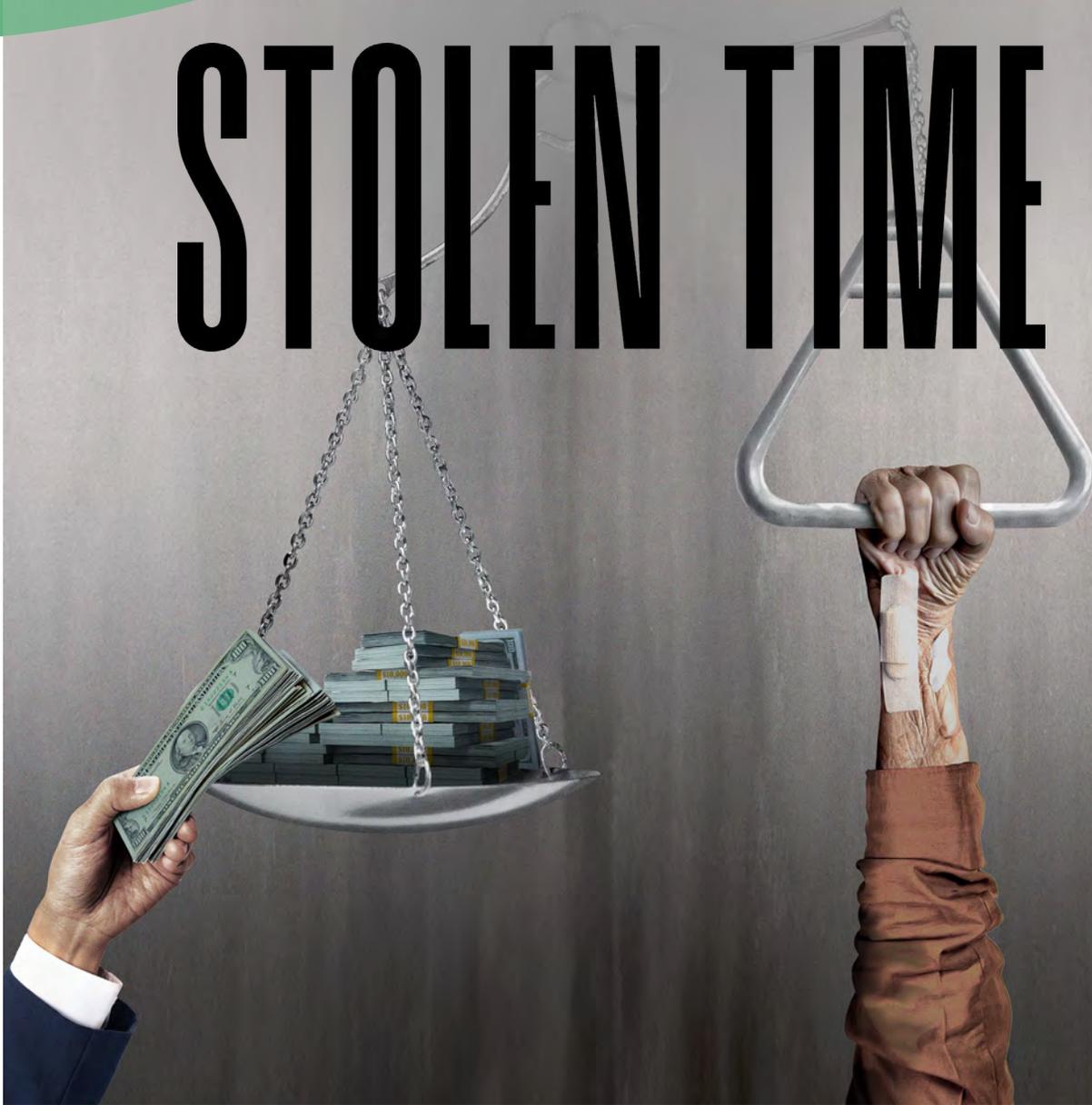


**NFB  
COMMUNITY-  
SCREENING  
DISCUSSION GUIDE**

# STOLEN TIME



# CONTENTS



The Film .....	3
Some Background .....	3
Levels of Seniors Living and Care in Canada .....	4
Legal Considerations .....	5
Structural Concerns .....	6
Conditions of Care.....	7
Accountability.....	7
Suggested Post-Screening Questions.....	8
What You Can Do .....	9
Further Reading.....	10

# STOLEN TIME

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## THE FILM

*Stolen Time* exposes the conflict between *profit* and *quality* in the long-term care (LTC) home industry, drawing on stories from Ontario, the Canadian province with the highest number of for-profit LTC homes. The film makes connections that show how the conditions of work are the conditions of care, and further, how these conditions can be eroded or supported.

