



# RESIDENTS' VOICES SURVEY: OARC'S ENVIRONMENTAL SCAN

Exploring the Health, Function and Needs of  
Residents' Councils in Ontario Long-Term Care Homes  
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Prepared by: The Ontario Association of Residents' Councils (OARC)

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## Executive Summary

In June 2022, the Ontario Association of Resident's Councils (OARC) conducted the **Residents' Voices Survey** as part of a province-wide environmental scan to ascertain the state of Residents' Councils in Ontario's long-term care homes, including their roles, perceived challenges, and opportunities. The dimensions of the survey—over 1000 individual submissions, representing more than 300 out of the approximate 630 homes in Ontario—provide a high level of confidence in its findings.

Survey results revealed the continuing prevalence of long-established issues in long-term care. The COVID-19 pandemic brought these pre-existing issues into the public consciousness, while its direct impact on residents and related restrictions impeded the activity of Residents' Councils and the overall engagement of residents. The survey also identified a number of educational opportunities and communication preferences which will inform OARC's work, operational priorities, and education delivery strategies.

### The following are some of the key findings of the survey:

- Residents feel discouraged, disconnected, and largely uninformed when there have been extended periods without Residents' Council meetings.
- Respondents identified barriers for Residents' Councils, which included the perception of not being heard or considered by management, and a lack of actioned responses to resident concerns.
- The roles of Residents' Councils typically include consideration of residents' rights, discussions of food services, and planning of special events in the home.
- The most popular model of a Residents' Council leadership structure is the traditional executive model (i.e. President, Vice President) and most Councils operate without the structure and safeguards of Bylaws, resulting in the creation of barriers to continuity and consistency.
- Residents overwhelmingly prefer in-person support and written materials.
- All groups of respondents identified dementia education as a key learning need. Residents want to better understand their peers and learn strategies to communicate and live cohesively with co-residents with dementia and other health challenges. Dementia education will also contribute to more inclusive Residents' Councils, incorporating more feedback from those who cannot speak for themselves.

- Those familiar with OARC speak to the organization's value as a source of education and support for Residents' Councils. Increasing awareness of OARC would extend the benefit to more Councils.

The context and themes that pervade the findings include:

- All long-term care Residents' Councils (over 630) are provincially legislatively mandated (essential) and are supported by **one** organization; OARC (has 1 Education and Home Support Manager).
- **OARC is 95% confident** that the sample of respondents is representative of the true population in long-term care.
- Residents want to be 'part of the solution' in improving their long-term care homes; they have identified what they want to learn, how they want to learn to be best equipped.
- The supports and resources that OARC provides are valued, but **MORE** of OARC is needed; more team members (staff) providing regional support.
- The needs of Residents' Councils (including support for residents, Residents' Council Assistants and Administrators) greatly exceed OARC's capacity to deliver supports and services.
- People living in urban areas have different life experiences and needs than people living in rural areas; Residents' Councils need regional support that is targeted to unique needs of residents.
- OARC is the conduit between resident voices and the government. Regional OARC Managers will improve OARC's ability to provide consultative services to government with excellence, representation, and accuracy.
- While COVID-19 amplified deficits in long-term care and challenges for Residents' Councils to be effective, those deficits are long-standing.
- Ongoing turnover of team members (staff) who support Residents' Councils combined with turnover of Resident Leaders of Councils leaves Councils in cyclical need for support and education.
- Residents' Councils depend on the collaborative and supportive relationship with Administrators.
- Although they are separate and distinct from the long-term care home, Residents' Councils require ongoing support. The residents that comprise Councils live in long-term care because of complex medical and health-related needs and they require extensive support from external organizations/people to assist with their Residents' Council operations.

## Glossary

**Resident** - A person living in a long-term care home.

**Residents' Council** - A formal advisory body, comprised only of residents. The Council belongs to residents and is independent of the long-term care home. However, it is supported by the home to operate. Residents' Council meetings are intended to provide residents with a safe place to come together as peers to share successes and challenges of living in a long-term care home and to reach consensus decisions. Through their Council, residents are also actively engaged in discussions about quality improvements and home operations. In Ontario, the Residents' Council is afforded a wide scope of rights, roles, and responsibilities that are embedded in legislation, specifically, the Fixing Long-Term Care Act (FLTCA, 2021). It is important to remember that all residents living in the home are members of the Council, regardless of whether or not they are able or choose to attend meetings.

**Residents' Council Assistant** - A designated long-term care home team member (staff) who assists and takes direction from the Residents' Council. According to FLTCA, 2021 (c. 39, s. 64 (1).), the Residents' Council Assistant is appointed by the licensee (Administrator) and must be acceptable to the Council to support them.

**Resident Leader** - A person living in the long-term care home who has taken on a formalized leadership role within the Residents' Council, often by nomination or election.

**Team member** - A person working in a long-term care home, also referred to as a staff member. The term team member implies that a person is working as part of a team, often towards a shared goal.

## Background

Healthy, effective, and well-supported Residents' Councils are a powerful barometer for the culture and quality of life in a long-term care home. When residents are meaningfully engaged, well-informed, well supported, and authentically heard, concerns can be worked out collaboratively and improvements can be celebrated in partnership.

The Ontario Association of Residents' Councils (OARC) is the only organization mandated to support Residents' Councils and to elevate and reflect the resident experience, as spoken by residents themselves. OARC is uniquely positioned to fulfil this mandate because everything we do is done alongside residents. Residents from long-term care homes across Ontario are involved in OARC's governance and operations, and in every conversation and consultation. The foundation of our work is built upon relationship-building, trust, and a collaborative spirit. We lead by example, reminding other long-term care stakeholders that consideration for residents must be at the core of decisions at every level.

OARC's understanding of the needs of Ontario's long-term care Residents' Councils was significantly enhanced by the province-wide environmental scan that we conducted in the summer of 2022. This scan involved the development and execution of our first Residents' Voices Survey, which yielded over 1,000 responses from residents, Residents' Council Assistants, and Administrators. Our survey was guided by three key objectives:

1. Discover how Residents' Councils are currently structured and how they are operating.
2. Determine the difficulties experienced by Residents' Councils and opportunities to improve their operations.
3. Learn how to further enable residents to be active decision-makers within their homes and in collaboration with their home's Administration.

This report provides a review of our environmental scan, including the development and execution of our Residents' Voices survey. We will explore our findings from each of the objectives above and discuss some of the next steps and opportunities for OARC and our sector more broadly to support and sustain Residents' Councils.



## Survey Development and Execution

Building on the three objectives outlined in the previous section, OARC's Residents' Voices survey was created in consultation with Resident Leaders from OARC's [Resident Expert Advisors and Leaders](#) (REAL) group. This group also piloted the survey before it was launched sector-wide.

The survey was cross-sectional by design, meaning that it was intended to be more observational in nature, allowing OARC to collect data from different individuals at a single point in time. The survey was made available in English and French in a digital, web-based (Survey Monkey) format and a printable, hardcopy paper format. The survey collection period was four weeks, beginning May 24, 2022, until June 20, 2022.

The survey itself was comprised of 39 closed-ended multiple-choice questions, each with the option of providing additional comments, and one open-ended question. The breakdown of survey questions by theme are:

- 5 demographic questions
- 25 questions on Residents' Council operations
- 8 questions on resident engagement in long-term care outside of Council
- 4 questions to explore familiarity with OARC's resources and services.

To raise awareness and support the uptake of the survey, OARC employed several strategies to encourage participation, including promotion through OARC's communication channels, posting on the Ministry of Long-Term Care's internal portal, Itchomes.net, and spreading the word through long-term care stakeholder partner meetings. At the long-term care home level, survey participation was further encouraged through in-person OARC home visits, word of mouth, and posters that were designed and circulated by OARC.

## Survey Analysis

For questions about the Residents' Council's structure and operations, all the responses from one long-term care home were aggregated as a singular 'home-level response' representing the whole home. Each home-level response was weighted equally for analysis. Results from close-ended questions with mutually exclusive answer options were aggregated by having the option with the most individual responses from that home as that home's response. For other checkbox

questions, where respondents could select multiple answer options, all individually selected answer options were summed and counted toward the home-level response. Comments were qualitatively analyzed, and unique practices identified were captured in a narrative synthesis. All other close-ended questions were quantitatively described and summarized. The open-ended question was coded thematically by two analysts and each theme was then quantified. Missing data for each question was excluded from the analysis of that question.

### Survey Engagement and Sample Representation

The Residents' Voices survey yielded 1,002 responses, with respondents identifying as residents, Residents' Council Leaders, Residents' Council Assistants, and Administrators. Family members were also engaged in a supportive capacity, assisting residents to complete a survey or in some cases, completing a survey on a resident's behalf. This distinction was also captured in the demographic data ([Appendix A: Question 1](#)).

The highest proportion of survey participants were residents followed by Resident Council Assistants. Of the residents who completed a survey, including those who identified a Residents' Council Leader, 32.11% were able to do so without assistance ([Appendix A: Question 2](#)). Our findings indicated that residents were significantly more likely to complete the survey with assistance (95% confidence  $p=0.05$ ). The need for assistance could stem from physical, cognitive, or technological limitations. The high percentage of residents requiring assistance is reflective of the trends of increasing acuity and need for care among residents moving into long-term care in Ontario.<sup>1</sup>

With 426 surveys completed by residents (including Resident Leaders), we are over **95% confident** that our sample is representative of the true population in long-term care. As for the other categories of respondents, assuming there is only one Administrator and one Residents' Council Assistant per home for all of Ontario's long-term care homes, OARC is over **75% confident** that our survey is representative of Administrator perspectives, and over **90% confident** that our sample is representative of Residents' Council Assistant opinions.

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<sup>1</sup>Canadian Institute for Health Information (2018). *Continuing Care Reporting System: Profile of Residents in Continuing Care Facilities 2017-2018*. Ottawa: CIHI.

The graph in [Appendix B- Figure 3](#) displays the proportion of surveys completed in each Ontario Health Region, the distribution of which was fairly consistent across the province. This further strengthens our confidence that our survey sample is representative of Residents' Council perspectives throughout the province.

## Exploring Our Findings

### Survey Objective 1: Residents' Council Structures and Operations

Of the 302 homes that responded to the survey, 80% indicated that their respective Residents' Councils had met during the COVID-19 pandemic with varying frequencies, using a variety of meeting formats. In some cases where physical meetings were not possible, residents (including Resident Leaders) relied on Residents' Council Assistants to engage them on a one-to-one basis for consultation and feedback. Of the 285 long-term care homes that had described meeting in one or more ways during the past two years, 84 home's Councils reported meeting virtually, 57 mentioned cohorting, and 59 reported meeting by floor or Resident Home Area. Some creative approaches to meeting during periods of outbreak included different floors gathering in real-time and connecting to other floors using the Zoom platform to host a virtual meeting. Other homes reported using microphones to accommodate residents with hearing impairments while maintaining safe physical distancing. Many of the creative Residents' Council meeting adaptations reflected in the survey are summarized in OARC's Guidance Document called [Considerations and Strategies for Long-Term Care Homes During Outbreaks](#) and its companion [Questions and Answers document](#).

Our survey results indicate that most Residents' Councils meet once a month. The most common ways of convening are through whole-home gatherings using physical distancing (36%) followed by small group meetings by floor or Home Area (26%).

Over 77% of respondents indicated that their Residents' Council has one Residents' Council Assistant. During the pandemic, many Councils required additional team members to support Residents' Council meetings, especially when coordinating meetings in different parts of the home, sometimes simultaneously. In these cases, respondents may have reported a higher number of Residents' Council Assistants, as this responsibility was often extended to

recreation team members. Some respondents who were unfamiliar with the term 'Residents' Council Assistant' selected the survey response 'unsure' for this question (31 responses). By profession, Residents' Council Assistants are most commonly Recreation/Activation Managers (46.6%), followed by frontline Recreation team members (23.6%).

Ontario Long-Term Care legislation has laid out specific powers for Residents' Councils (FLTCA, 2021). The types of activities that Residents' Councils are engaged in are captured in [Appendix A: Question 10](#). The most commonly reported activity is reviewing the Residents' Bill of Rights (37%). Other Council activities (20%) included planning special events, reviewing mission statements, attending other committees or subcommittees (including the food committee), reviewing inspection reports, and fundraising. Less commonly, Residents' Councils were engaged in reviewing financial reports (15%), contributing to human resources decision-making, and other self-identified areas.

Our survey revealed that some Residents' Councils (20%) have a formalized partnership and work collaboratively with the Family Council in their long-term care home. This type of Council collaboration involves staying in touch between meetings, sharing communications, inviting Council representatives to attend respective meetings by invitation as a guest, and joint fundraising or event planning.

When asked to speak to the leadership structure of their Residents' Councils, two-thirds of respondents selected the traditional executive model, often characterized by an elected President, Vice President etc. One-third of Residents' Councils reported that they have adopted a [Shared Leadership](#) Team model, comprised of Resident Leaders who contribute to the work of the Council based on individual strengths, without a formal title or position. Some respondents also specified using a hybrid model where there was one or two Presidents or co-chairs working alongside a general Residents' Council group. Another approach to Residents' Council leadership, which 49 Councils from our survey use, is the [Home Area Representative](#) model, where there are Resident Leaders representing each part of the long-term care home who form the leadership team for Council.

The following details were also captured about Residents' Council operations:

- Just over one-third of Residents' Councils have operating [Bylaws](#).
- Nearly all respondents (96%) shared that their Residents' Council meeting minutes are accessible to them.
- Meeting minutes are most commonly posted in one area of the home.
- The most common process for Residents' Council elections is by self-nomination or nomination by peers and with a show of hands.
- 20% of long-term care homes indicated that they follow the [OARC Elections Fact sheet](#), and 18% of homes indicated that their Councils do not hold elections.
- Two-thirds of Homes indicated that residents were engaged in [welcoming initiatives](#) for residents upon move-in (social events, welcome baskets and cards).

#### Survey Objective 2: Current Challenges Experienced by Residents' Councils

When asked about the current challenges facing Residents' Councils, COVID-19 outbreaks were the most commonly reported, as reflected in 17% of the responses. Respondents reported that the COVID-19-related protocols, including infection prevention and control, contributed to their perception of their Councils losing momentum, which resulted in 'difficulties regrouping' (3.2% of comments) and added barriers to meeting frequency and continuity. Mandatory masking also made facilitating meetings difficult and contributed to communication challenges among residents with impaired hearing and those who require visual cues (i.e. mouth moving).

The strain of the pandemic also left many homes short-staffed and experiencing high staff turnover. As Residents' Councils increasingly rely on their long-term care team members to support Council operations, these human resourcing challenges further compound barriers to maintaining a consistent Council connection. Additional survey comments were indicative of a perceived lack of dedicated time and resources to support the Residents' Council. Residents Council Assistants also expressed their restricted ability to dedicate more than a few hours per month despite recognizing that more time was needed to adequately support their Council.

Another theme that emerged was a perceived lack of engagement and disinterest among residents with their Residents' Council. Respondents reported low

meeting attendance (11.7%), a lack of engagement during meetings and experiencing difficulty with recruiting and retaining residents to fulfill leadership positions (3.01%) on the Council. One possible explanation for the lack of engagement and challenges with recruitment might be connected to changing resident acuity (including decreased average resident cognition), as mentioned by 7.62% of respondents and resident capacity in general as mentioned by 4.96% of respondents. These concerns align with the observed trend that residents have increasingly greater care needs and cognitive decline.<sup>2</sup>

On a related note, when asked to rank the importance of Residents' Councils, Administrators and Residents' Council Assistants, on average, ranked them higher compared to the rankings submitted by residents and Residents' Council Leaders ([Appendix A: Question 21](#)). This signifies a disconnect in which long-term care home team members and management may be placing more value on Councils than the residents themselves. This might be linked to another significant barrier that was captured through the survey. Residents reported that they feel that they are not being heard or considered by management and in some cases, residents reported that their concerns, when elevated through the Residents' Council, lacked an actioned response (1.4%). Similarly, residents were more likely to rank Residents' Councils as somewhat ineffective compared to Administrators and Residents' Council Assistants, who were more likely to rank Residents' Councils as 'extremely effective'. Team members, on average, were also more satisfied with the home's responses to Residents' Council concerns than residents reported themselves.

The theme of perceived Council effectiveness was also reflected in the responses connected to the question about Residents' Council engagement in the home's decision-making. Significantly fewer residents and Resident Leaders compared to Administrators reported a perception that the Residents' Council was engaged in decision-making in the long-term care home. These results suggest that there might be a sense of uncertainty or frustration among residents that influences their perception or understanding about whether their long-term care homes are doing enough in response to Residents' Council concerns and engaging residents

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<sup>2</sup>Canadian Institute for Health Information (2018). *Continuing Care Reporting System: Profile of Residents in Continuing Care Facilities 2017-2018*. Ottawa: CIHI.

in operational decision-making. Resident attitudes towards their Council including their own descriptions of perceived barriers are captured in [Appendix C](#).

### Survey Objective 3: Resident Engagement Outside of Residents' Council

At OARC we understand that the Residents' Council is one of many avenues through which residents are engaged in their long-term care homes. The table in [Appendix A – Question 29](#) captures other areas of engagement and the degree to which residents are involved. Participation on a Food Committee, which can operate separately but is often connected to the Residents' Council, and taking part in the annual Resident and Family Satisfaction survey process were two areas that topped the list. Survey results also indicate that residents take on volunteer roles within their homes, are involved in welcoming initiatives, contribute as part of Quality Improvement Committees, and serve as peer mentors/friendly visitors. To a lesser degree, residents participate as Residents' Rights educators, are involved in human resources/hiring new employees, participate in other home committees such as Palliative Care, and help to facilitate tours with prospective residents and families. Outside of the options listed on our survey, we heard that residents are also involved in medication safety programs, they provide input for the Recreation program and emergency planning and have supported Accreditation efforts.

### Impact of dementia, cognitive change and changing acuity of residents:

The graph in [Appendix A – Question 40](#) illustrates a range of identified barriers that respondents felt prevent residents from influencing decisions in their homes. Of the 37% of respondents that reported that barriers existed, the majority (59%) cited the primary reason as, “too many residents are unable to speak for themselves.”

People living with cognitive changes represent a large and expanding proportion of residents in Ontario long-term care homes.<sup>3</sup> When asked how people with dementia are considered in their homes, the top responses included having their personal history and preferences considered and consulting a substitute or family care partners.

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<sup>3</sup> Ontario Long Term Care Association. (2019). This is Long-Term Care 2019. Toronto, Ontario: Ontario Long Term Care Association. © 2019 Ontario Long Term Care Association.



When asked to indicate areas of interest for future learning, dementia education and related communication strategies was the top-rated response reported across all groups of respondents. Outside the scope of this survey, OARC has received similar requests from residents and Resident Leaders seeking resources to better understand, include and live cohesively with resident peers living with cognitive changes. Many Residents' Council Leaders were also interested in learning about the Fixing Long-Term Care Homes Act, 2021 (58%) including changes in the inspections process (59%), and mental health (57%). Residents, who did not identify as a Residents' Council Leader expressed that they were interested in learning about the Residents' Bill of Rights (44.4%) followed by mental health (39.7%). The most preferred education format for Residents' Council Assistants, Residents' Council Leaders and other residents were webinars, written information, and in-person presentations, respectively.

