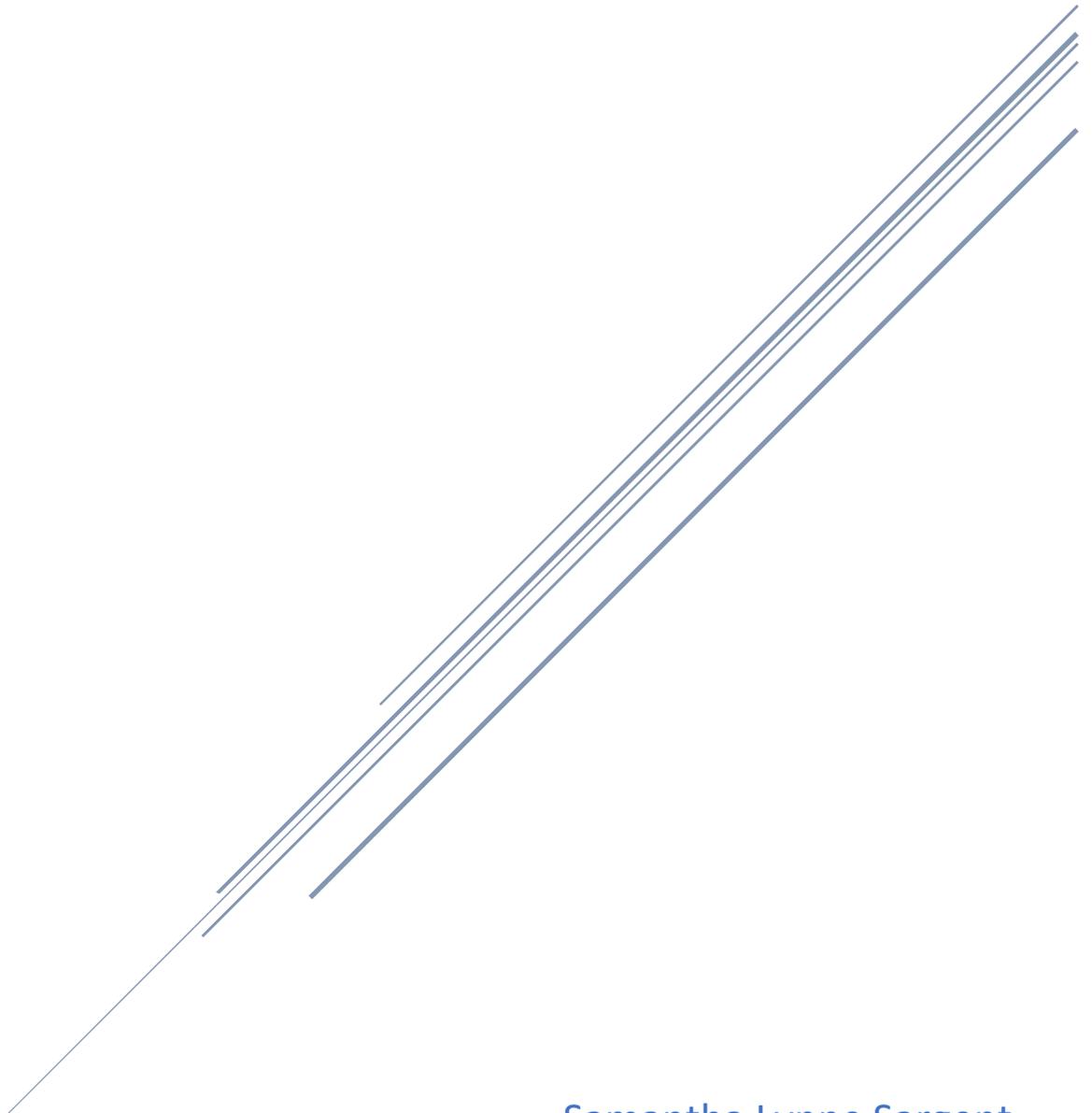


LONG TERM CARE HOMES AND ELDERLY SOCIAL MEDIA USE

Addressing Well-being, Autonomy, and Privacy Concerns
during and beyond COVID-19



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Motivation

The long-term care homes (LTCHs) system¹ in Ontario is failing elderly residents in significant ways.^{2 3} These failures are a result of complex interactions between government policies, funding and oversight, as well as failures on the part of both public and private homes. They have become more pronounced during the COVID-19 crisis, but do not originate with it. In addition to significant concerns regarding the physical health of residents, their mental well-being and autonomy is also at issue during a time in which their care has been compromised and their ability to interface with others has been curtailed. Once again, this has become more

¹ While LTCHs can serve anyone with need from the age of 18 and up, this report is primarily concerned with the elderly experience. It is likely though that many non-elderly folks in the LTCH context would benefit from the recommendations contained within.