## SOME BACKGROUND

The documentary begins with a focus on events in 2019.

In 2021, there were 2,076 LTC homes in Canada.<sup>1</sup> LTC homes and services are not covered by the *Canada Health Act*, which regulates medical and hospital care in Canada. Each province and territory regulates LTC homes in their jurisdiction and pays most care costs. Residents pay room and board, with rates set by each provincial/territorial government. LTC homes may be owned by municipalities, by non-profit organizations or by for-profit entities. For-profit corporate chains own many LTC homes in Canada. In 2021, 29 percent were owned by for-profits, 25 percent were owned by not-for-profits and 46 percent were publicly owned by municipalities. The proportion of for-profit LTC homes varies dramatically from region to region. In 2023, Saskatchewan no longer had any for-profit LTC homes, while almost 60 percent of Ontario's LTC homes were for-profit. For-profit chain-owned LTC homes are increasingly common.

The COVID-19 pandemic exposed shocking problems in Canada's long-term care (LTC) sector—problems that experts warned about for many years. During 2020, LTC home residents made up 81 percent of COVID-19 related deaths in Canada, compared to 38 percent across comparable countries.<sup>2</sup>

While all LTC homes in Ontario experienced the same rate of COVID-19 outbreaks, residents in for-profit LTC homes were infected nearly twice as often as in non-profit and municipally owned LTC homes and had a 78 percent higher death rate.<sup>3</sup>

This documentary explores the reasons for this deadly situation and why for-profit LTC homes are a continuing care-quality problem.

For-profit homes tend to have lower staffing levels, fewer registered nurses, lower wages and lower overall levels of care provided. Recent research on private equity and chains that own LTC homes concluded that those with the highest profit margins have the lowest quality.<sup>4</sup>

**“The way we treat vulnerable seniors in our society is really a mark of how we are doing as a country.”**

– Jackie Brown, LTC researcher

<sup>1</sup>Canadian Institute for Health Information [2021]. [ciji.ca/en/long-term-care-homes-in-canada-how-many-and-who-owns-them](https://ciji.ca/en/long-term-care-homes-in-canada-how-many-and-who-owns-them)

<sup>2</sup>Akhtar-Danesh, N., Baumann, A., Creo-Arsenio, M., Antonipillai, V. [2022]. “COVID-19 excess mortality among long-term care residents in Ontario, Canada.” *PLoS ONE* 17(1): e0262807. [doi.org/10.1371/journal.pone.0262807](https://doi.org/10.1371/journal.pone.0262807)

<sup>3</sup>Stall, N. M., Brown, K. A., & Maltsev, A. [2021]. “COVID-19 and Ontario's long-term care homes.” *Journal of Elder Policy*, 1(3).

<sup>4</sup>August, M. [2022]. “Securitisating seniors housing: The financialisation of real estate and social reproduction in retirement and long-term care homes.” *Antipode*, 54(3), 653-680.

# STOLEN TIME

Other research into LTC home scandals in five countries revealed that for-profit chains were at the centre of major scandals in each country. While the consequences were different, the political debates were the same. Each focused on how much the government should be involved and how changes to improve care should be funded.<sup>5</sup>

**Retirement homes** are also mentioned in the film. This category of housing is slippery to define because it can include unlicensed independent living housing for seniors 55+ and licensed “assisted living” housing with care services for older people, including in the same building. But importantly, these are privately owned and operated seniors’ residences that usually offer some services like meals, activities or personal-support services. Rent and care services are entirely paid by the residents, and usually admission is decided by the owners/managers. Some provinces and countries offer direct payments to low-income seniors to help pay for retirement home care, but many do not. Many large corporations like Revera, Extencicare, Sienna and others own and operate retirement homes in addition to LTC homes.