### Familiarity and Connection to OARC

Survey respondents were asked to indicate their familiarity with OARC through a series of questions. We learned that Administrators and Residents' Council Assistants were most likely to have accessed our website and to have received our email communications. While some Residents' Council Leaders have connected with OARC through these avenues, it was evident that they, along with other residents, were more likely to access OARC resources with the support of their Residents' Council Assistant. This role is an essential conduit and often the primary knowledge broker for residents in the home. For those who have accessed the OARC website, most have done so to access Residents' Council meeting tools and templates, educational webinar information, and to learn more about the organization.

### Implications for OARC

#### Strengths

The robust number of survey responses was a primary strength of this research. The positive reception and uptake of the survey are reflective of OARC's reputation and established relationships with long-term care homes. Through this survey, we learned that OARC is particularly influential with the Residents' Council Assistant. The people serving in this capacity are the primary users of OARC's resources and are positioned to act as knowledge brokers, helping to mobilize and sustain Councils within the home. It can also be inferred from the demographic of



survey responses that OARC has the potential to directly impact one-third of all long-term care homes in Ontario. The significantly higher proportions of homes responding from our corporate partners also reflect the strength of those relationships.

### Weaknesses

In the four questions relating to OARC and familiarity with our resources, residents were more likely to indicate 'unsure', implying that OARC's reach and reputation are limited among the resident population. Residents may not know or turn to OARC for information on sector updates and other resources unless a team member directs them. Similarly, the relatively lower response rate from Administrators in our survey may be reflective of OARC's limited reach or connection with this group outside of our current contributions to the curriculum Administrator/Leadership Training programs. While touchpoints with Administrators are an important part of OARC home visits and education sessions, most of the time is spent working knee-to-knee with residents and the Residents' Council Assistants.

### Opportunities

Some of the comments that came through our survey suggest that residents continue to feel a sense of lethargy, discouragement, and disinterest in Residents' Council participation for several different reasons ([see Appendix C](#)). To address this, OARC must have more frequent touchpoints, such as in-person interactions with Residents' Councils and their supportive partners (Assistants and Administrators), to remind them why Residents' Council matters. These touchpoints may include education about Council powers and scope of influence and sharing best practices to maximize engagement.

There is also an opportunity to work in partnership with homes to re-envision and cultivate more inclusive Residents' Councils by encouraging Councils to embrace the Shared Leadership Team or Home Area Representative models of Council leadership structure. These can be more sustainable approaches to Council leadership and allow more residents to contribute based on their strengths and interests compared to having one Council spokesperson. Most Councils also reported that they were operating without a set of Bylaws. This is another avenue through which OARC can provide education and showcase promising practices while promoting more continuity, sustainability, and effectiveness for Councils.

While OARC's primary audience has traditionally been residents and Residents' Councils, it is clear that the Residents' Council Assistant plays a key role, functioning as a knowledge broker, disseminating information to residents and bringing issues back to home management. The high survey response rate by Residents' Council Assistants suggests that OARC has already established a strong connection with this group. People serving as Council Assistants are the primary users of OARC's website, resources and educational webinars. At the home level, this role needs dedicated time and resources to do their job well. OARC can continue to bolster their tools to build capacity for Residents' Council Assistants. The high turnover rate for long-term care team members, which in some cases includes Council Assistants, presents an opportunity for OARC to create more targeted resources to support the onboarding processes for people serving in the Council Assistant capacity.

OARC recognizes that long-term care leadership, especially Administrators, will be a key audience to engage as they have the potential to set the tone in the home, to model a resident-centred culture and to demonstrate that the Residents' Council is valued and essential. Providing dedicated training to support the Administrator role would also be advantageous, as would education that facilitates relationship building and collaboration between each of the three pillars of Residents' Councils: residents, Residents' Council Assistants and the Administrator.

While those currently connected to OARC can speak to our organizational value, there is still work to be done to raise awareness about who we are and what we do to support Residents' Councils. We amplify resident voices and reflect lived experiences to inform policy and practice within the sector and public perception of long-term care more broadly.

The survey demonstrates a clear demand for education on dementia and communication strategies with people with cognitive decline. The education delivered would be best available in-person or through printable resources for residents, and webinars for Residents' Council Assistants.

The surprising proportions of Residents' Councils that are not currently engaged in welcoming initiatives with new residents can likely be attributed to the pandemic. However, this is another educational opportunity for OARC to assist

Councils in starting to adopt or reinstate these kinds of activities that connect residents with peers who are new to long-term care.

The substantial proportion of Residents' Councils that reported meeting virtually suggests that OARC may need to ensure that our suite of Residents' Council meeting resources are compatible with virtual meetings.

### Threats

The biggest issue threatening the sustainability of Residents' Councils province-wide is the changing acuity of residents. It takes time and hands-on support to help homes re-envision Residents' Council operations and adapt practices to meet the changing needs and abilities of the resident demographic. There are fewer cognitively well residents who can assume leadership positions and greater complexity is involved to engage residents and collect their perspectives. The lethargy stemming from years of inactivity during the pandemic further compounds the challenge of motivating residents to be involved, especially when they express feelings that their efforts are not yielding positive changes in their homes. High team member and Resident Leader turnover can also hinder the continuity and function of Residents' Councils.

### Environmental Scan Strengths and Limitations

The greatest strength of OARC's environmental scan and survey undertaking is that the large sample size increases the confidence, such that, there is over 90% confidence that our survey results are representative of the opinions and experiences of the people that live and work in Ontario's long-term care homes. Additionally, the mixed methods approach to data collection facilitated the ability to observe broad quantitative trends while explaining those trends using qualitative data. The extensive questioning also lent itself to a fulsome review of all the aspects of Residents' Councils, resident engagement, and organizational opportunities.

Some risks to the validity of responses include sampling bias and recall bias. The sampling bias is the possibility that the participants had better technological capabilities, physical capabilities, or cognition than those who did not complete the survey. They are also more likely to be more engaged in their home and to have engaged with OARC in the past, understand OARC's approach, and respond

following what they believe the organization expects, which results in a social-desirability bias. Further, due to the nature of retrospective, cross-sectional data collection, there is a high risk of recall bias where respondents do not have an accurate memory of past situations. Another limitation due to time constraints was the inability to pilot all the questions. Consequently, some questions may have been answered based on a misinterpretation of the question resulting in diluted or skewed results. The survey was also structured such that the primary unit of measurement was the individual as opposed to the Residents' Council. Not all participants indicated their home names resulting in some data loss when transforming data to answer 'home-level' specific questions.

### Discussion and Next Steps

OARC's Residents' Voices survey results have provided some valuable insights into the current state of Residents' Councils in Ontario's long-term care homes. In addition to identifying trends in Council operations and barriers to the effective functioning of Residents' Councils, we can deduce from our research that to strengthen and mobilize Residents' Councils moving forward, homes will require ongoing support and education. While some of the reported challenges experienced by Councils are the same, OARC recognizes that every Council and long-term care home's culture is unique and needs to continue to evolve. Furthermore, the success of OARC's support efforts will be contingent on our team's capacity and skillsets and our ability to provide a tailored approach when striving to meet the education and communication preferences of different audiences.

OARC has a vision for organizational growth to better meet the diverse and evolving needs of Residents' Councils and their supporters. OARC must expand to a Regional Support model with a dedicated Education and Home Support Manager based in every Ontario Health Region. This model, not unfamiliar to government, would enable timelier and nuanced, targeted in-person support for Councils. OARC's vision also includes a permanent, full-time Quality and Evaluation Specialist who can help OARC critically evaluate the impact of our efforts, including regular follow-ups with long-term care homes to measure progress, practice changes and positive outcomes as a result of OARC interventions.

Now more than ever, residents want and need to be part of shaping the places they call home. They need OARC's expertise and guidance to feel supported, heard, valued, and empowered, at both the long-term care home level and at the organizational and policy levels. We know that Residents' Councils provide one significant avenue to facilitate meaningful resident engagement. At the same time, it is evident that being mandated to exist is not sufficient; Residents' Councils need more tailored and relational support to function optimally.

Residents' Councils and the people that support them need OARC to provide a roadmap for how to move forward in a meaningful way that extends beyond legislative requirements. It is not enough that a Council exists—our survey evidence suggests that having a Council established does not always translate to an operationally effective Council, or to one that can influence decision-making and residents' quality of life. Empowering residents and teams and building capacity at the long-term care home level, combined with coaching and knowledge exchange at the organizational and sector levels will help us to fulfill our mandate and will contribute to the positive culture change that puts people above policy and relationships and connection at the centre of all we do.

Residents' Councils are legislatively mandated.

Anything that is mandated is therefore essential.

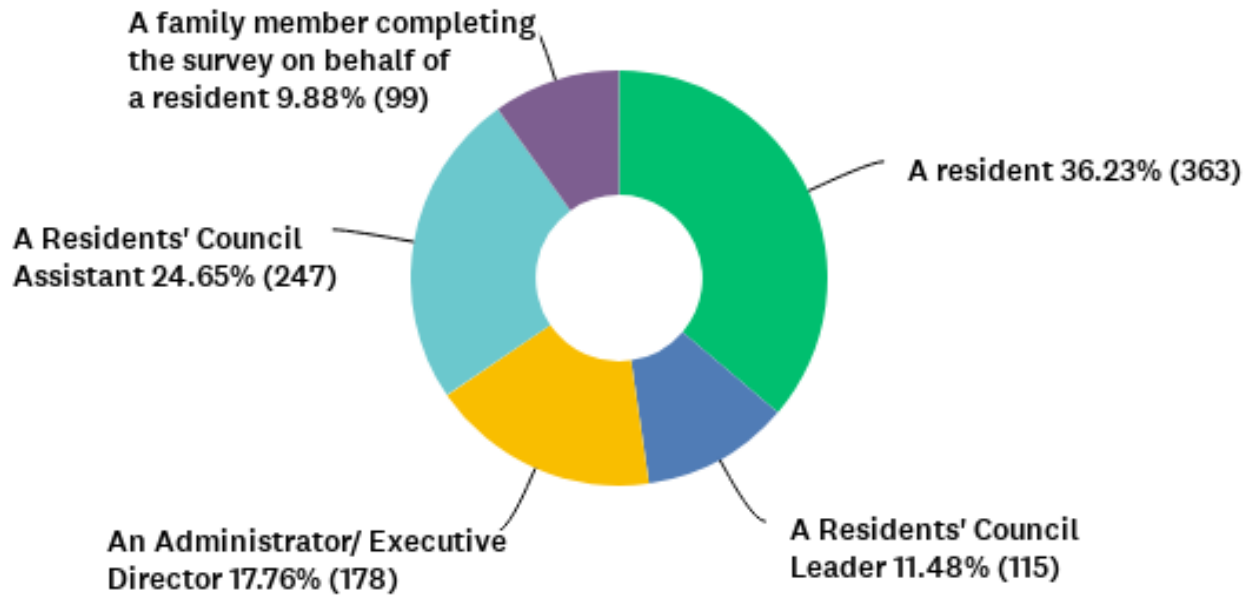
If something is essential, it must always function.

To function, a Residents' Council must be resourced and supported well.

# APPENDICES

Appendix A: List of Figures

Question 1: Who are you?



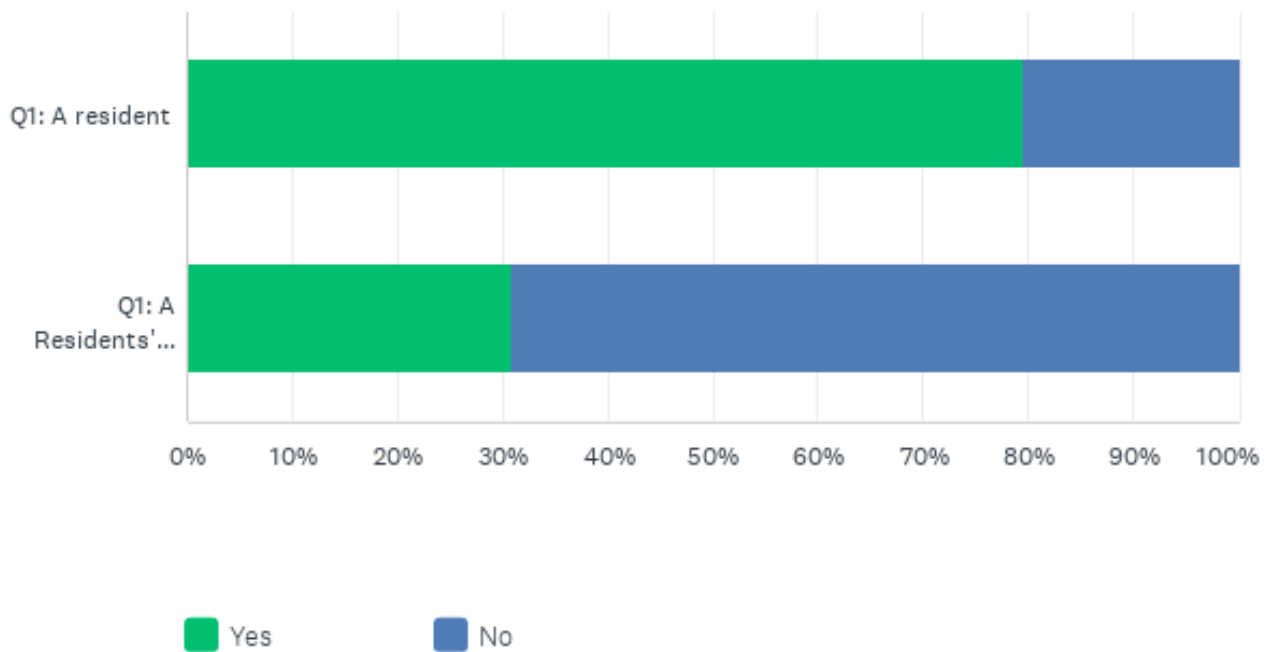
a. For everyone who started the survey:

Type or survey participant	Proportion/	Number of participants
A resident	36.23%	363
A Residents' Council Assistant	24.65%	247
An Administrator/ Executive Director	17.76%	178
A Residents' Council Leader	11.48%	115
A family member completing on behalf of a resident	9.88%	99

b. Among those who completed the survey: 745 Total completed the survey

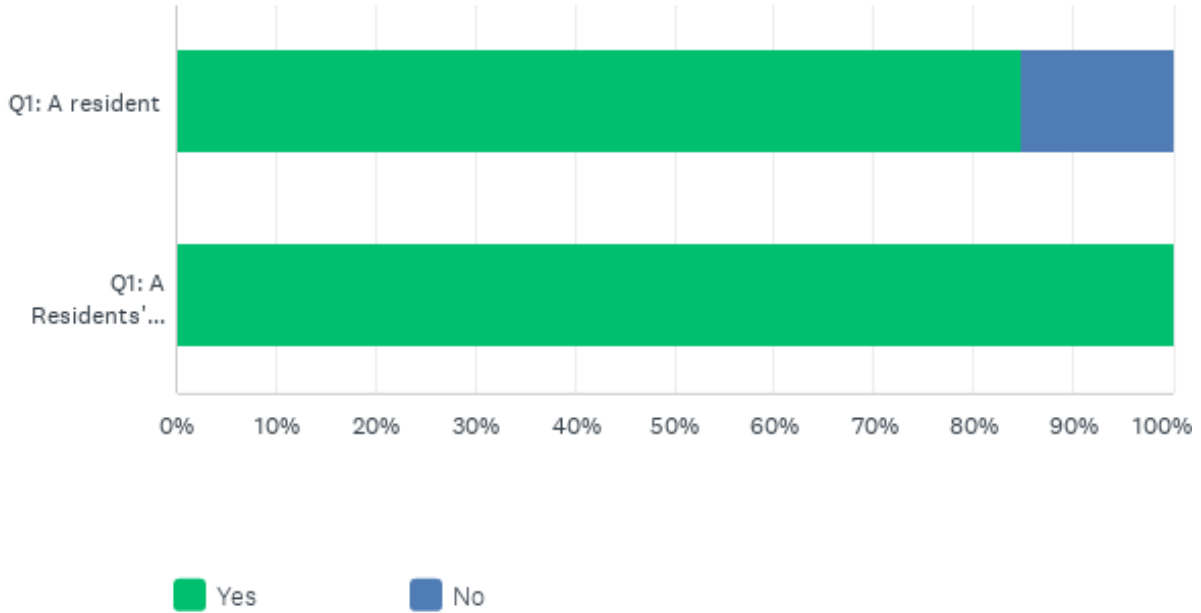
Type or survey participant	Proportion/	Number of participants
A resident	41.74%	311
A Residents' Council Assistant	26.44%	197
An Administrator/ Executive Director	16.38%	122
A Residents' Council Leader	11.14%	83
A family member completing on behalf of a resident	4.30%	32

Question 2: Is someone assisting you to complete the survey?

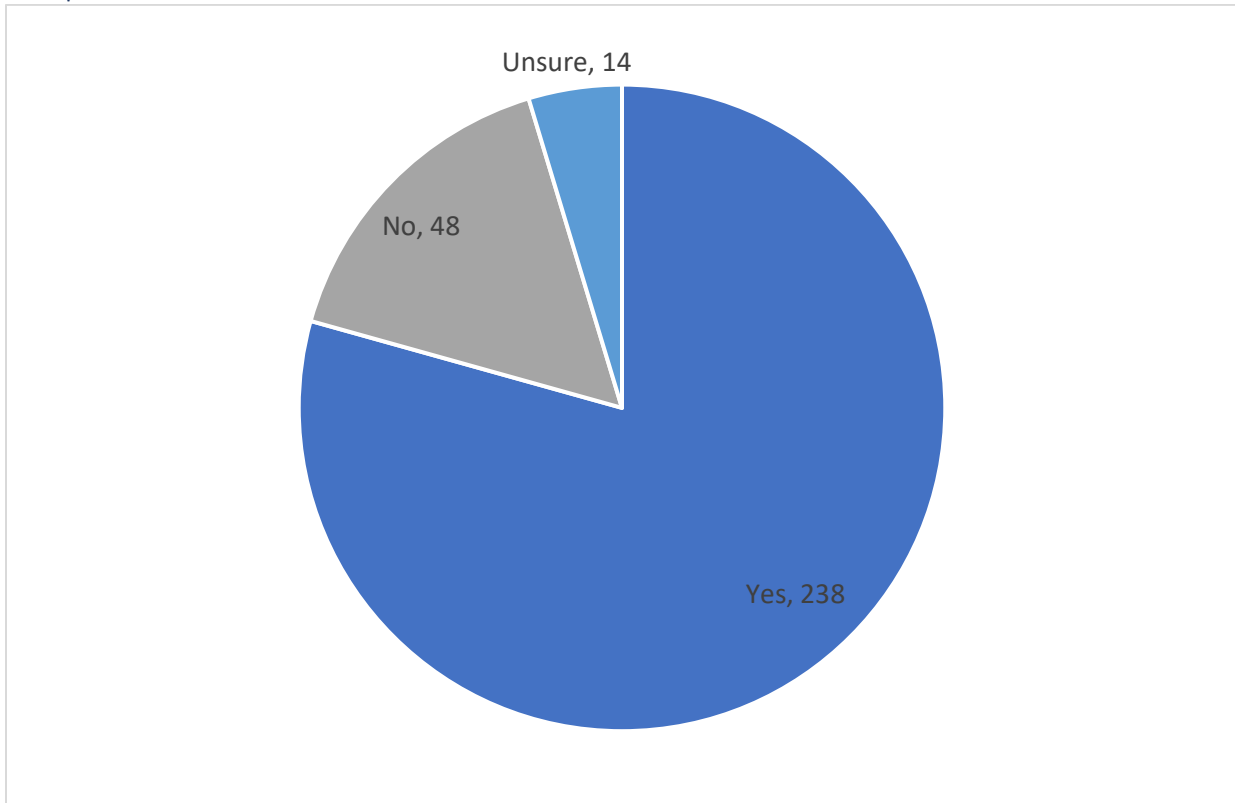




Question 3: Do you know about your home's Residents' Council?

