

Newsletter



Committed to improving the lives of Ontario Residents in Long Term Care

Is Your Home Offering Care at the Mandated Four Hours?

By Carol Dueck, Chair Advocacy FCN4

Since 2012, FCN4 has focused its advocacy actions in all Ontario LTC homes on residents receiving quality care with respect and dignity. Research shows that residents need a minimum of four hours of direct, hands-on care each day to meet their basic needs and daily activities. This standard is based on studies from more than 30 years ago, when residents' care needs were less complex. Today, many residents entering LTC are much more dependent and likely require five+ hours of care. While some residents need only minimal assistance or reminders, others require significant help just to get through the day (*P. Armstrong 2023, <https://doi.org/10.51952/9781447366188.ch001>*).

Both for profit and non profit homes struggle to meet the four hour standard due to funding, staffing, and budget pressures. Families and friends often step in to provide unpaid care to ensure residents receive the physical and emotional support they require and deserve.

At our FCN4 Regional meeting in December 2025, we highlighted a troubling report showing how many LTC homes are still struggling to meet the mandated four hours of care. (<https://www.thetrillium.ca/news/health/internal-government-data-shows-which-long-term-care-homes-met-ontarios-hands-on-care-targets-and-which-didnt-11530728>.)

We are grateful to the Trillium Group for fundraising to obtain these Freedom of Information reports. Family Council Networks across Ontario were relieved to finally have access to this data, and we are now eagerly awaiting Trillium's follow up report for 2024–2025. We are also requesting similar transparency from the Ministry of LTC.

Network members believe that publicly posting care hour data will help residents and families make informed decisions when choosing homes for their admission lists. We are also waiting to hear what actions the government has taken—or plans to take—to support or enforce standards in homes with low staffing levels. Additionally, we question why LTC licences continue to be extended or expanded for homes that consistently underperform. We remain deeply concerned that essential elements of care are being omitted when staff are continually coping with workloads that do not match residents' needs.

Many voices are calling for this quality of care indicator to be made public. This includes families who are deeply concerned about the level of care their loved ones receive. This is echoed by the Registered Nurses' Association of Ontario (RNAO) has noted that low staffing levels and reduced hours of care can negatively affect residents' quality of life, increasing the risk of complications, emergency room visits, falls, restraints, or sedation without an appropriate diagnosis. According to news coverage, Wayne Gates, the NDP MPP for Niagara and the party's long term care critic, has raised these concerns in the legislature and urged the ministry to ensure all homes meet required care targets.

Funding is but one piece of the puzzle to 4HC (Four Hours of Care – a new acronym!). Promoting quality of care is facing barriers in the current economic situation. Provincial and Territorial Finance Ministers across Canada have signaled that health care costs are the biggest bite out of budgets and the pace is escalating rapidly. Here in Ontario, hospitals and some LTC homes are running deficits and predict that without long term funding cycles, it will be impossible to achieve balanced budgets.

In January, Ontario’s finance minister expressed concern about the pace of health care spending in the province, noting that the current \$91.5 billion budget is both “unprecedented” and “unsustainable.” He said that many people are feeling worried given the broader geopolitical and economic climate. At the same time, he warned that Ontario is facing significant economic headwinds that could further strain the province’s finances. According to his remarks, the economic environment is slowing, and Ontario is now growing at its slowest rate since the post COVID period. (<https://globalnews.ca/news/11669653/ontario-unsustainable-health-care-spending/>)

Hospitals in Hamilton and Niagara have already begun reducing staff as they enter a new fiscal year, and without increased funding they have few alternatives. Most organizations have already been through “red tape” reductions and “efficiency” measures are stretched as far as possible. Across the country, signs of labour unrest in long term care are growing. In Nova Scotia, 90% of CUPE represented sites have voted in favour of strike action. On March 5, CUPE Ontario members demonstrated outside Sienna Senior Living’s headquarters in Markham to protest a 20% reduction in work hours for CUPE Local 3204. While solved quickly through arbitration, it reflects the broader strain facing the sector.