Many pension plans, including the Canada Pension Plan (or CPP) and many, many others, own shares in for-profit LTC home (and retirement home) chains in Canada and other countries. Many Canadian seniors rely on the profits made by LTC home corporations for a portion of their retirement income, while also relying on LTC homes when their care needs exceed what can be safely provided at home.

**Stolen Time** explores these contradictions between LTC home profit and quality by focusing on who is most affected: the approximately 314,000 residents

who live in LTC homes across Canada, their families and the many workers, including 200,000 formal care workers plus cooks, housekeepers, laundry workers, administrative staff, maintenance and other workers who support resident care.<sup>6</sup>

## LEVELS OF SENIORS LIVING AND CARE IN CANADA:

- 1 INDEPENDENT LIVING**, a.k.a. retirement homes, retirement communities, 55+ communities, active adult communities, senior homes and senior housing. For seniors with no major health issues. Typically, these communities offer services and amenities for seniors that take care of domestic details like cooking, cleaning and home maintenance. Private pay.
- 2 ASSISTED OR SUPPORTIVE LIVING**, a.k.a. supportive housing. For seniors who are mostly independent but need some personal health supports. Provides all the domestic care noted above, as well as help with daily tasks like grooming, bathing and mobility challenges. Can be government subsidized or private pay.
- 3 LONG-TERM CARE (LTC)**, a.k.a. nursing homes, community care facilities. For seniors who can no longer live on their own and require 24/7 care. Provides all domestic and personal care needs. Usually subsidized but can be private.

<sup>5</sup>Lloyd, L., Banerjee, A., Harrington, C., F. Jacobsen, F., & Szebehely, M. (2014). “It is a scandal! Comparing the causes and consequences of nursing home media scandals in five countries.” *International Journal of Sociology and Social Policy*, 34(1/2), 2-18.

<sup>6</sup>OECD (2023) Stat.

# STOLEN TIME

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## LEGAL CONSIDERATIONS

In the film, lawyer Melissa Miller and her clients bring to life some of the worst conditions in chain-operated for-profit LTC homes in Ontario. Melissa and her law firm organized a **mass tort** action against several of the largest chains—legal action in which a common issue is pursued by a group of people, but each case is heard individually and can be awarded compensation based on the plaintiff’s individual circumstances. This is different than a *class action lawsuit*, in which a common issue is pursued as a group, but plaintiffs usually forfeit their right to pursue their case individually and compensation is awarded to the group.

Melissa, her law firm and her clients are using law as a tool for change, and she is not alone. There are many lawsuits against providers and against government, both before and since the pandemic LTC home crisis. Lawsuits are possible only *after* harm is done. But when combined with public pressure, they can bring to light harms and help to support system-wide changes.

**“Everywhere there’s a complete and utter lack of transparency and accountability.”**

– Jason Ward, Corporate Accountability Investigator

# STOLEN TIME

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## STRUCTURAL CONCERNS

Melissa and others argue that the LTC home problems they are fighting are not about a single bad company, bad LTC home or individual case. Instead, they are “**structural**,” affecting LTC residents, families and workers in jurisdictions across Canada and in other countries.

“Structure” refers to the economic, political and social systems that determine or shape LTC homes, including how care is organized, funded and regulated, who ends up needing this care, who does the work, and the conditions of work and care.

Today’s market-economy decision makers operate with an overarching assumption that for-profit business is more cost-efficient than non-profits or governments, but without evidence or analysis of the cost and benefits to everyone involved. Consistent with this thinking, individual, employee and public pensions have increasingly relied on market investment.