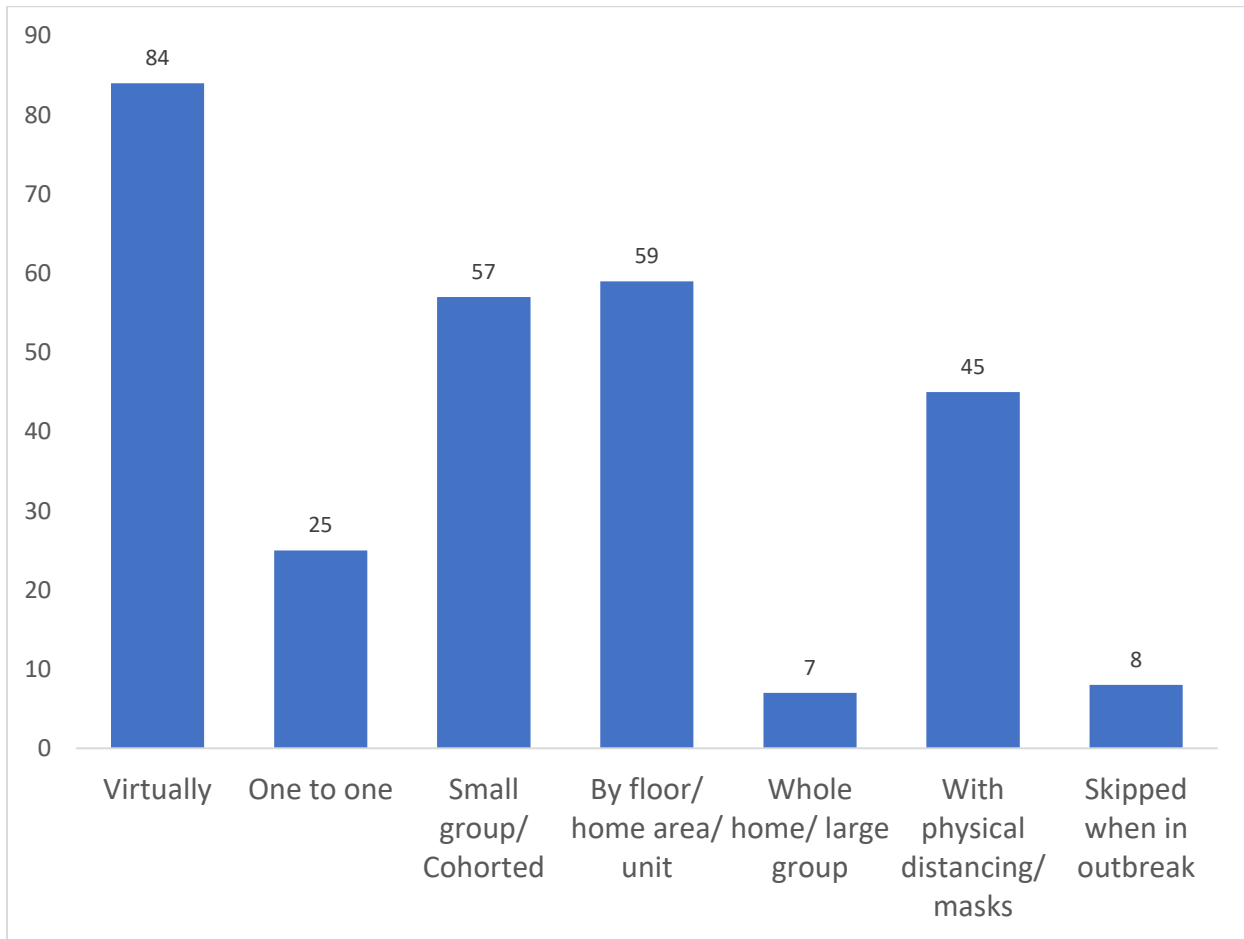


Question 4: Did your home's Residents' Council meet in the past two years during the pandemic?

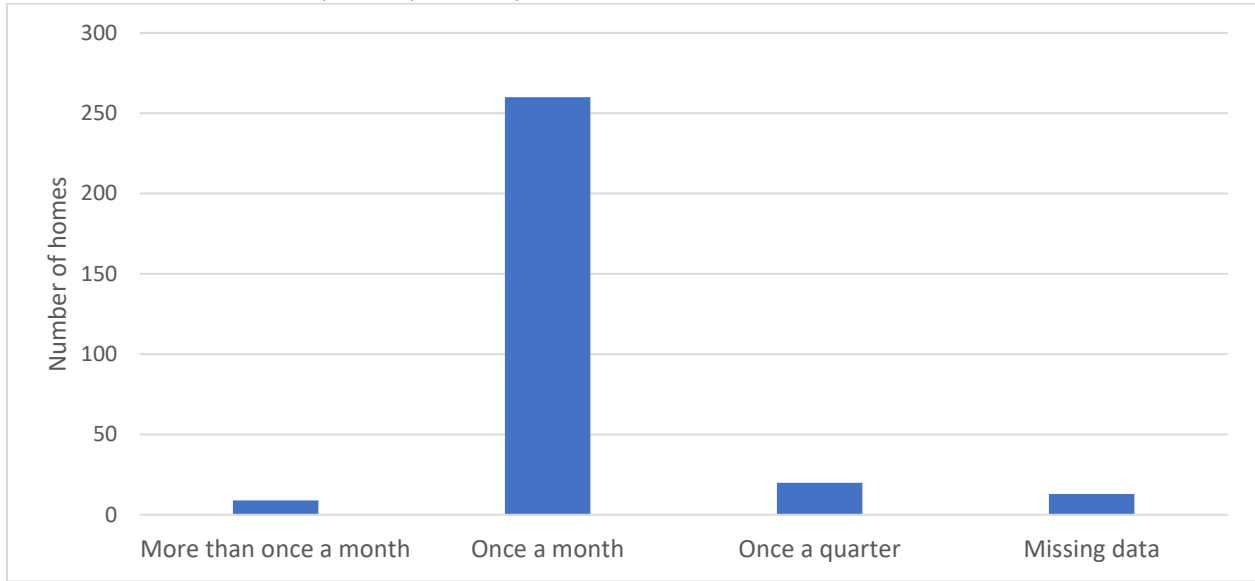


Q4 b: How did your Residents' Council meet during the pandemic?

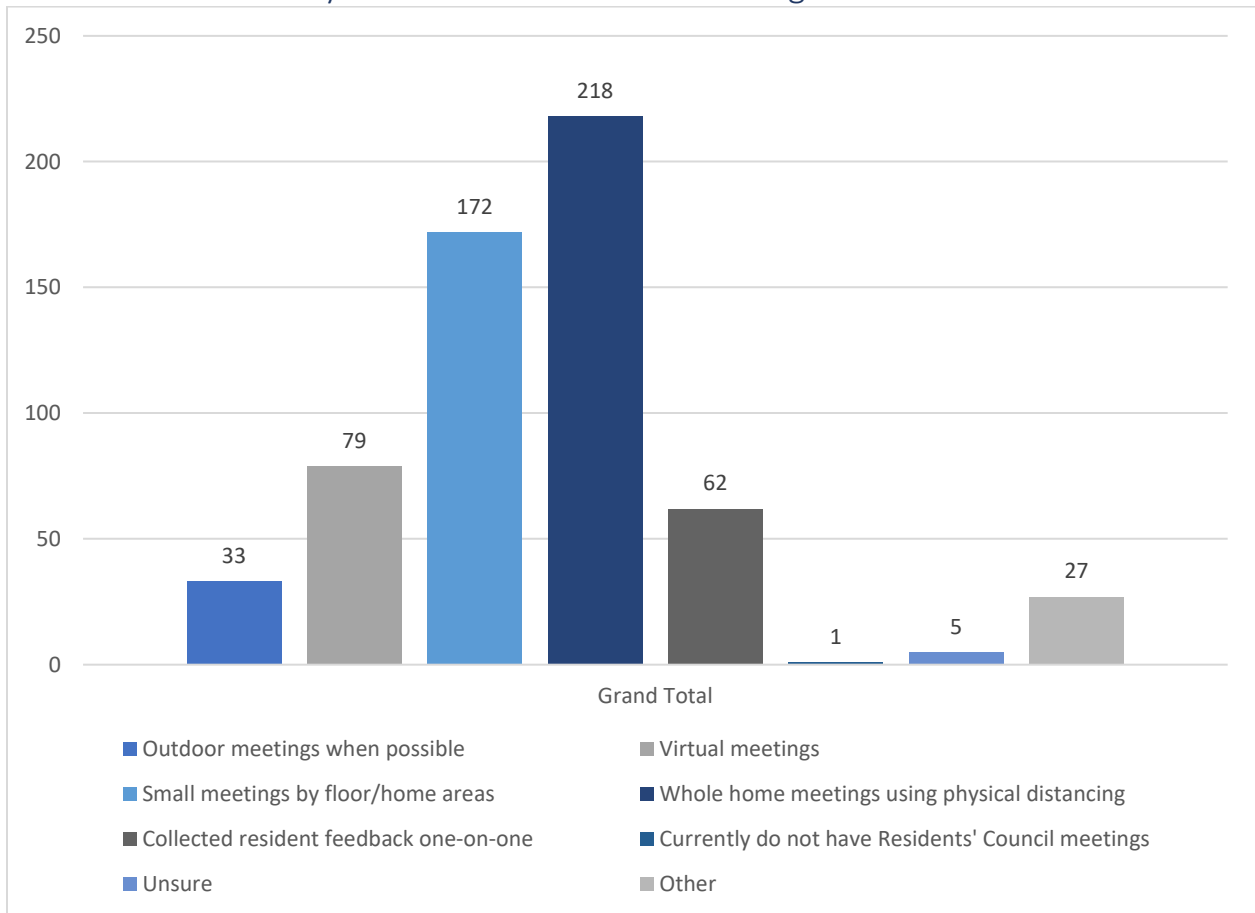
<i>Meeting Type</i>	<i>Number of Homes</i>
<i>Whole home/ large group</i>	7
<i>Skipped when in outbreak</i>	8
<i>One to one</i>	25
<i>With physical distancing/ masks</i>	45
<i>Small group/ In cohorts</i>	57
<i>By floor/ home area/ unit</i>	59
<i>Virtually</i>	84
<i>Total</i>	285

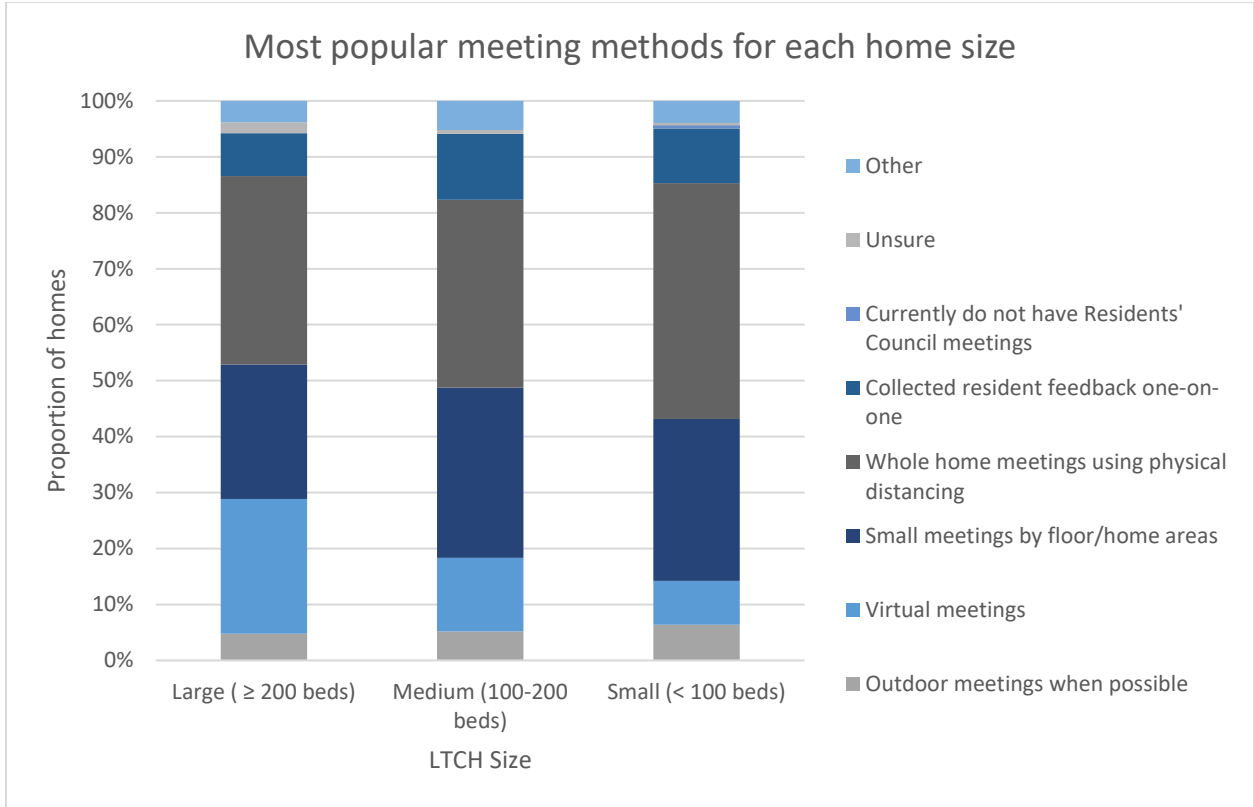


Question 5: How frequently does your Residents' Council meet?

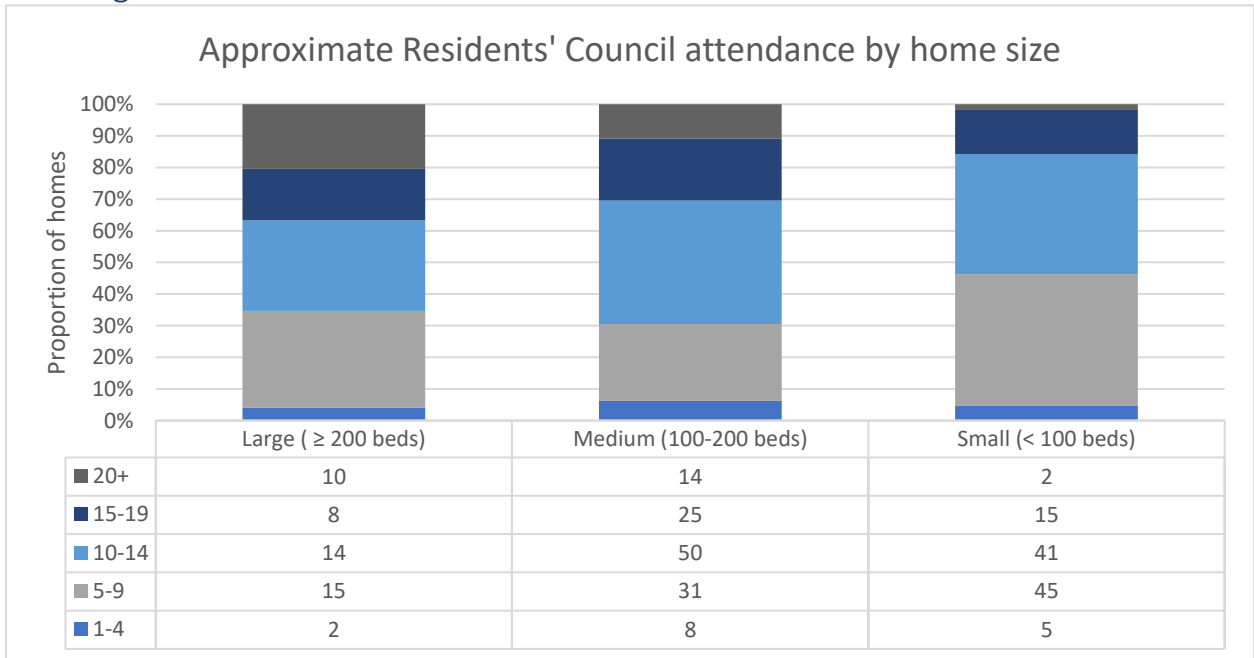


Question 6: How are your Residents' Council meetings conducted?