Family Councils are encouraged to include discussions about care hour targets and staffing issues—such as vacancies and turnover rates—on their meeting agendas with administration. These conversations can help identify solutions early, before decisions are finalized. Ask your home’s administration to share their achieved Hours of Care with your Family Council.

Local homes may also have solutions or “promising practices” that can be shared at regional meetings or through our webpage. We welcome your concerns, insights, and ideas as we continue working together to support residents and strengthen care.

Calling Family Councils, Resident Councils, and Management in Long Term Care Homes Share Your Best Practices

By Tom Carrothers

We are seeking to learn from the real-world experience of those closest to long term care. Your insights will help other homes, families, and policymakers improve quality of life, safety, and care.

Who are we asking?

- Family councils in long term care homes
- Resident councils and individual residents
- Home administrators, directors of care, and front line management



Why does your voice matter? You see what works - and what doesn’t - every day. The practical strategies you use to build trust, improve safety, support resident well-being, and involve families can be adopted or adapted across facilities. We are looking for concrete, replicable examples.

Please tell us about your best practices in any of these areas:

- Resident-centered care: routines, personalization, dignity, choice
- Communication: resident-family-management information flow, meetings, newsletters
- Family engagement: involvement in care planning, volunteer programs, visiting practices
- Resident engagement and quality of life: activities, meaningful occupation, social inclusion
- Infection prevention and safety: protocols, training, PPE (Personal Protective Equipment) usage, outbreak lessons
- Staffing and workforce support: recruitment, retention, training, staff wellness
- Transition and discharge practices: admissions, readmissions, coordination with hospitals
- Feedback and improvement: how complaints/ suggestions are handled, quality committees, au-

ditions

- End of life care and palliative supports
- Technology and environment: telehealth, resident tech access, physical adaptations
- Equity, cultural responsiveness, and accessibility practices

What to include when you respond

- Name of your council/home and your role (Family Council, Resident Council, management; you may remain anonymous if you prefer)
- A short description of the practice (what it is and how it works)
- Why it's effective (brief outcomes or observations)
- Practical steps to implement it (3–6 steps or tips)
- Any resources or tools you use (templates, meeting formats, training modules)
- Lessons learned or what you would change
- Your preferred contact method if others want to follow up (email, phone, or “no follow up”)

Submission format and deadline

- Email submissions to: Peter Gnish; pgnish@gmail.com as a Word doc, PDF, or plain text
- Please keep each submission to 400–800 words
- Deadline: May 15, 2026

What we'll do with the information

We will compile anonymized best practices to share with long term care homes, councils, and community stakeholders, credit contributors as requested, and follow up for clarification only with your consent.

Thank you! Your experience is invaluable. Sharing practical, proven approaches can make an immediate difference in the lives of residents and families across our community. We appreciate your time and wisdom.

Dementia Care In Long-Term Care Homes

By Robert Gadsby

On February 24, 2026, the Minister of Long-Term Care unveiled a new pilot program for “emotion-focused” dementia care in long-term care homes.

Ontario Increasing Access to Dementia Care in Long-Term Care Homes

<https://news.ontario.ca/en/release/1007084/ontario-increasing-access-to-dementia-care-in-long-term-care-homes>

Ontario Expanding Dementia Care

<https://news.ontario.ca/en/backgrounder/1007085/ontario-expanding-dementia-care>

Seventeen LTC homes were selected to join the initial stage of the Improving Dementia Care Program (IDCP). Each of these homes uses one or more “models of care” that support the program’s goal of emotion-focused care, including:

- Butterfly – 8 homes
- BSO 5STaR – 7 homes
- Caring Connections Durham – 1 home
- Eden Alternative – 1 home
- Colour It Your Way – 1 home

The guest speakers at our next FCN-4 Regional Network Meeting will describe the BSO 5STaR programs (see summary below). Even if your LTC home was not selected for this pilot program, your staff may already have training in some - or all - of these approaches. We invite you to join our next FCN-4 Regional Network Meeting to learn more about this initiative.