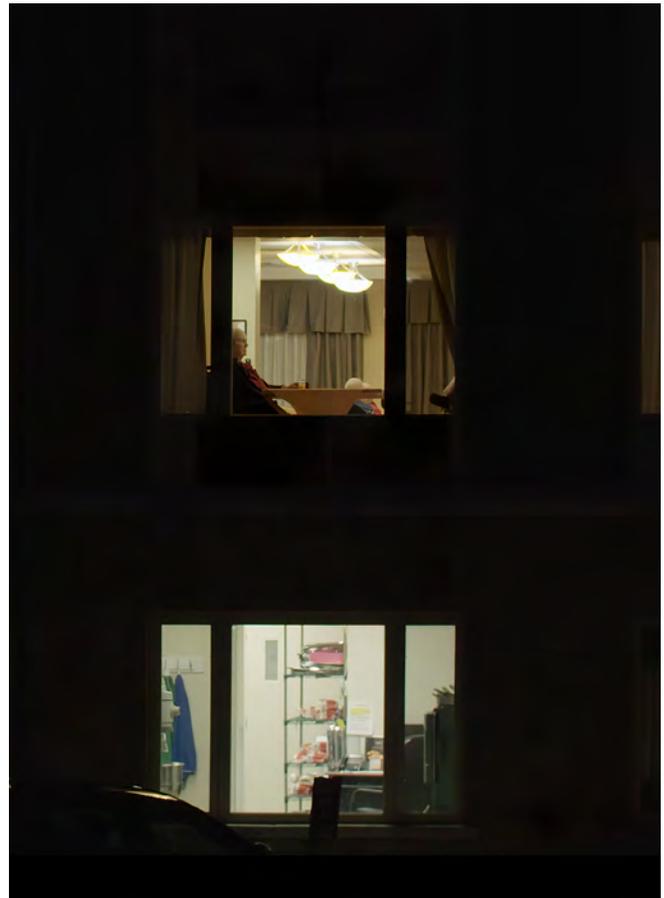
Structures also include government regulations and funding. LTC homes are highly regulated, but funding has lagged behind growing needs for services, both for more beds and for more complex care. Long waiting lists now exist in every jurisdiction. As a result, residents are frailer and need more care than in the past, but funding has not kept up.

As both resident fees and funding are controlled by governments, the only way to produce profit is to lower wages, employ fewer people and/or decrease the costs of services by reducing budgets for food, personal care, cleaning and/or social activities.

Social structures also include gender, race, class, immigration status, age, ability and more. For example, older people, especially those who are frail or live with dementia, are often perceived as less worthy of resources, a reflection of ageism in society.

Long-term care is considered “women’s work” and “low-skilled,” reflecting gender discrimination that also means women do most unpaid caregiving in families. Women are much more likely than men to need long-term care in later life, as they tend to outlive their older spouses, live alone, have lower lifetime incomes and cannot afford to hire private carers.

Together with ageism and sexism, racism and discrimination in employment affecting newcomers means that those who are Black, Indigenous, racialized and newcomers to Canada are more likely to end up in lower-waged work, including long-term care work.



# STOLEN TIME

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## CONDITIONS OF CARE

This documentary shows that the conditions of work are the conditions of care in LTC homes. Workers and union representatives in the film discuss their perspectives. Low wages, few full-time jobs and heavy, difficult work are some of the conditions that LTC home workers typically experience, no matter the ownership. In not-for-profit and municipal homes, working conditions are usually better, but not always. Municipal and non-profit LTC homes sometimes hire for-profit management companies, staffing agencies, laundry, cleaning and food services, bringing in profit through another door.

Research on the conditions that produce dignity and respect for residents and workers has shown that time to care is critical.<sup>7</sup> Workers need to be able to get to know residents, their habits, preferences, health status and personalities, and form relationships of trust. They also need to know each other, so that they can work effectively in teams.

This means that workers need to: have regular work hours, be assigned to the same residents and work

with a defined team. They must have time and job descriptions that allow them to spend time talking with and responding to residents beyond task-specific interactions like toileting, showering and dressing.

## ACCOUNTABILITY

Accountability is mentioned often in this film. All LTC homes' management are responsible to provincial government funders and regulating bodies. For-profit LTC homes' management are also accountable to shareholders. Non-profit homes' management are accountable to their boards of directors and communities, while municipal homes' management are accountable to their city councils.

While residents and families can make complaints, and LTC homes are usually expected to have a family council and a residents' council, accountability to these groups is often weak.



<sup>7</sup>Armstrong, P., Braedley, S. (2023). *Care Homes in a Turbulent Era? Do They Have a Future?* Edward Elgar Press.

# STOLEN TIME

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## SUGGESTED POST-SCREENING QUESTIONS

- What do you see as the necessary conditions for dignified, respectful care for frail older people who require complex medical and social care and the people who care for them?
- Who benefits from the structural conditions mentioned in the film? Who pays?
- What do you make of the relationship between pension income and the for-profit LTC home industry internationally? What blocks and opportunities does it offer to improve LTC home care?
- What are the possibilities for change that winning the Ontario lawsuits could provoke? What are the limits of law in creating needed changes?
- Who should be accountable for LTC home quality of care? To whom should they be accountable?
- Would anyone like to share their experiences of providing care to someone in later life?
- How do public protests and demonstrations act as a tool for social change? What changes can they provoke?
- Do you agree with Jackie Brown's statement that "the way we treat vulnerable seniors in our society is really a mark of how we are doing as a country"?
- What does justice in LTC mean to you?