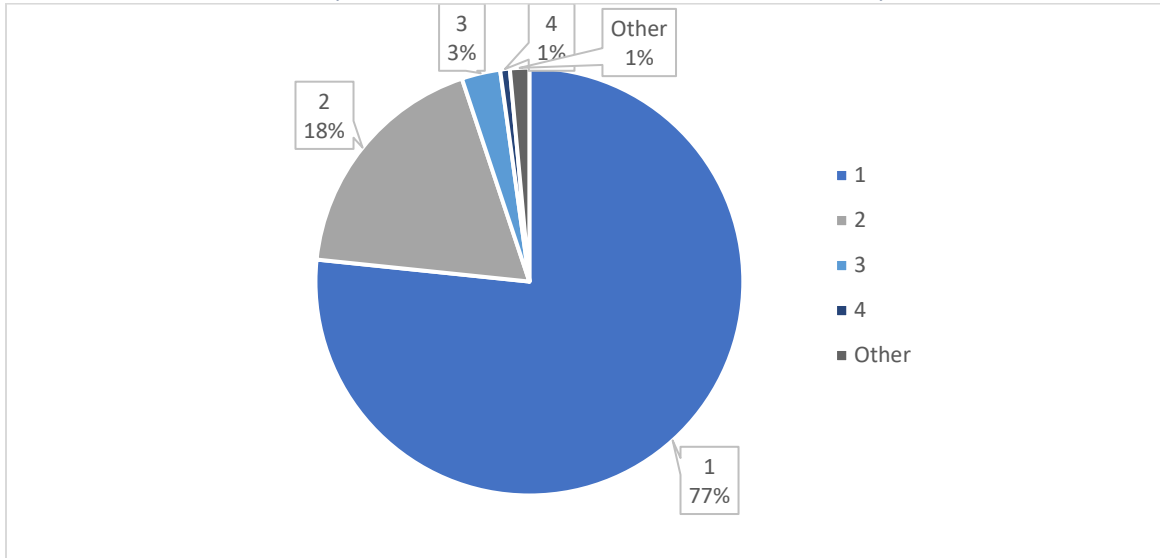




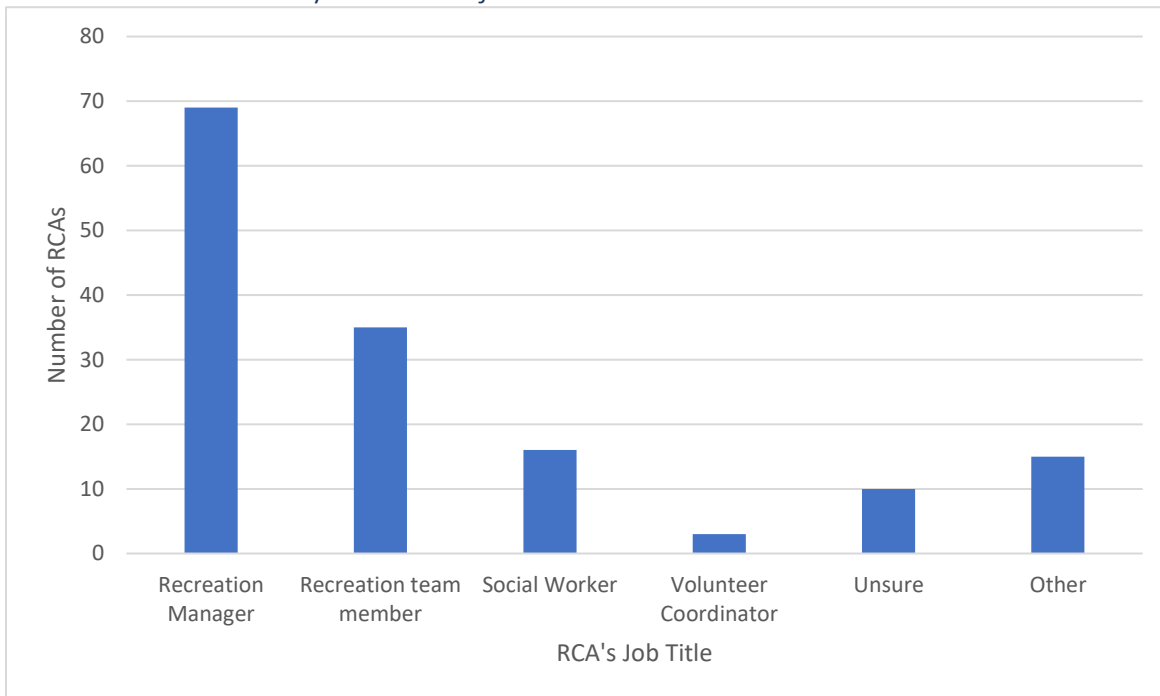
Question 7: Approximately how many people attend your Residents' Council meetings?



Question 8: How many Residents' Council Assistants does your home have?



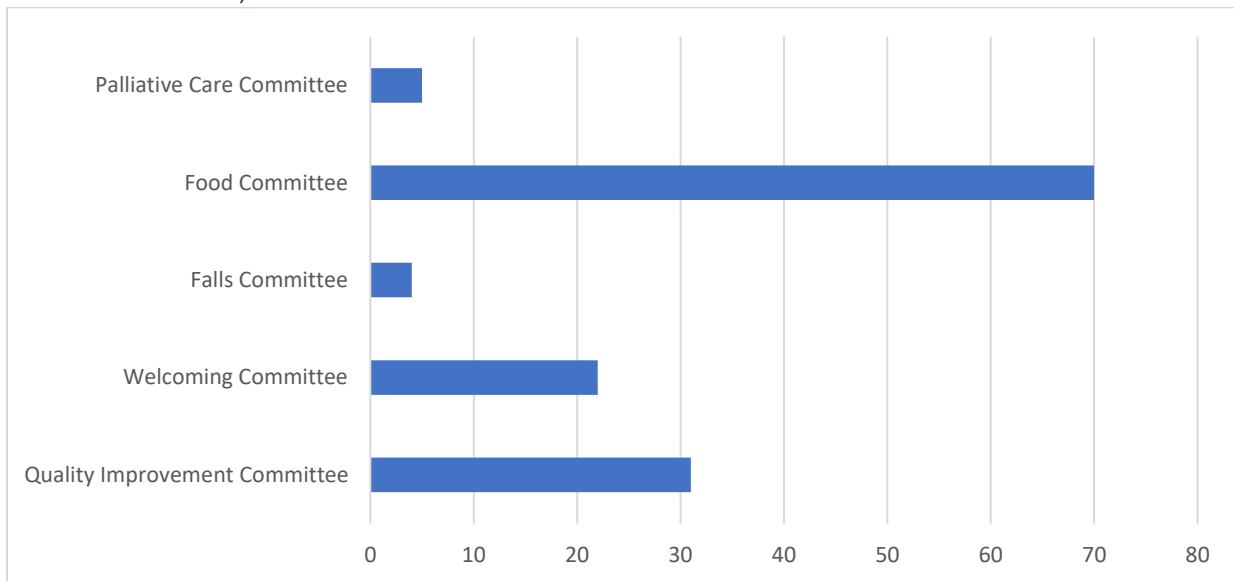
Question 9: What is your RCA's job title?



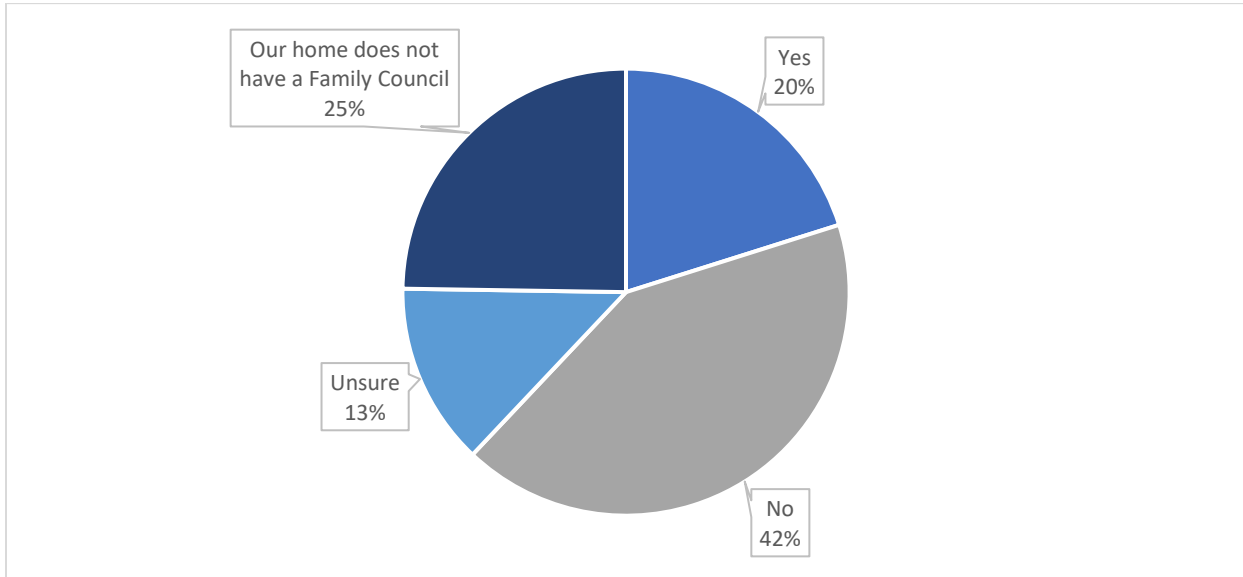
Question 10: What activities does your RC engage in?

<b>Activity</b>	<b>Number of homes</b>
Review residents' rights	111
Planning Special Events	86
Review the mission, vision and values of our home	80
Attend other committees/ subcommittees (e.g. quality committee, food committee etc.)	76
Review inspection reports	69
Fundraising	65
Review our home's financial statements/ annual reports	48
Interview potential employees/ involved in human resources	12
Other	6

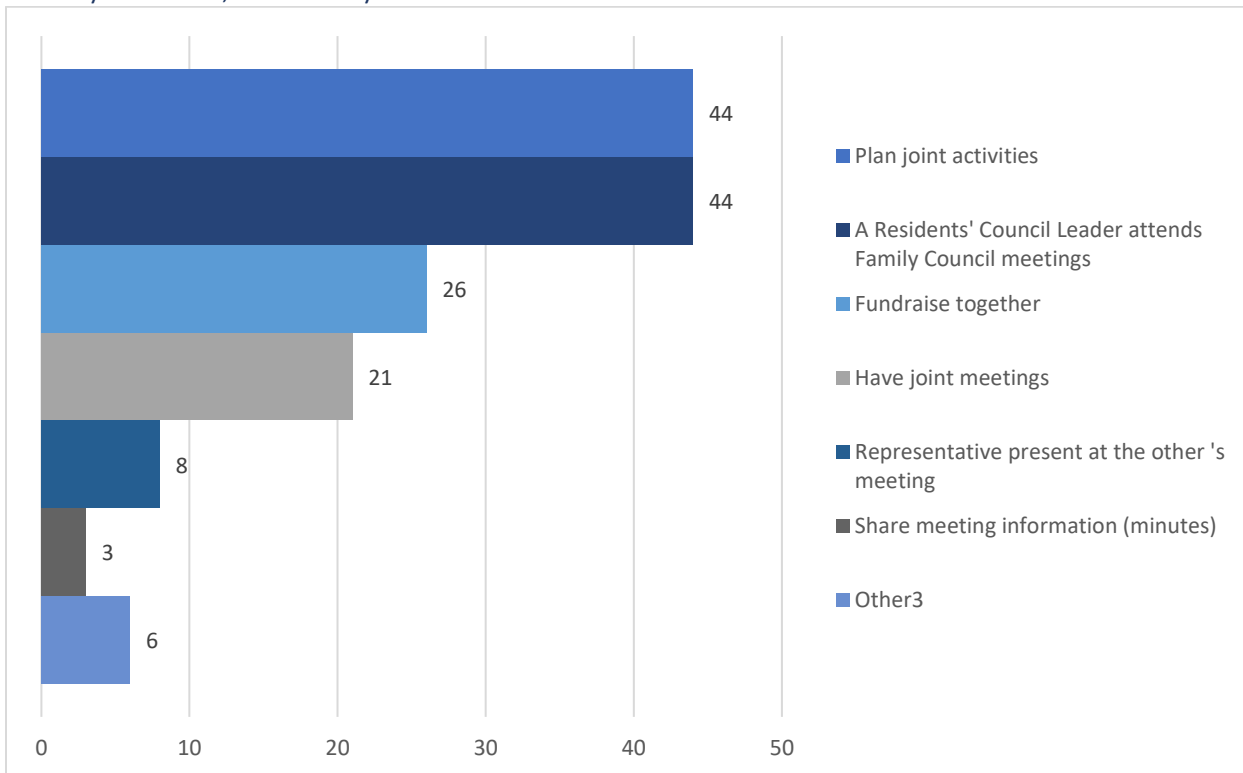
Question 11: Among homes where Residents' Council members attend subcommittees, what are the subcommittees?



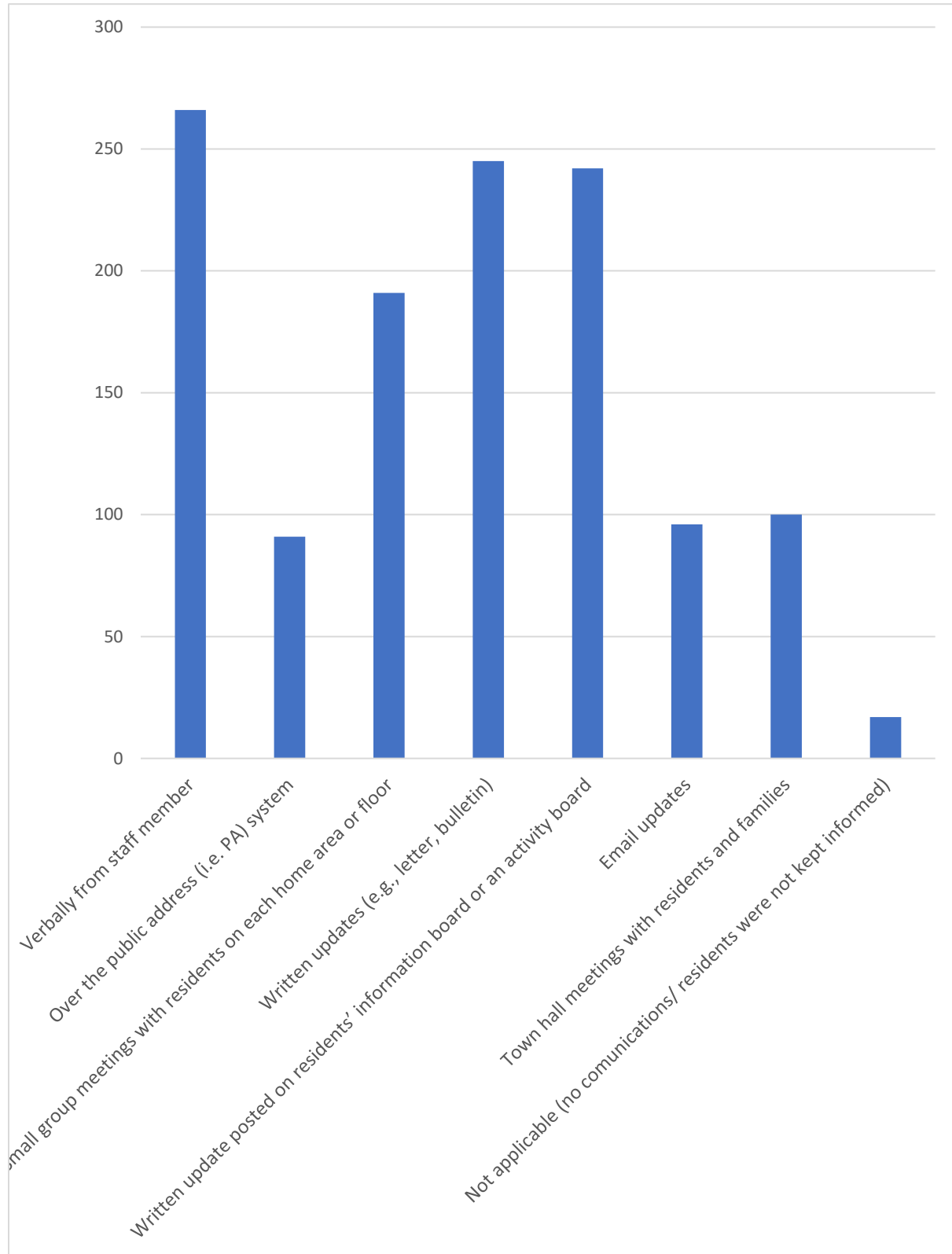
Question 12: Does your home's Residents' Council collaborate with your home's Family Council?



Question 13: Of the homes' Residents' Councils that collaborate with your home's Family Council, how do you do so?

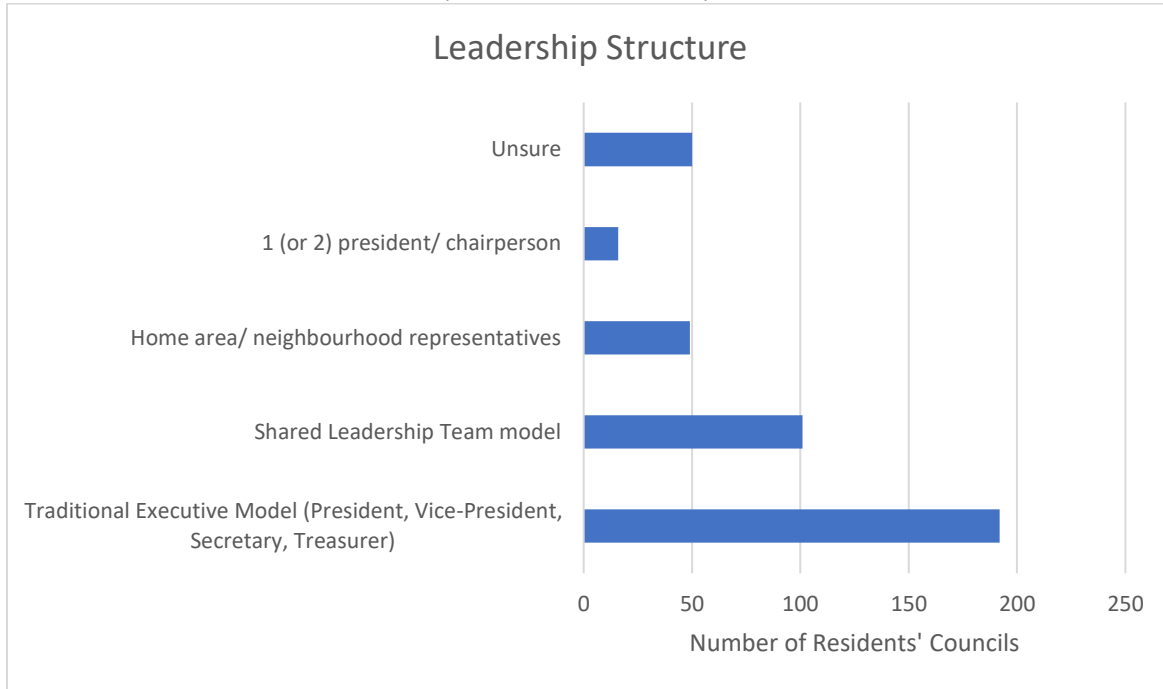


Question 14: Beyond Residents' Council, how does your home communicate with residents?