Next Family Council Network 4 Regional Meeting!!!

Wednesday, May 27th (10 am - noon). This is a ZOOM meeting!

Topic: Behavioural Supports Ontario BSO 5 STaR Program

Presenters: Jennifer Siemon (Strategic Lead, Behavioural Supports Ontario West Region - HNHB) and Emma McIntosh (Interim Coordinator, Behavioural Supports Ontario West Region - HNHB)

Check our website for the details and how to attend the session.

<https://www.network4longtermcareadvocacy.com/>

Behavioural Supports Ontario

By HNHB West Region contacts: Jennifer Siemon, BSO Strategic Lead, and Emma McIntosh, Interim BSO Coordinator)

Since 2012, Behavioural Supports Ontario (BSO) team members across the FCN-4 region have worked diligently to provide person-centered care to older Ontarians having, or at risk of having, responsive behaviours (also known as personal expressions). BSO teams work within hospitals, community settings, and long-term care homes to support residents, as well as their care partners (including families, friends and neighbours) and paid care providers. BSO teams focus on non-pharmacological – or non-medication-based – strategies to support people with responsive behaviours/ personal expressions. BSO teams in our region are committed to continuous quality and program improvement, using data, feedback and best practices to inform our work. Through partnerships and feedback, we are building a responsive and exceptional behavioural support system for the people we serve. This newsletter provides us a valuable opportunity to share information about the Improving Dementia Care Initiative – an important investment in the care of older adults with responsive behaviours/ personal expressions that aligns seamlessly with the services delivered by BSO.

Ontario's Improving Dementia Care Program

On February 24, 2026, the Ontario government announced the LTC homes receiving funding through the Improving Dementia Care Program (IDCP) – a province-wide initiative promoting emotion-based models of care in long-term care homes. This approach emphasizes dignity, respect, meaningful relationships, and care aligned with each resident's interests and lived experiences. Additional funding will be made available in coming years, for a total investment of \$9 million.

Importantly, the province identified the BSO 5 STaR model as one of the five approved emotion-based care models for participating long-term care homes. The 5 STaR approach supports the creation of adaptable, familiar, and supportive environments that help reduce distress and foster residents' abilities – aligning with the goals of the IDCP.

Behavioural Supports Ontario 5 STaR Programs & Ontario's Improving Dementia Care Initiative

Caring for an older adult experiencing changes related to dementia, mental health, or other neurological conditions can be challenging and emotional. The Behavioural Supports Ontario (BSO) 5 STaR (Specialized Training and Resources) Program was developed to strengthen the skills of healthcare providers who support older adults living with dementia, complex mental health needs, substance use concerns, or other neurological conditions. These programs promote a comprehensive, interdisciplinary, person-centred approach that blends social and relational components to enhance quality of life and foster positive care culture across all settings.

The BSO 5 STaR programs include 5 Ontario-developed courses that health care providers complete, including:

- BSO Foundations
- PIECES™
- U-First!®
- Gentle Persuasive Approaches™
- DementiAbility™

While each program focuses on different aspects of supporting people living with dementia and related conditions, they all share the same goal: ensuring that care is safe, respectful, individualized, and rooted in an understanding of the whole person—not just their symptoms.

Delivered through BSO partner organizations, these programs strengthen team-based, collaborative, and evidence-informed care, equipping providers with the specialized knowledge needed to deliver high-quality behavioural support across Ontario. They play a vital role in enhancing holistic care, increasing provider confidence, and promoting consistent, person-centred support across community, hospital, and long-term care settings.

What This Means for Residents, Families, and Care Partners

When staff complete the BSO 5 STaR training, they are better prepared to:

- Recognize that all behaviour has meaning and take responsibility for understanding it
- Listen closely to family insights and honour lived experiences
- Collaborate meaningfully with care partners in decision-making
- Build stronger, more trusting relationships with residents and families
- Provide care that is responsive, compassionate, and personalized

By combining the BSO 5 STaR Program with Ontario's Improving Dementia Care initiative, long-term care homes are supported to deliver consistent, team-based, evidence-informed, person-centred care - ensuring that everyone involved has the knowledge and support needed to provide and receive the best possible care.