² Gamble, Susan. "Lawsuit, Human Rights Complaint Launched Against Nursing Home"

³ DeClerq, Katherine. "Ontario Admits To 'Staffing Crisis' In Long-Term Care Homes Before COVID-19 Pandemic Began"

pronounced during the COVID-19 crisis due to necessary lockdowns which helped to protect resident health in LTCHs that unfortunately also prevented residents from physically interfacing with their friends and families, but has often been at issue in a system that might place a resident in a home that is physically distant from their previous lives, or where elderly folks are otherwise socially isolated.⁴

While social isolation is a health issue for everyone, elderly folks are often particularly susceptible to such isolation, and it has significant impacts on elderly folks' well-being. "Social vulnerability" which is vulnerability which comes from a person's social relationships or lack thereof is one of the biggest predictors of physical health and well-being.⁵ Social vulnerability can predict health outcomes "independent of age, sex, and frailty" and is correlated with cognitive decline.⁶ Maintaining a robust support network with varied relationships is thus very important for elderly health outcomes.

In addition to social isolation and vulnerability, residents in LTCHs often lack control over their own lives. In some ways, this is necessary, since in Ontario, long term care is reserved for individuals 18 years and older who require that nursing care be available on site 24/7, and require frequent "assistance with activities of daily living" or on-site monitoring to ensure safety at frequent intervals throughout the day, where publicly-funded community-based services are insufficient to meet the potential resident's needs, and where those needs can be met in a LTCH.⁷ Nonetheless, it is important that even in highly regimented settings and unprecedented crises that we uphold autonomy where possible. The ability to have avenues of communication, control

⁴ Rushowy, Kristin. "The Entire System Is In Crisis.' Bill Aims To Prevent Couples From Being Separated In Long-Term Care"

⁵ Andrews, 188

⁶ Andrews, 187

⁷ O. Reg. 79/10, s. 155 (1).

over that communication, as well as the autonomy to choose in small ways how one's life goes, and having spaces over which one has control is imperative for the well-being of residents. This is something that is currently logistically very difficult in the LTCH setting. Furthermore, despite the regimented nature and control over vulnerable residents in LTCHs abuse is still a regular, unfortunate possibility⁸ and many residents rely on families to help advocate for them when that happens.

Therefore, we have a threefold issue at hand. Elderly folks are often vulnerable in a highly regulated environment where they have little choices, control, or support in maintaining relationships digitally. Their autonomy and well-being are at stake because of their social vulnerability and lack of privacy. Finally, usual means of mitigating these issues by having familial intervention (which of course, was still only the case for residents with local and involved families and friends) has been severely constrained by a global pandemic.

The paper that follows will explain the ways in which these issues may be mitigated by the implementation of social media literacy programs, and by the promotion of the use of social media by residents to establish digital private "spaces" and foster relationships in online spaces. It will establish that both of these strategies will promote residents' well-being and autonomy and that they are in alignment with the goals set out in in Long Term Care Act.

To begin, the paper will give some further background on the particular vulnerabilities of elderly persons in care home contexts, establish the benefits of and statistics on elderly social media use, and draw out relevant policy background from the Long Term Care Act and Ontario Regulation 79 which governs day-to-day activities in Long Term Care Homes. Then it will

⁸ McIntosh, Emma. "Military Report Finds Gruesome Conditions, Abuse Inside 5 Ontario Long-Term Care Homes".

outline as a solution the ways in which social media programs could be slotted into existing policy requirements and what philosophies should guide the implementation and promotion of social media programs to protect residents from risks in online spaces, and promote the kinds of use that will be best for autonomy and well-being. Finally, it will consider some digital privacy concerns and address why despite these potential pitfalls, the promotion of social media use in residents lives will be a globally good action and a way for LTCHs to remedy the issues described without significant investment.