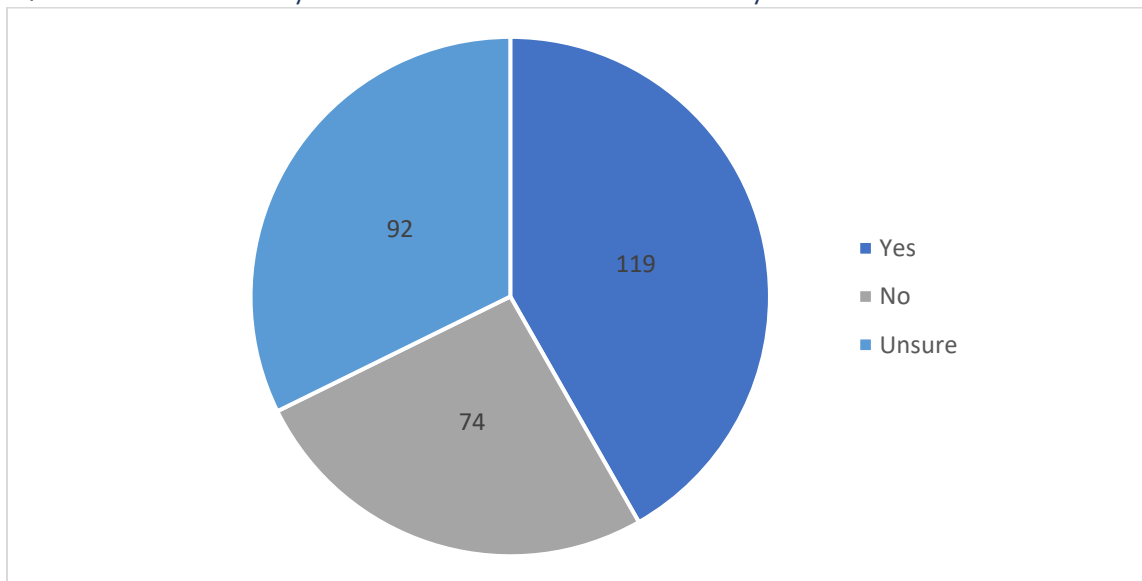




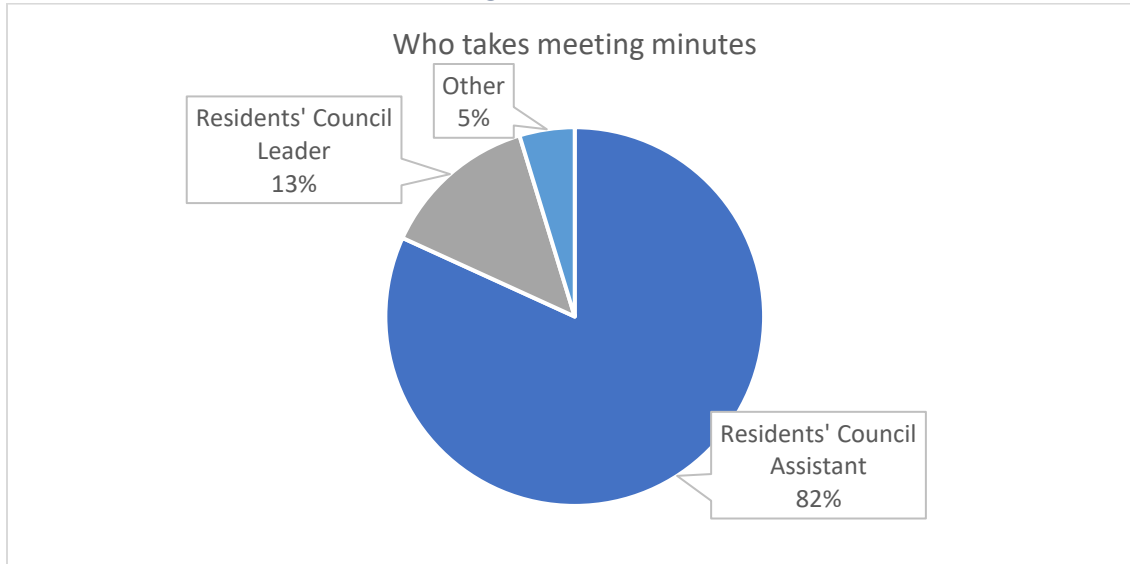
Question 15: What Leadership Structure does your Residents' Council follow?



Question 16: Does your Residents' Council have By-laws?



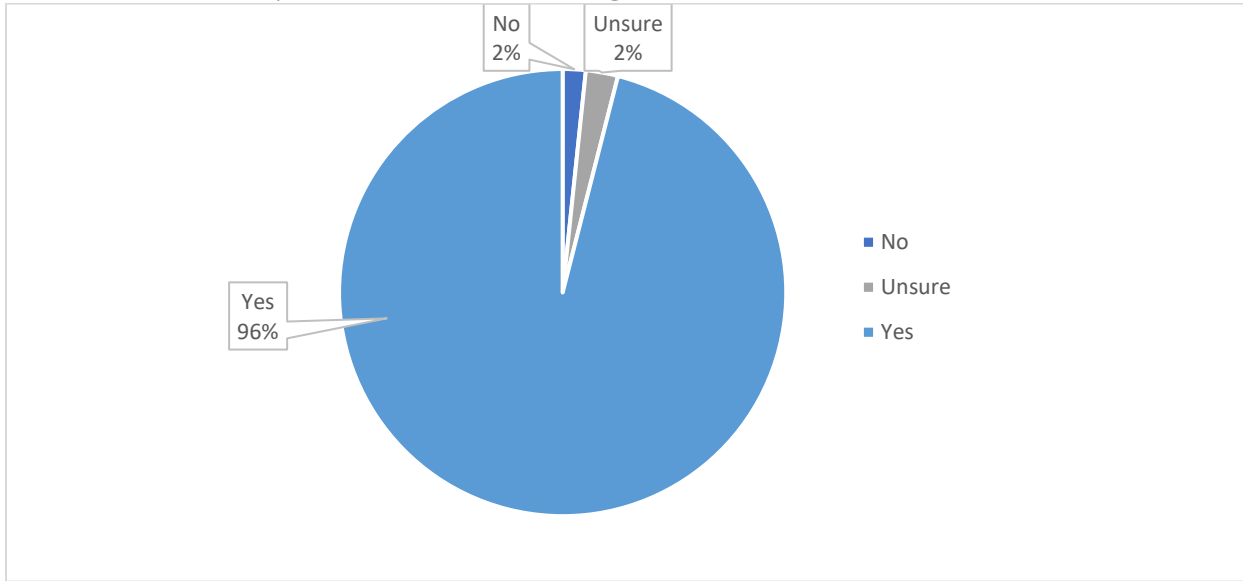
Question 17: Who takes meeting minutes or notes of Residents' Council meetings?



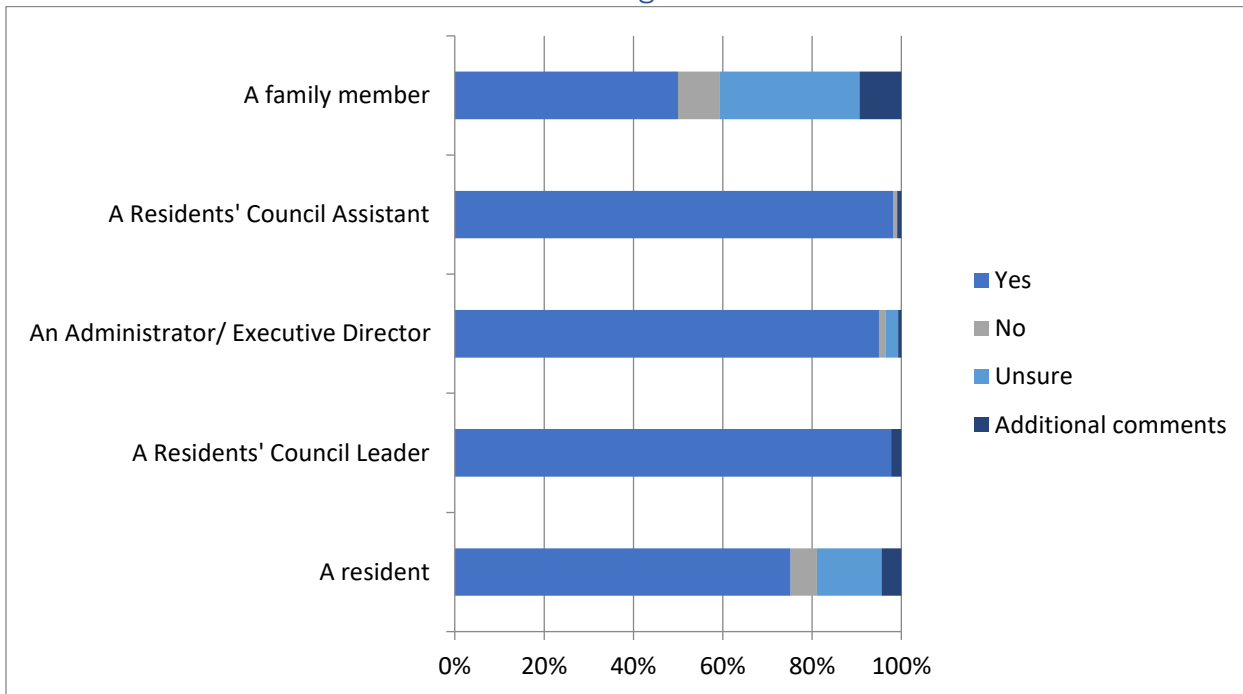
Question 18: How are meeting minutes shared in your home?

Distribution method	Number of Homes
Meeting minutes/ notes are posted in one area of the home	205
Meeting minutes/ notes are posted in each home area/ floor	160
Unsure	39
Distributed to residents (general)	25
Residents' Council meetings are not shared in our home	14
Posted in the binder (from other comments)	13
Copies distributed to executives (from other comments)	12
Other	12
Available on request (from other comments)	11
Meeting minutes are reviewed at the next meeting (from other comments)	9
E-mail (from other comments)	6

Question 19: Can you access the meeting minutes?



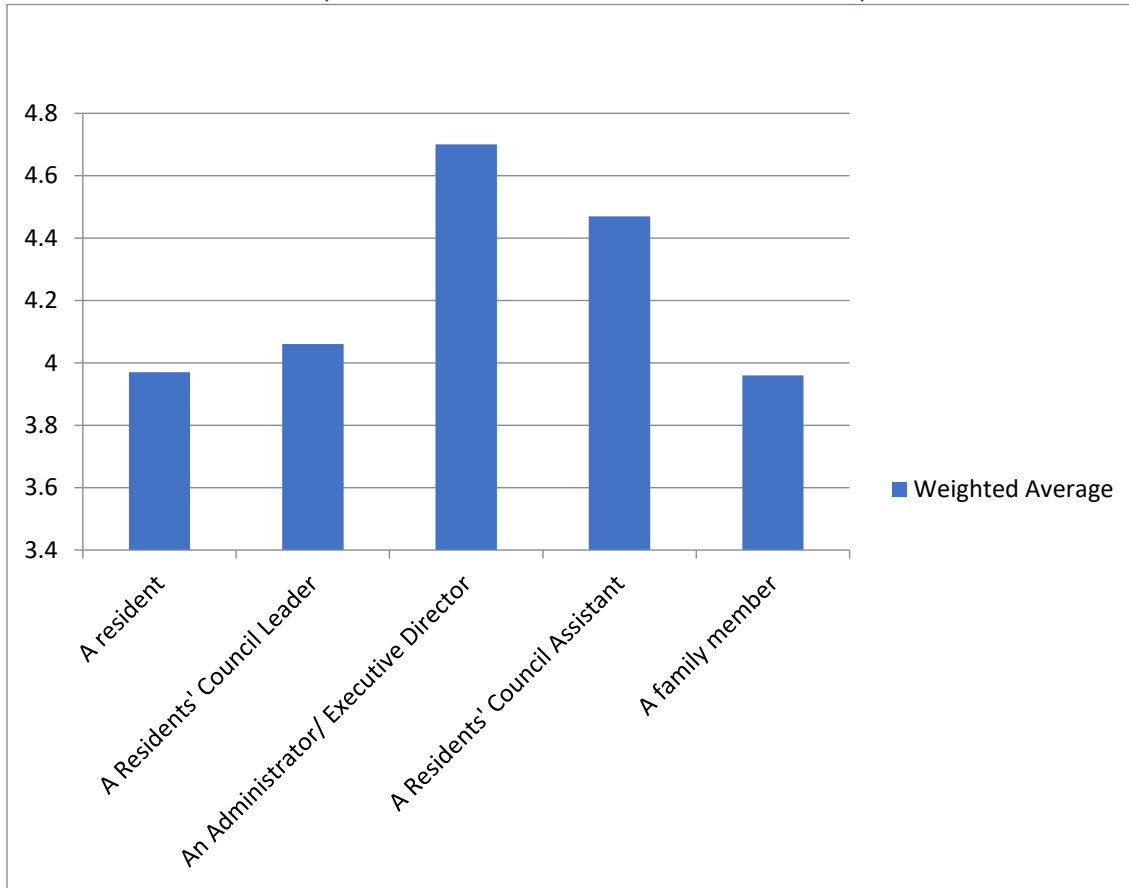
Question 19b: Who can access the meeting minutes?



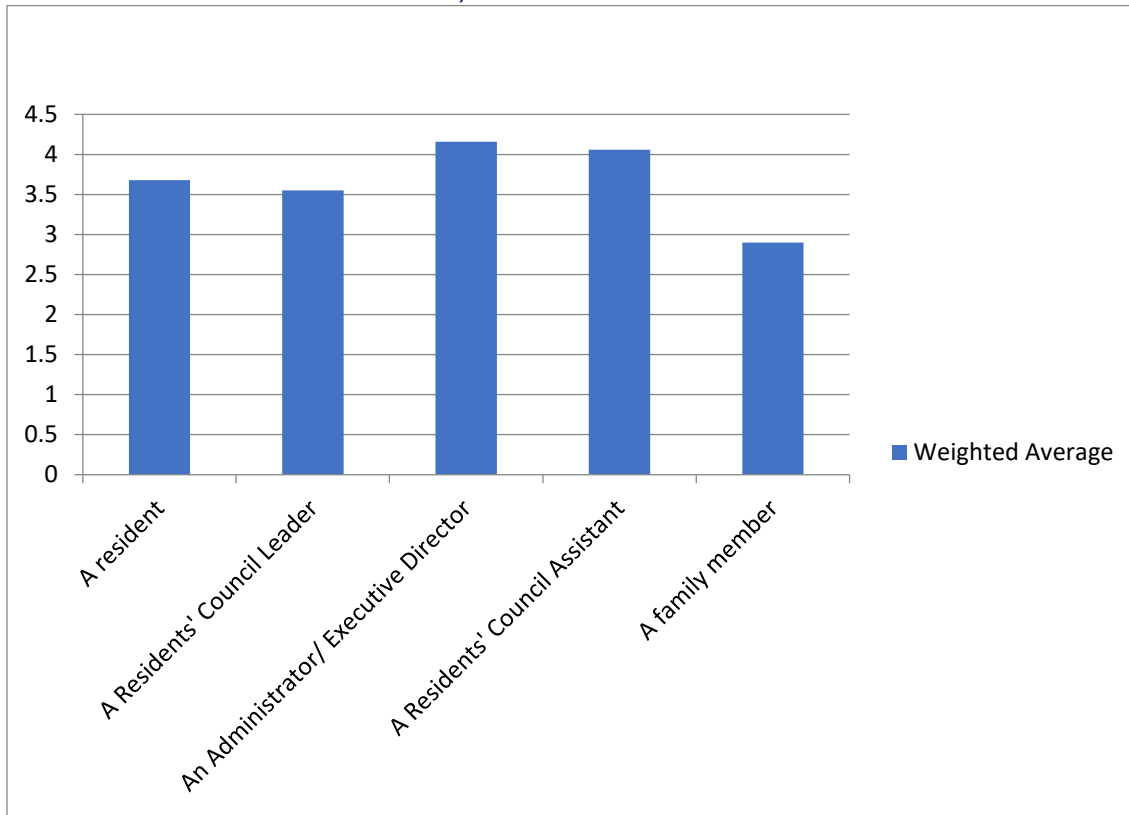
Question 20: What is your Residents' Council's election process?

Election method	Number of homes
Residents self-nominate or are nominated by peers	191
Residents vote by show of hands	111
Residents vote by private ballot (with assistance)	104
Unsure	62
We follow OARC's Elections Guidance (Fact Sheet)	60
Our Residents' Council does not hold elections	54
Other	37

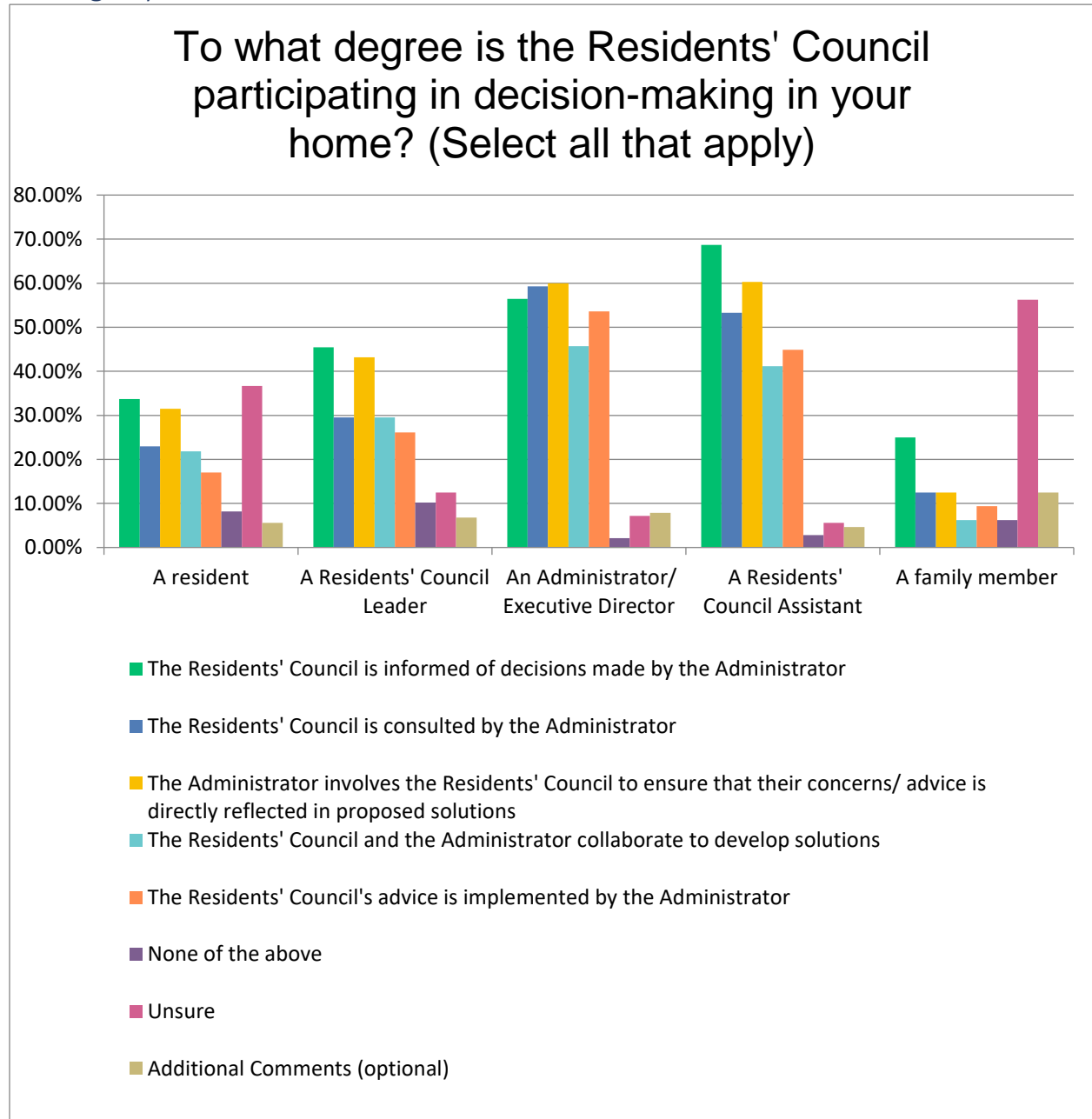
Question 21: How important is the Residents' Council to you?