# STOLEN TIME

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## WHAT YOU CAN DO

If you would like to influence change in LTC homes, consider the following actions:

- If you are a family member of a LTC home resident, get active with your LTC home family council. Ask questions to support improvements in the conditions of work and care.
- If you work in a LTC home, get active with your union and/or professional association. These groups are often strong advocates for LTC home improvements.
- Everyone can join the Canadian Health Coalition or your provincial health coalition. These groups are champions of LTC home improvements.
- As voters, ask your politicians about long-term care policy. Does your municipality own a LTC home? Does your municipality supplement provincial funding to improve care quality? (Many municipalities do!) What does your provincial government representative know about LTC homes and the LTC home problems that **Stolen Time** documents? Is your federal MP aware?
- If you belong to a pension plan or have an RRSP, check to see if you are a for-profit LTC home investor. Consider your options. Can you divest or get involved with divestment campaigns or stockholder change advocates?

- Have your voice heard. The film shows that protests and demonstrations are a tool for positive change. There have been many such protests. Sometimes inquiries are mounted with recommendations that are mostly ignored. Other times, big changes have occurred. For example, persistent activism and advocacy from workers, families and health advocates in Ontario, including many demonstrations, resulted in a provincial government commitment to improve staffing in LTC homes to four hours of direct care per resident per day by 2025.

**“For me, it’s not even about money. It’s just not. I’m just watching the system fail, time and time again. And I’ve tried every way possible”**

– Ryan, son of LTC resident

# STOLEN TIME

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## FURTHER READING

### OPEN ACCESS, FREE ONLINE RESOURCES:

Armstrong, P., and Braedley, S. (eds). (2023).

[Care Homes in a Turbulent Era: Do They Have a Future? Edward Elgar Press.](#)

Elder Abuse Ontario (2022). "Which Provinces Meet Canada's New Long-term Care Homes Standards?"

[eapon.ca/canadas-new-long-term-care-homes-standards](http://eapon.ca/canadas-new-long-term-care-homes-standards)

Library of Parliament (2020). "How Are Long-term Care Homes in Canada Funded and Regulated?"

[hillnotes.ca/2020/10/22/long-term-care-homes-in-canada-how-are-they-funded-and-regulated](http://hillnotes.ca/2020/10/22/long-term-care-homes-in-canada-how-are-they-funded-and-regulated)

### FOUR FREE PROMISING-PRACTICES RESOURCES:

Armstrong, P., & Braedley, S. (2016).

[Physical Environments for Long-term Care: Ideas Worth Sharing.](#)

Armstrong, P., & Daly, T. (2017).

[Exercising Choice in Long-Term Care.](#)

Armstrong, P., & Lowndes, R. (2018).

[Negotiating Tensions in Long-term Residential Care: Ideas Worth Sharing.](#)

Baines, D., & Armstrong P. (2015).

[Promising Practices in Long Term Care: Ideas Worth Sharing.](#)

### USEFUL WEBSITES:

Reimagining Long-term Residential Care:

[reltc.apps01.yorku.ca](http://reltc.apps01.yorku.ca)

The Canadian Centre for Policy Alternatives has an extensive array of other resources on this topic:

[policyalternatives.ca/search/site/long-term%20care](http://policyalternatives.ca/search/site/long-term%20care)

### OTHER RELATED RESOURCES:

Armstrong, P. (ed). (2020). *The Privatization of Care: The Case of Nursing Homes.*

[routledge.com/The-Privatization-of-Care-The-Case-of-Nursing-Homes/Armstrong-Armstrong/p/book/9781138346024](http://routledge.com/The-Privatization-of-Care-The-Case-of-Nursing-Homes/Armstrong-Armstrong/p/book/9781138346024)

This community discussion guide was written by Susan Braedley, MSW PhD, a professor at Carleton University and a LTC home researcher since 2009. She is a member of two international research teams that identify promising policies and practices for long-term care homes and for community-based care.