How are we supporting?

- Some HNHB Homes engaged with the BSO LTC Team leadership in preparing their submissions for the 2025-26 funding process, supporting partnership and coordination.
- For future waves of funding, BSO will engage with all LTC homes to offer support and invite collaboration.
- BSO Teams will support homes in receipt of funding to ensure alignment and application of best practices.

A Quick Guide to Transitioning a Family Member into a LTC Home

By Susanne Langdon

Transitioning loved ones into long term care is a multi-faceted but necessary decision. It can be a trying, emotional and challenging time for family members. We hope this guide offers understanding, coping strategies and answers the most frequently asked questions. Our goal is to help you feel confident that you have made the best decision for loved ones and their care.

Your role as primary caregiver has now shifted to co caregiver, as a team of trained staff will be supporting your loved one throughout the day. The compassionate and highly skilled staff at the home will help welcome your loved one into their new environment and support their transition. At the same time, you now have a new primary role in your loved one's life: building relationships with staff - getting to know the people caring for your loved one, and helping them get to know you.

Below are answers to some of the common questions family ask.

Q. How do I check on how my loved one is doing on a daily basis?

A. The best advice is to call the home whenever you feel anxious about your loved one and their care. You will be directed to the nurse's station on your loved ones floor. Reach out whenever you feel the need arise.

Q. When can I start visiting my loved one?

A. Give them a few days to settle in and adjust to their new routines. In the meantime, consider speaking with the Executive Director about becoming an Essential Caregiver (ECG).

Q. How long should I visit in the beginning?

A. To give your loved one time and space to adjust, keep visits to about thirty minutes for the first little while.

Q. Are there activities in the home?

A. Yes. All homes offer a variety of daily programs - social, emotional, physical, spiritual, and more. Activities may be one on one or in groups and are open to all residents. Speak with the Activities Program Manager to learn more about what is available and how your loved one can be involved.

Q. Are there church services?

A. Most homes offer church services and access to a pastor or spiritual support based on your loved one's faith.

Q. I've purchased some new clothing for my loved one. What is the procedure for new items coming into the home?

A. Any new clothing articles or items that you are bringing in after their admissions day need to be laundered and labeled by the home. Ask staff about the process they use to ensure that items are properly identified.

Q. Who do I speak to about that about my loved ones dietary needs or food preferences?

A. Contact the home's Food Services Department. They welcome input about your loved one's dietary needs, preferences, and restrictions.

Q. I am worried about security. Does the home monitor residents' safety?

A. Under the Residents' Bill of Rights, every resident has the right to live in a safe and clean environment. Most homes have security cameras inside and outside the building, monitored 24 hours a day to help keep residents safe.

Most homes also have a Family Council to support families, provide information, and offer a place to share feedback. Getting involved in the Family Council is another meaningful way to support your loved one. Homes also provide a welcome package on admission day—this is a valuable resource, so take time to read it.

Moving and settling into a LTC home is not easy for residents or the families. Fortunately, many resources are available to help with the transition. Most homes provide a welcome kit or pamphlet, and Family Councils of Ontario offers an online tool kit on line: <https://www.fco.ngo>. You can also check our website at <https://www.network4longtermcareadvocacy.com> for additional resources that may help address some issues that arise in your loved ones long term care home.

FCN-4 Advocacy Committee Website

<https://www.network4longtermcareadvocacy.com/>

Have you seen the new postings?. Read the latest breaking news on the LTC front and the progress being made towards a Universal Health Care Also, click on the **New Articles** tab to keep up-to-date with the latest news items and issues related to LTC.

You can also keep up with the latest by following us on our Facebook Page: [Family Council Network 4](#)