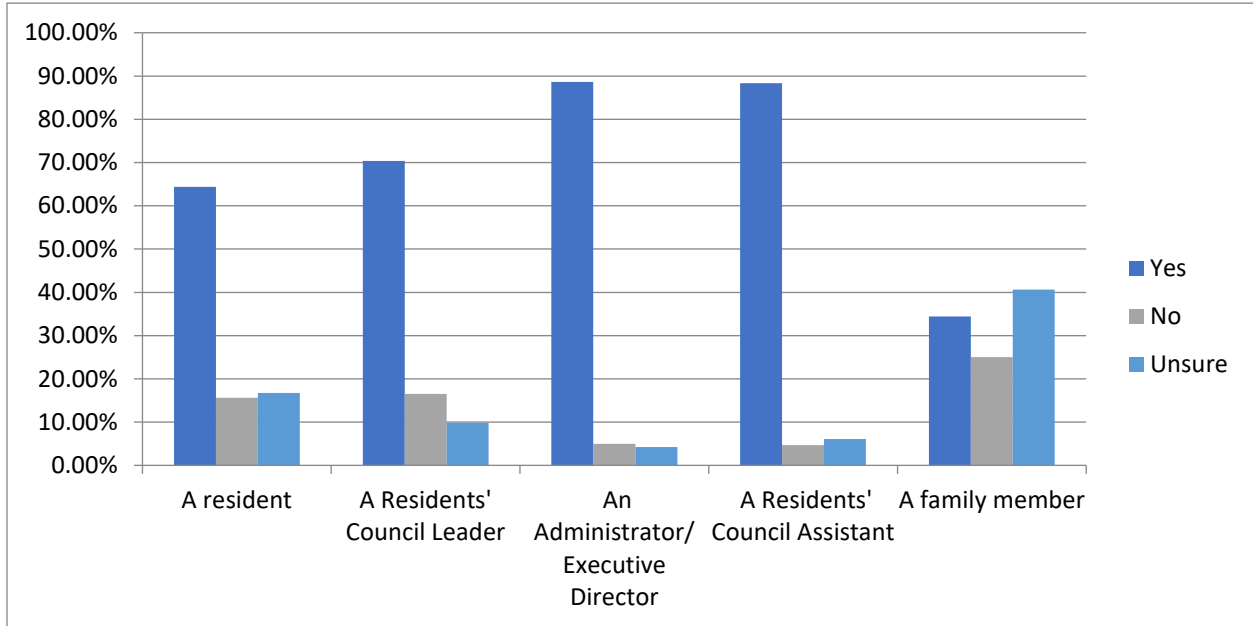
Question 22: How effective is your home's Residents' Council?



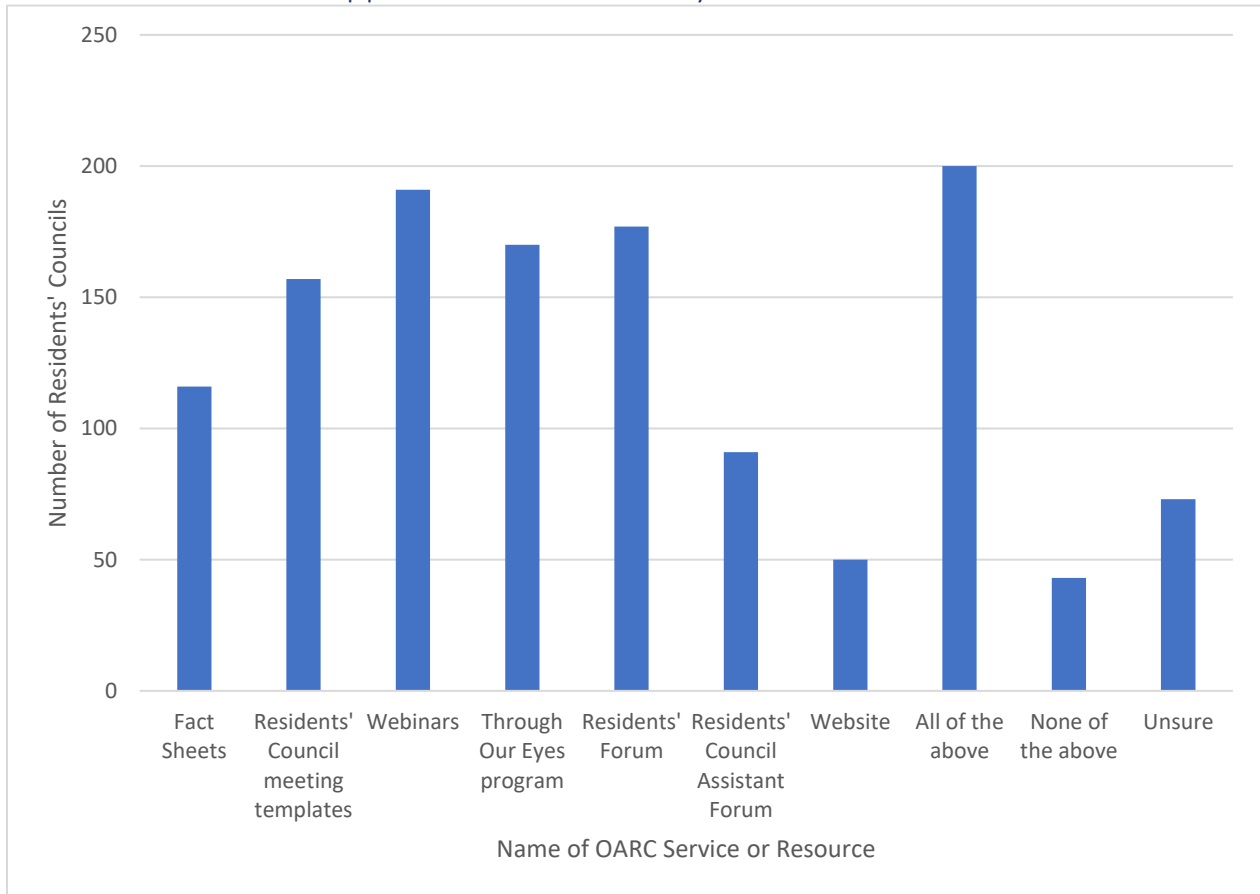
Question 23: To what degree is the Residents' Council participating in decision-making in your home?



Question 24: Are you satisfied with your home's responsiveness to concerns or advice brought forth by the Residents' Council?

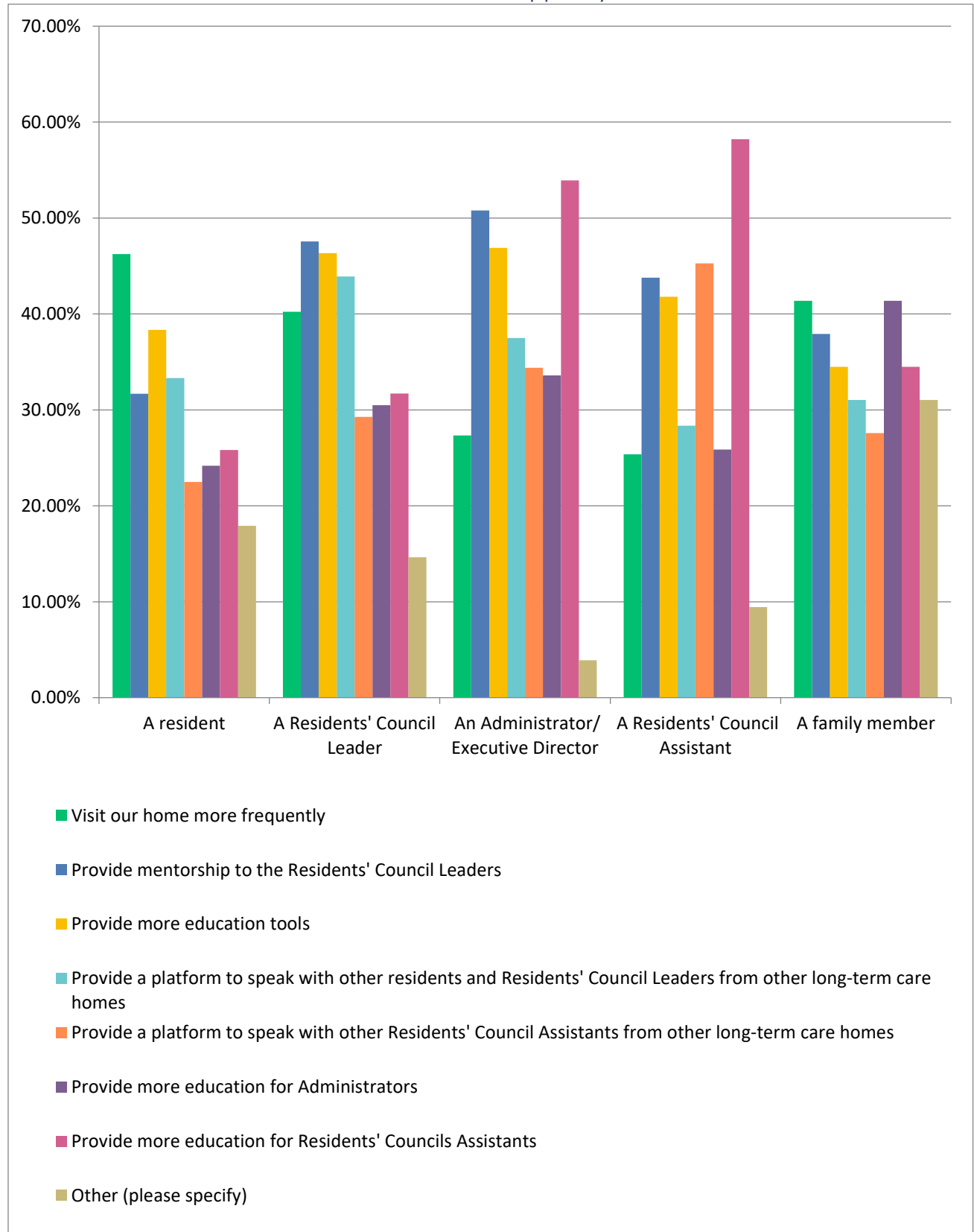


Question 26: Which support from OARC have you received?

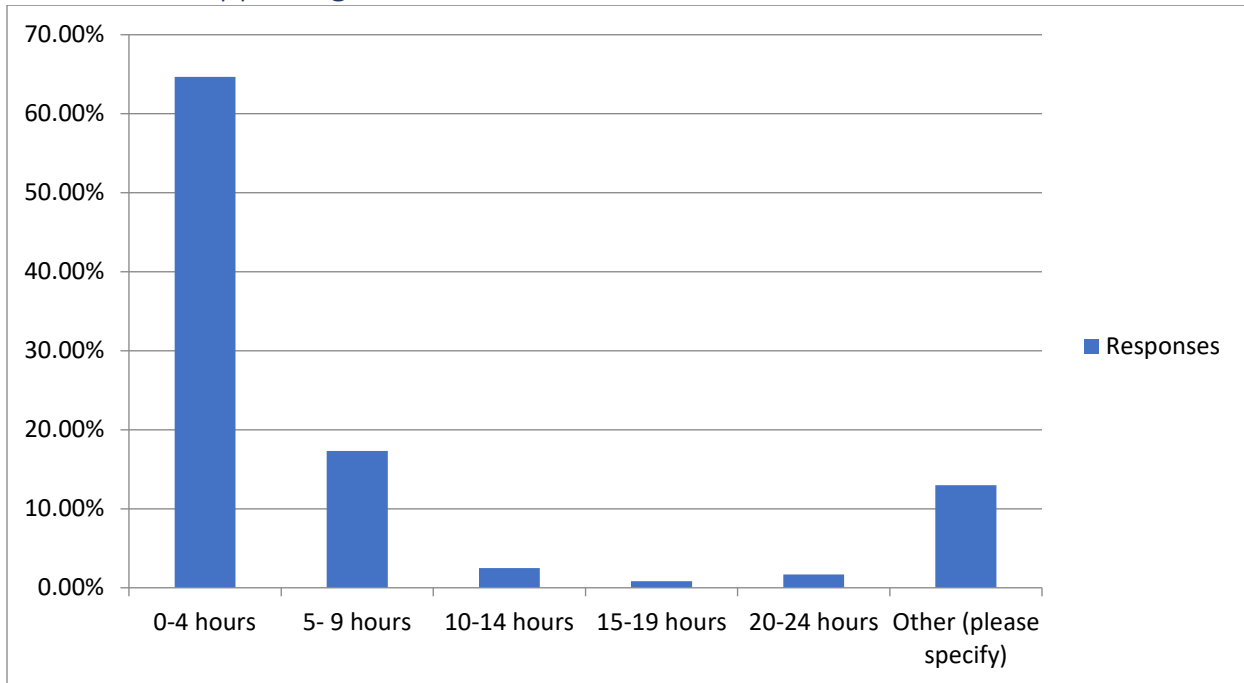




Question 27: What could OARC do to better support your RC?



Question 28: How many hours per week should a Residents' Council Assistant dedicate to supporting their home's Residents' Councils?



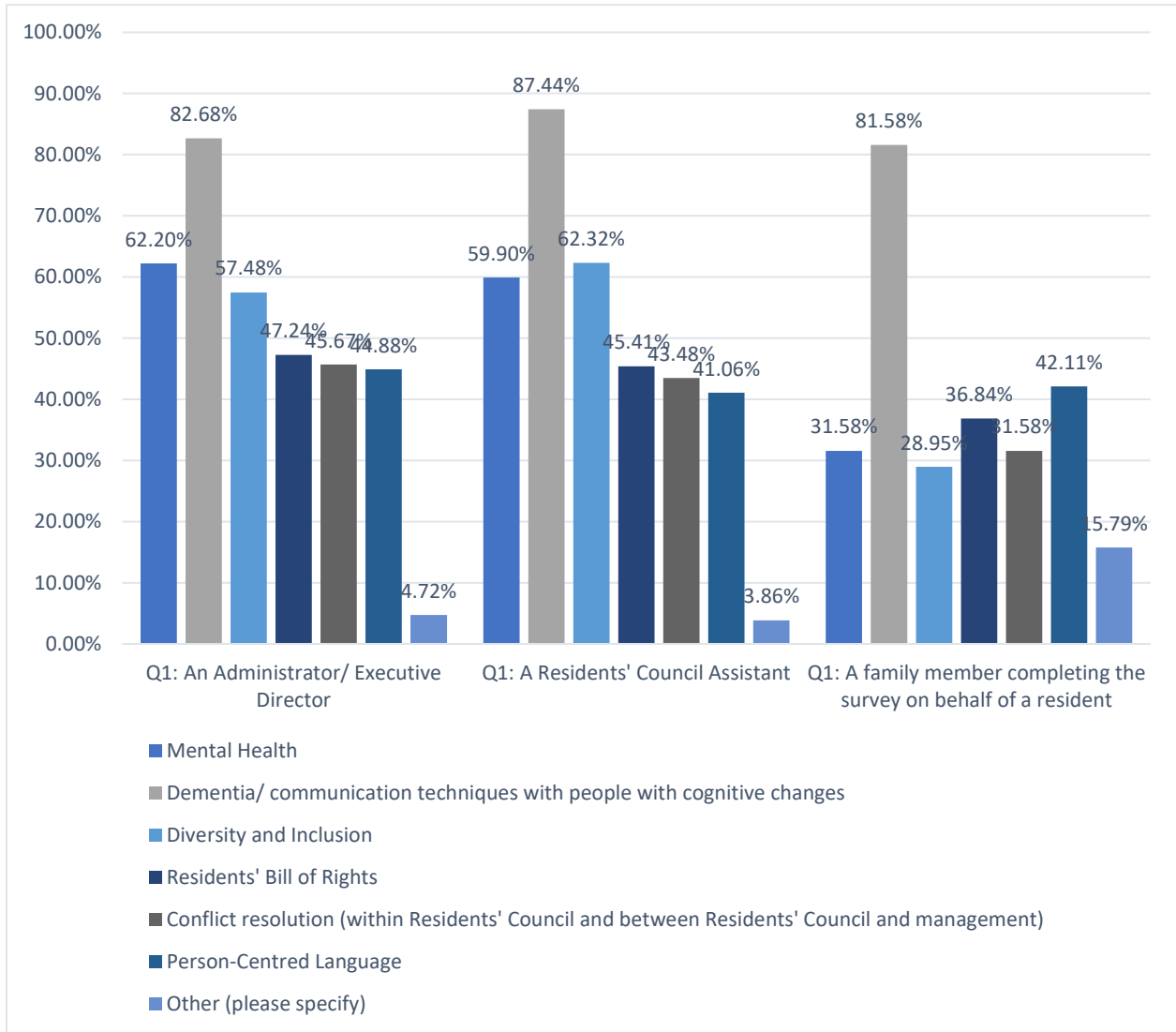
Question 29: Other than RC, how are residents involved in your home?

