults in care, we know that recreation therapists in other practice areas such as mental health and rehabilitation are represented by HSA and have also been impacted by COVID-19. We have outlined our concerns about recreation therapy as a practice in this letter and we have enclosed some new resources describing the case for therapeutic recreation in long term care, mental health and rehabilitation that may help you understand therapeutic recreation in these practice areas.

We look forward to hearing back from you to arrange a time to meet and discuss ideas for supporting recreation therapists.

Sincerely,



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#### Attachments

1. Summary of B.C. Seniors Advocate 2015, 2016, 2017-18, 2019 reports re: Recreation Therapy

#### Enclosures

1. Therapeutic Recreation Improving Health Maximizing Well-Being
2. The Case for Therapeutic Recreation in Long Term Care
3. A Case Story of Henry – Long Term Care
4. The Case for Therapeutic Recreation in Mental Health
5. The Case for Therapeutic Recreation in Rehabilitation