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June 30, 2020

The Honourable Adrian Dix, Minister of Health
Room 337 Parliament Buildings
Victoria, B.C. V8V 1X4

Dear Minister,

We are writing to you today 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. for practitioners. We represent many recreation therapists who practice with diverse populations and work in various community and healthcare settings throughout B.C. Our concern today is 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 homes. The impact of the Covid-19 health crisis on our older adults in long term care and assisted living homes across Canada has been a tragedy and we believe that it is important for the recreation therapy profession to have a seat at the table when talks of reforms to the system begin.

During pre-Covid-19 times, recreation therapists' roles have included assessing resident needs, and then planning and implementing appropriate therapeutic recreation activities to help reduce responsive behaviours in older adults with dementia, to maintain physical strength of older adults through exercise classes, to socially engage with residents and to provide cognitively stimulating experiences using games, discussions and music. As noted in a recent Seniors Advocate's 2019 report (2) 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 (2). This provides evidence to corroborate BCTRA's response to these reports (1) that recreation therapists are capable and able to address these issues but were, and still remain, challenged to meet licensing expectations for therapeutic recreation services due to lack of resources.

Currently during this Covid-19 health crisis, recreation therapists' ability to do their job has been severely constrained due to new expectations for our teams. Recreation therapists are very concerned about how older adults are managing and about the negative health impacts many older adults have experienced due to this very long period of little stimulation, increased social isolation, and loneliness. As one recreation therapist noted, "With the residents being cut off from the outside world and their families, we have become their family. I think that right now, especially in long term care, seeing the recreation staff is one of the positive interactions they have during their day. You can really see the

difference that our profession makes when the recreation team is suddenly re-assigned to Skype calls, sanitizing, and manning the doors.”

Recently we conducted a survey of our members working in this sector and they shared their experience during this Covid-19 health crisis:

- Residents are suffering – There are many hours in the day and to maintain their health and well-being, older adults need opportunities to be cognitively stimulated and socially engaged. For all of us, the vital importance of social and emotional health has been brought into sharp focus as we have endured lockdowns and social isolation. For older adults this has had an even more devastating effect because many of them do not have the ability nor the access to connect with others via phone or internet. Imagine sitting in your bedroom all day with nothing to do except to eat a meal delivered to you.
- Lack of recognition - Recreation therapy staff make significant contributions to the health and quality of life of older adults in long term care and assisted living facilities and these contributions are not visible, appreciated, nor recognized, or planned for (budgeted and structurally supported) during the current Covid-19 health crisis. An example of the lack of recognition and appreciation for the role of recreation therapy services - most of the media attention focuses on events such as courtyard concerts generally by paid musicians organized by a recreation therapist to meet the social isolation needs of residents but recreation therapists are not mentioned.
- Changes in roles - Many recreation therapists and recreation therapy assistants have been redeployed to other jobs such as manning the front doors, and responding to families’ inquiries which takes them away from their regular roles.
- New roles - Recreation therapy teams are on the forefront of creating virtual social opportunities for residents in these facilities. You have probably seen the news coverage – window visits, connecting with on-line applications such as Zoom, and phone calls are all part of how the recreation therapist and their teams have adjusted and adapted to meet these emerging social and emotional needs of the residents. We have had direct reports from recreation therapists who have spent 45 to 60 minutes with each resident to organize a Zoom connection with their family, and as you can imagine, in an eight-hour day, only a small number of residents are able to be helped.
- Change in practice of TR – to adapt to the changing roles, regular Recreation therapy duties have been put on hold and maintaining therapeutic recreation standards of practice as a profession is being compromised.

In the attached summary of the BC Seniors Advocate reports from 2015 – 2019 (2), 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, this is significantly higher than other therapies such as physiotherapy and occupational therapy. However, surprisingly, recreation therapy was not recognized for its role as it is not even mentioned as an occupation in the new Health Human Resources section of the most recent Seniors Advocate 2019 report (2). As noted previously, the recreation therapy team has responsibility for the social, cognitive, physical, spiritual and emotional needs of older adults in these facilities. In this latest 2019 report, it appears that recreation therapy is not being planned for as there is no mention of recreation therapy staff needs to provide the expected services to residents and

therefore there seems to be no plan for support of current services nor planning to improve these services.

All of what we have described so far speaks to the need to recognize the vital role recreation therapists and their teams have played, and continue to play, in the quality of life and health of older adults in care. Please see the attached BCTRA response document (1) outlining important evidence that supports the work we do and addresses the key issues outlined in the Seniors Advocate's 2015 and 2016 reports. We want to make sure that going forward we will be part of the discussion and have input about the role of recreation therapy practices and services to improve and to develop better quality of life care for older adults in care. We believe that now is the right time to discuss therapeutic recreation and strengthen this sector with institutional and government support as a vital part of older adult health services.

We are happy to respond to any questions you may have and we look forward to hearing back from you to discuss our contributions and role in older adult health care.

Sincerely,



Gerri Paterson,
President, BCTRA



Brenda Kinch
Past President, BCTRA



Kendra Appleby
Director of Education, BCTRA

c.c. Ms. Ronna-Rae Leonard, Parliamentary Secretary for Seniors
Ms. Lorrie Cramb, Director, Allied Health Workforce Development

Attachments

1. BCTRA – The Case for Therapeutic Recreation in LTC, Assisted Living and Seniors Residences, June 23, 2016 in response to Seniors Advocate reports
2. 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