Avenue of engagement	Number of LTCH
Participate in the Food Committee/ Contribute to planning menus and mealtime review	266
Contribute to the Annual Satisfaction Survey (development, implementation and/or review of results)	243
Volunteer within the home (e.g. lead program, play music)	188
Welcome new residents and families	180
Participate in the Quality Improvement Committee	149
Serve as peer mentors or friendly visitors	135
Have regular conversations with Family Council leaders	78
Serve as Residents' Rights Educators/Co-Facilitators	73
Involvement in human resources/ hiring of new employees	60
Participate at the End of Life/Palliative Care Committee	51
Facilitate tours with prospective residents and families	46

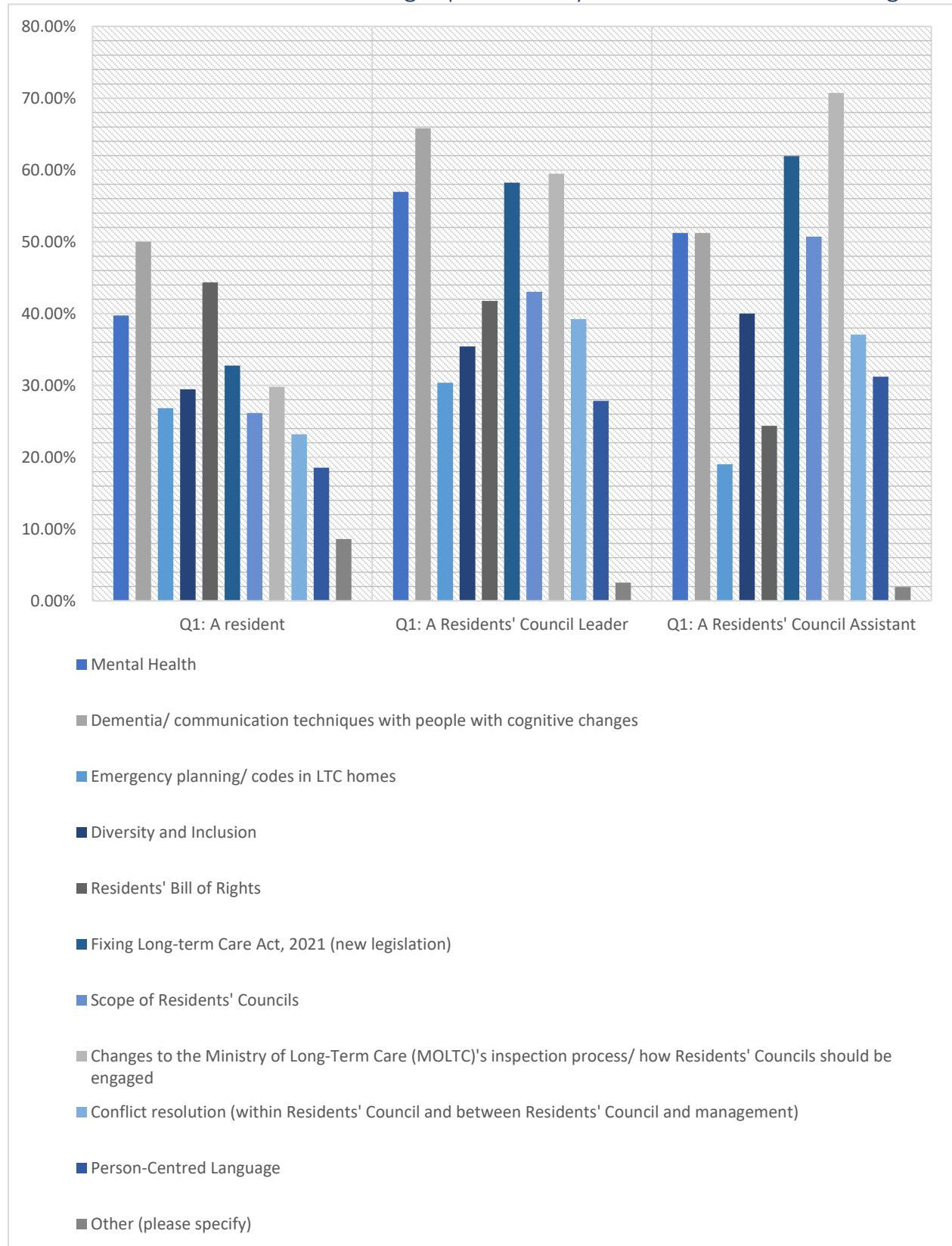
Question 30: How does your home consider people with dementia

How people with dementia are considered	Total Number of Homes
Residents' personal history and preferences are considered	241
Residents' substitute decision-makers/ family care partners are consulted	233
A resident/staff dementia "expert" or "experiencer" is consulted when decisions are made	119
Unsure	105
Dementia expert in quality committee	91
None of the above	27

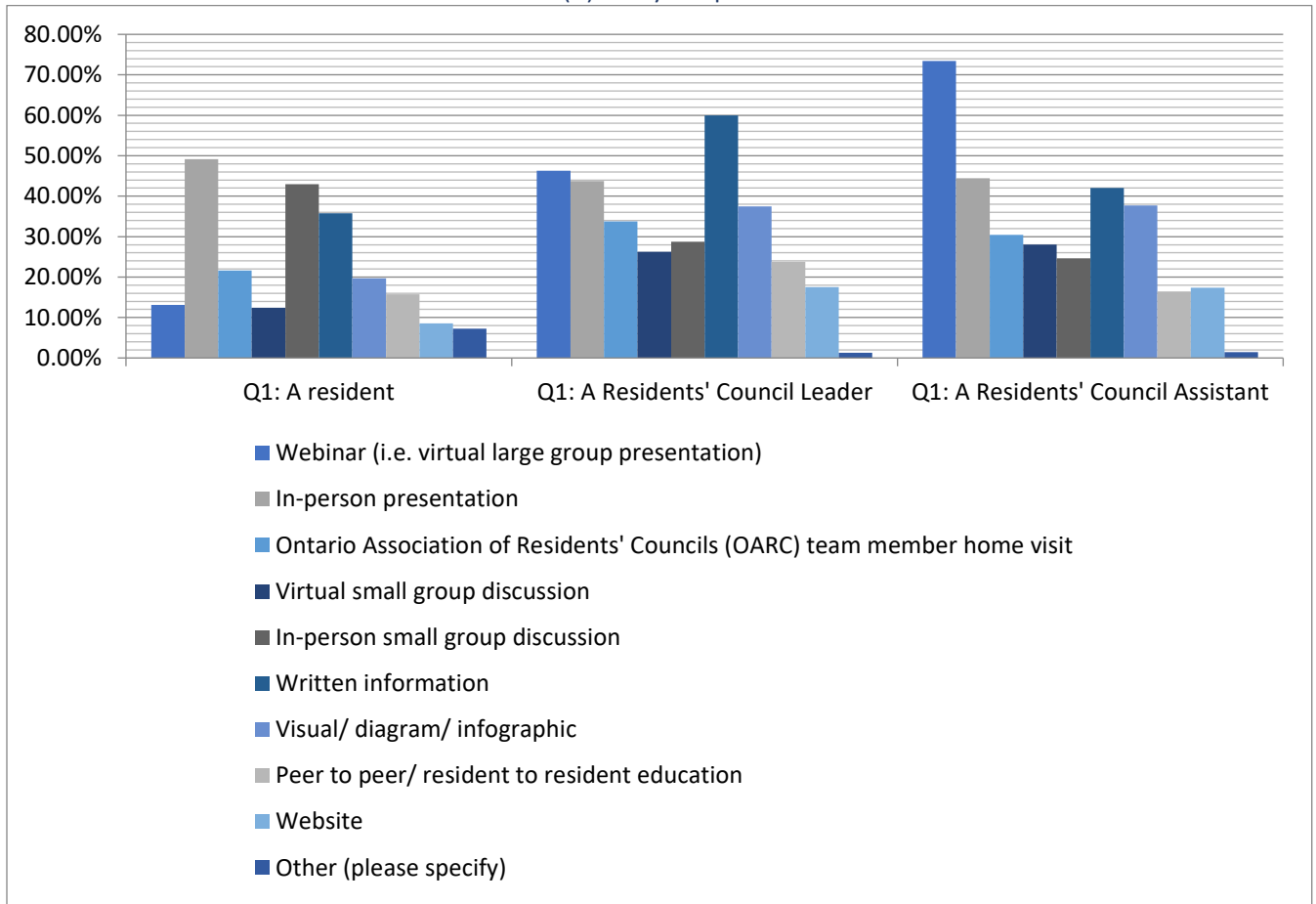
Question 31: Which topics would help residents better understand and support each other?



Question 32: Which of the following topics would you be interested in learning?



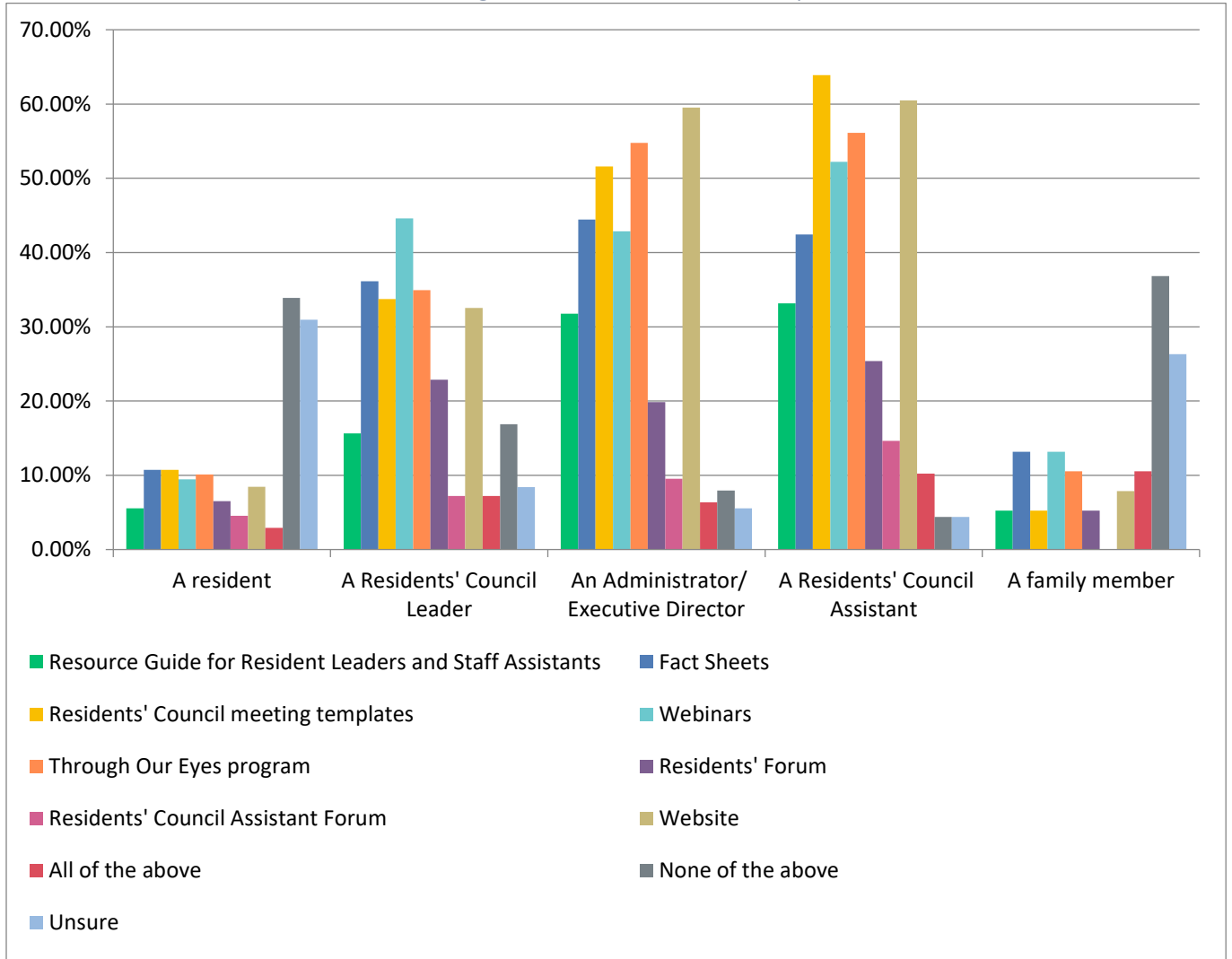
Question 33: Which education format(s) do you prefer?



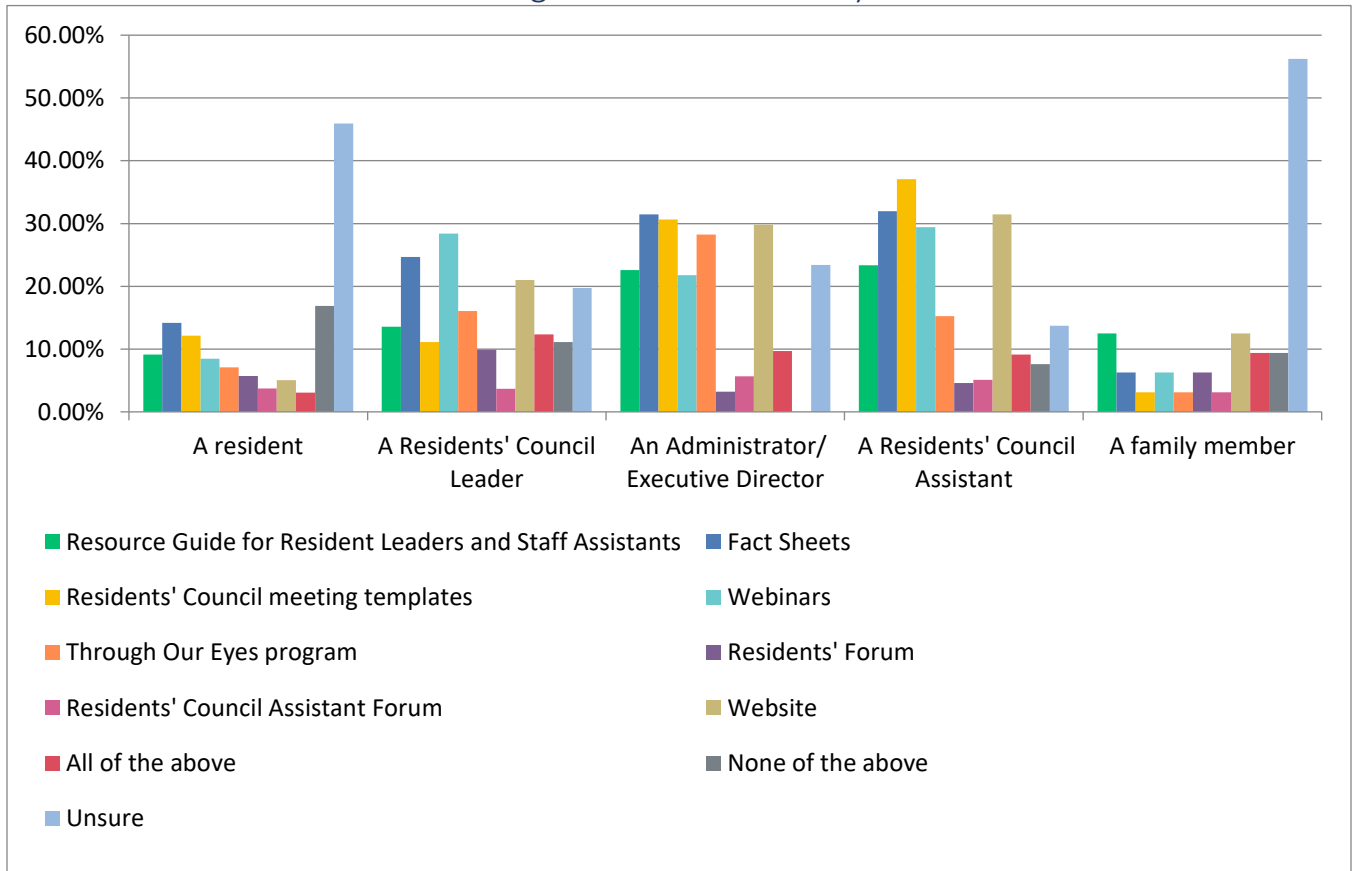
Question 34: How are residents welcomed by your Residents' Council?

How they are welcomed	Sum
Social events	130
None of the above	108
Welcome basket	96
Welcome card	93
Welcome committee	91
Unsure	78
Peer mentor program	26
All of the above	14

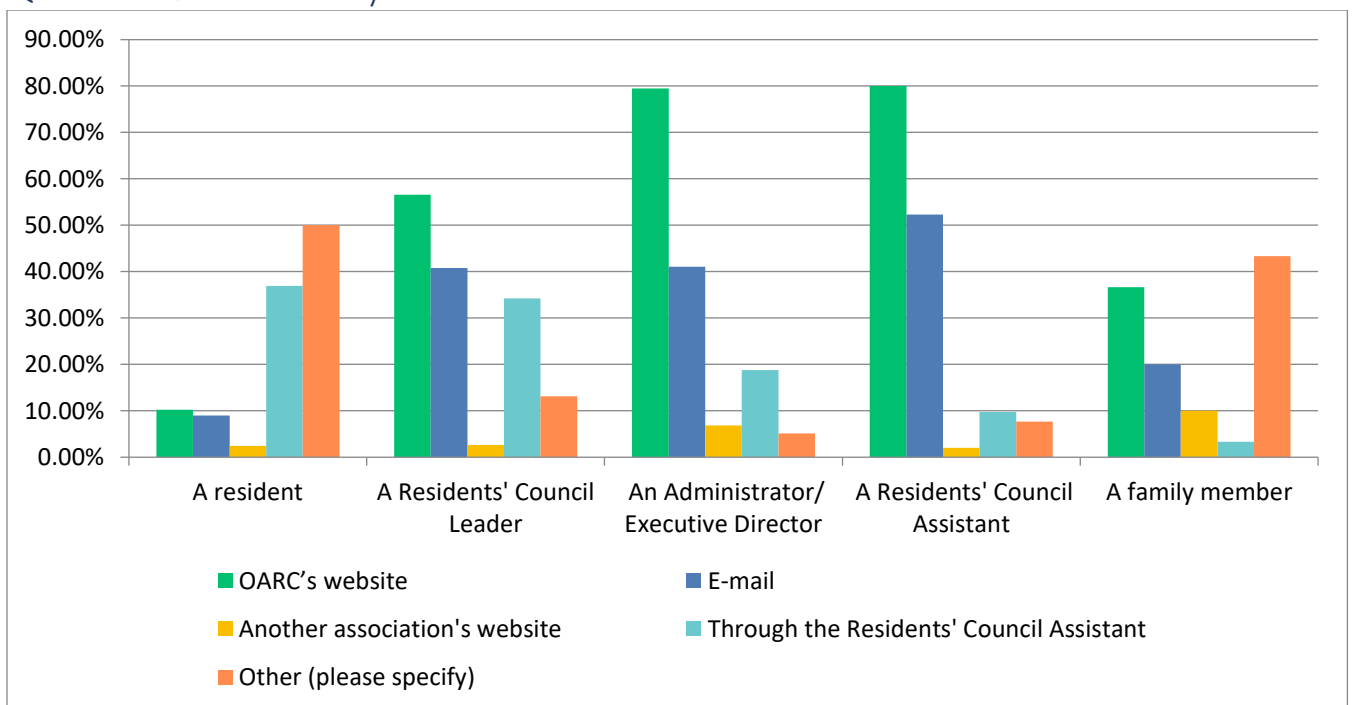
Question 35: Which of the following OARC resources have you heard of?



Question 36: Which of the following OARC resources do you find most useful?

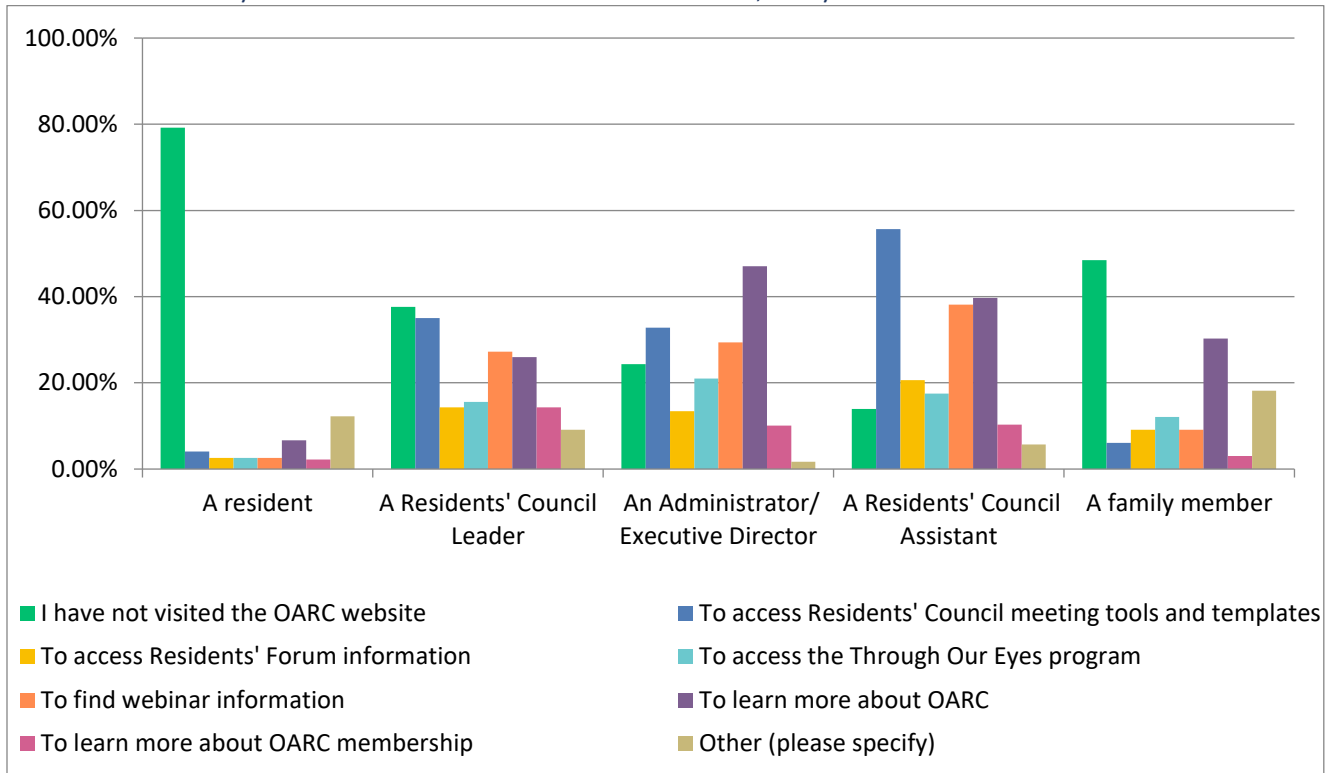


Question 37: How have you accessed the OARC resources?

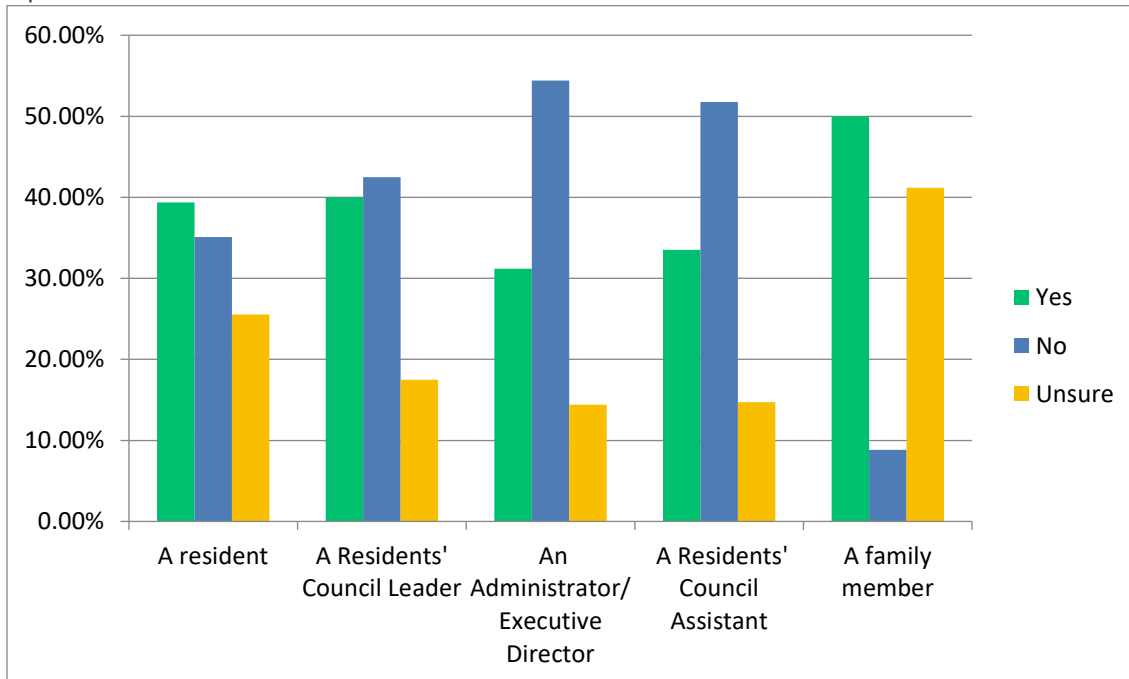




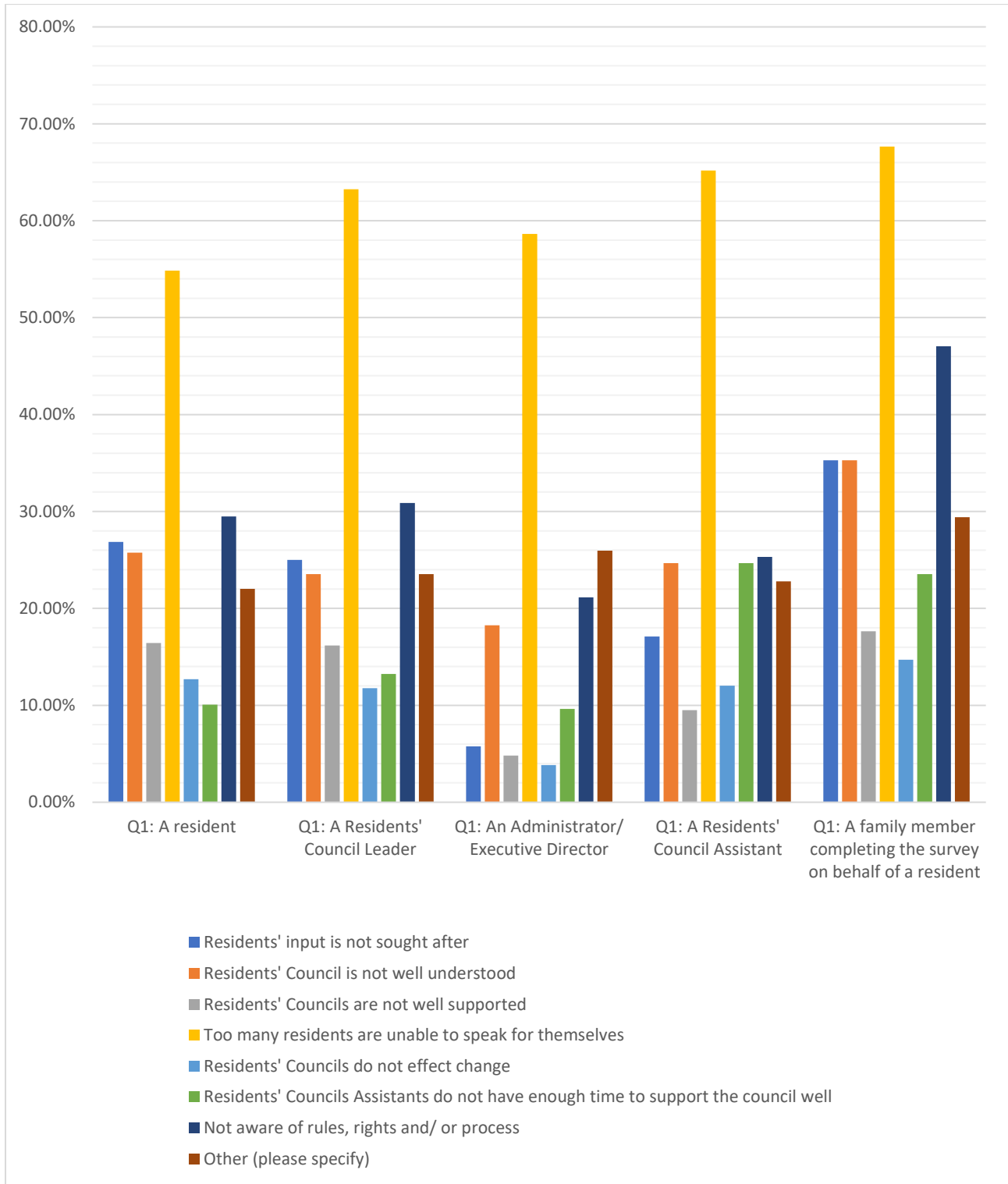
Question 38: If you have visited the OARC website, why?



Question 39: Are there barriers preventing residents from influencing home operations or decisions?



Question 40: What are the barriers that prevent residents from influencing home decisions?



## Appendix B: Demographics

Figure 1: Distribution of ways surveys were received

For completed responses:

	Res	RCL	Admin	RCA	Family	Total
<b>Web</b>	242	71	119	188	31	651
<b>Paper (Mail-In, Fax, or Scan)</b>	69	12	3	9	1	94
<b>Total Respondents</b>	311	83	122	197	32	745

For all responses:

	Res	RCL	Admin	RCA	Family	Total
<b>Web</b>	294	103	175	238	98	908
<b>Paper (Mail-In, Fax, or Scan)</b>	69	12	3	9	1	94
<b>Total Respondents</b>	363	115	178	247	99	1,002

	Res/ RCL	Other	Total
Web	691	217	908
Paper	81	13	94
<b>Total</b>	<b>772</b>	<b>230</b>	<b>1,002</b>

Figure 2: Survey completion by home size

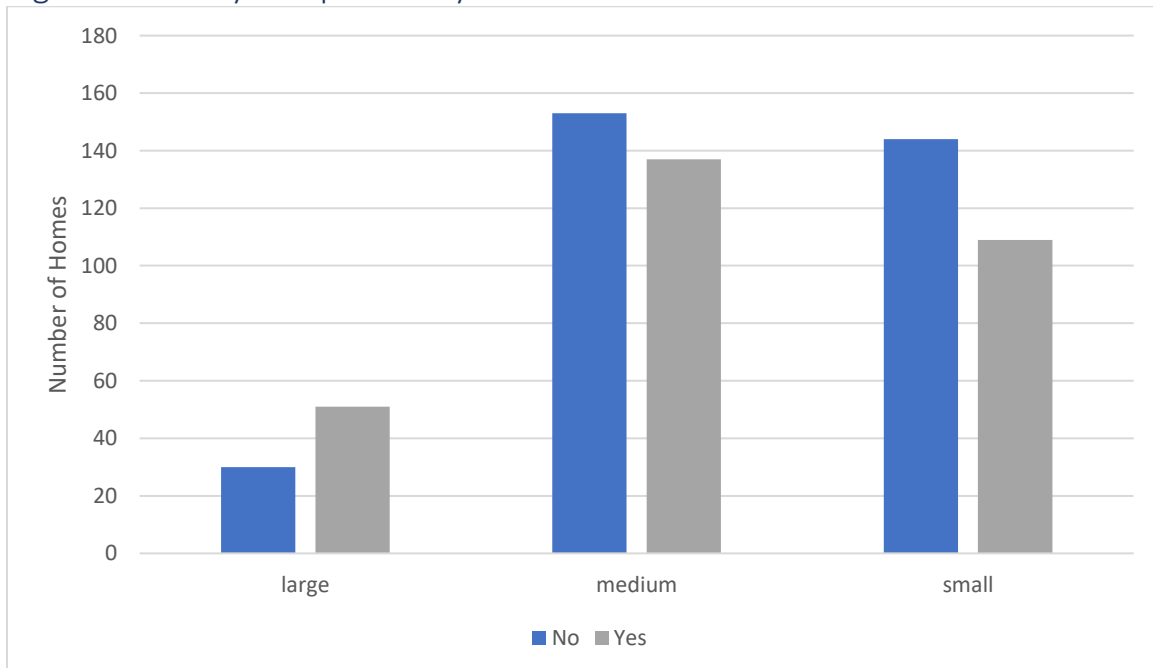


Figure 3: Proportion of Surveys Completed in Each Ontario Health Region

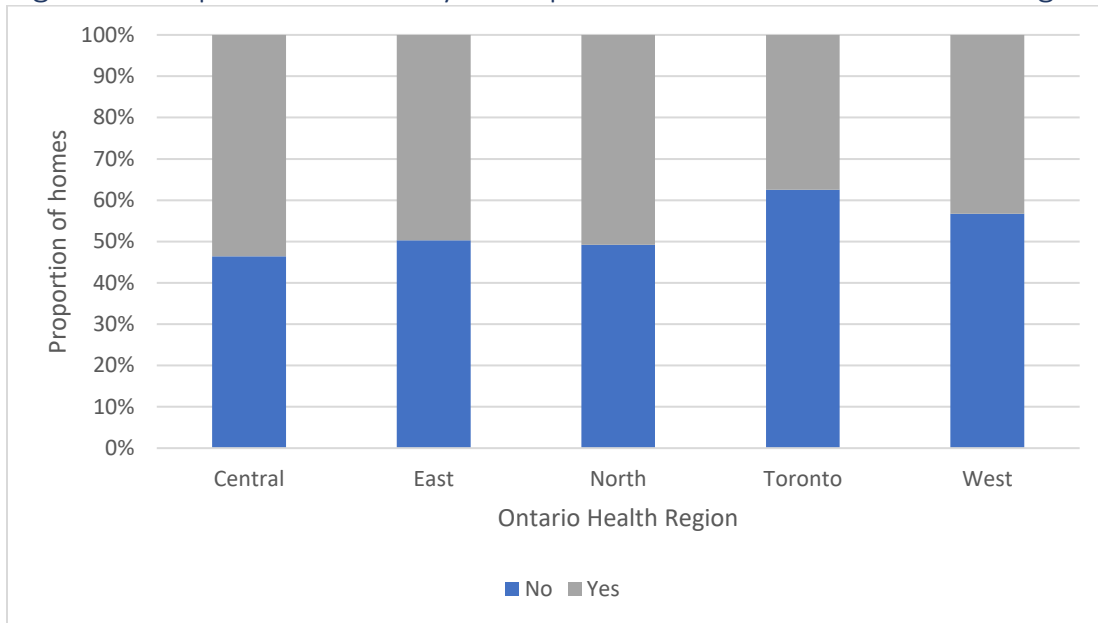
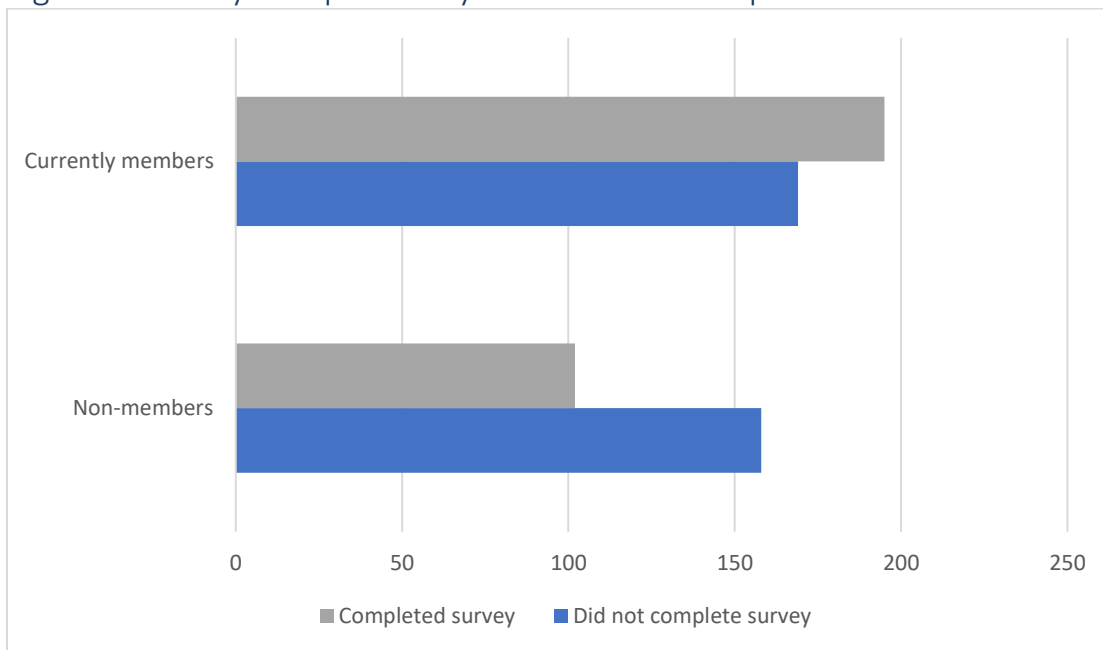


Figure 4: Survey Completion by OARC Membership Status



## Appendix C: Comments from Residents

### Attitudes Towards Residents' Council

- "I wish they included us more in decisions."
- "Residents are not given equal access to Residents' Council. If something doesn't make sense [to us] it is not explained in simple terms...they just move on..."
- "Residents' Council does not seek opinions of residents about concerns they might have. Residents are told what is planned for the next month. Nobody as far as I can remember has ever asked questions or suggested anything about problems, concerns or ideas for changes."
- "Residents' Council [was] effective in decision-making before COVID-19 but not during."
- "I feel our home is 'top' heavy. A large percentage of the residents are people with dementia and very little is done for those without."
- "In my opinion the Residents' Council is absolutely non [existent]"
- "We should have feedback to all the decisions made by Residents' Council" .
- "Need for the Council to communicate with residents more (e.g. Monthly print out)."
- "Honestly, we have fundraised very well and there are people who see that money and want to use it on things the home should be responsible for funding, not us. Due to age and limited mental comprehension, the Council has been railroaded into purchases not of our choice."
- "[It is unclear as to] whether Residents' Council concerns are making a change in the home."

### Perceived Barriers to Residents' Council: Accessibility

- "I have been kept out of my Residents' [Council] meetings for well over a year and no staff member is making a[n] effort to ensure that I can attend or they tell me 10 min[utes] before and [I require] a mechanical life and still in bed."
- "[There is] difficulty with transporting residents to meetings. Eg. many in wheelchair – need assistance."
- "[I am unable to participate] due to hearing/seeing issues."

#### Perceived Barriers to Residents' Council: Decreased Resident Interest

- "Lack of interest, based on pre-pandemic meetings."
- "Not as many people/residents interested in serving on Council. Meetings delayed due to COVID-19 outbreaks."
- "Lack of attendance. If more people went/knew about it more problems would be able to be solved."

#### Perceived Barriers to Residents' Council: Communication Issues and Lack of Consideration by Home Management

- "It takes too long to get the result to support the opinion of the residents. Staff are ignorant to us."
- "Resident attendance [is an issue]. Administrator lack of collaboration and transparency."
- "[We've experienced issues with] Member numbers. Concerns are being heard. Not talked about or organized enough for residents to know. Management is not making the Residents' Council a priority."
- "Not having a voice."
- "Our concerns are not taken into consideration when decisions are made. We have noted the low quality of food on multiple occasions, and no action has been taken."
- "I don't think the Management Team is listening to our concerns. They don't address the immediate problem."

#### Education/Information Delivery Preferences Expressed by Residents

- "One on one, or with the Rec[reation] Manager, Administrator or nurse."
- "Make it fun or interesting and promote socializing."
- "In Italian preferred." (language preference)
- "Both written and smaller [group size] (20 or less) in-person presentation."