Background

Vulnerability of Elderly Persons

While not all elderly persons are vulnerable in the same way and to the same degree, there are certain facets of vulnerability which exist as a result of aging, and which are exacerbated by the aging process, the context of LTCHs, and attitudes towards aging and the elderly in society. What follows is meant to be a comprehensive but not exhaustive discussion of the various types of vulnerabilities elderly people in LTCHs might experience.

Elderly folks are often vulnerable by the nature of their physical and mental capacities. Nearly 47% of individuals in Canada 75+ have disabilities, and the prevalence of disability increases with age.⁹ This often results in lower mobility, and a greater need for caregiving. Elderly folks will also experience vulnerability in relation to their other identities, which may or may not be exacerbated by their age and circumstances related to aging.¹⁰

⁹ Morris, Stuart et al. "A Demographic, Employment And Income Profile Of Canadians With Disabilities Aged 15 Years And Over, 2017"

¹⁰ Luna, 183

A need for caregiving often results in the necessary curtailment of autonomy to accommodate caregiver needs even in the best of caregiving situations. Aside from this, caregiving can also give rise to further vulnerabilities, such as the risk of abuse by one's caregiver whether that is a person that is known to them such as a friend or family member, or an external person that is paid to take care of them.¹¹ On the same note, elderly folks can often have vulnerabilities that arise as a result of financial insecurity which may or may not preclude them from getting certain standards of care.¹²¹³ In Ontario there are both for-profit and not-for-profit LTCHs which may have different standards of care, and different amenities offered as a result. While certain standards are enshrined, other aspects of care may rely on a resident's financial means, including dental care.¹⁴ Similarly, residents may be able to pay for more or less privacy in the form of shared or single rooms, though all residents will be subject to a lack of privacy given the LTCH setting, as will be expounded upon later.

Depending on their social context both before entering the LTCH and as a part of it, residents may also exhibit social vulnerabilities.¹⁵¹⁶¹⁷ As social animals, meaningful relationships are incredibly important to our well-being, and are key for the fostering of autonomy¹⁸. However, relationships with others may also leave us vulnerable should those relationships turn sour, or should abuse be occurring in those relationships. This is one reason why having a plethora of meaningful relationships, hobbies, and communities is important.

¹¹ Luna, 184

¹² Luna, 183-184

¹³ Mamhidir, 3

¹⁴ O. Reg. 79/10, s. 34 (1).

¹⁵ Laceulle, 2

¹⁶ Dodds 181

¹⁷ Andrews, 187

¹⁸ Anderson, 137-138

Additionally, persons will often experience communication vulnerabilities which can be related to changing social norms, emerging technologies, and other social barriers related to change which they may find difficult to adapt to.¹⁹ These often-inflexible systems may not have been created with the principles of universal design in mind,²⁰ and may not support elderly needs when it comes to learning technologies or decisions they might make to eschew technology. These are particularly at issue in the context of social media since it is the position of this paper that while social media use should be promoted in LTCHs, it should not by any means be required.

Finally, elderly persons in LTCHs will by virtue of the nature of LTCHs and the rules that govern them, be vulnerable due to a lack of privacy and a space of one's own. LTCHs in Ontario are extensively regulated. There are requirements about food stores, the set up of rooms and room curtains, and even regulations which delineate how far windows are permitted to open.²¹ These regulations are necessary, since by virtue of needing long-term care, residents are in need of care. This means that they must be protected in cases where they or others might be a danger to them, and also means that the spaces in long term care need to be set up with care needs in mind. However, the lack of control over one's own space can be extremely damaging to well-being and autonomy.²²

Personal space is something we should consider a "human need, not a luxury."²³ The ability to set out a space in certain ways, to build pathways and habits by moving through that space repeatedly, and have that be a truly private space that others cannot intrude upon or change

¹⁹ Luna 184

²⁰ Bowen, 450

²¹ O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

²² Young 159

²³ Young 170

without permission is autonomy fostering and allows individuals to better craft narratives of their lives.²⁴ There are some real limitations to the LTCH system which mean that autonomy cannot be fostered through control over a private space. This is a problem, and therefore, we should look for ways in which autonomy and private space can be fostered in ways which do not risk resident safety or impede caregiving requirements.

Social Media Landscape

In addition to considering the LTCH landscape and vulnerabilities specific to elderly persons, we must also take into account the existing social media landscape, including the current state of affairs when it comes to elderly uptake of technology, and risks that are specific to the use of social media technologies. Between 2009 and 2010, elderly use of social media nearly doubled²⁵, resulting in 47% of 50-64 year olds, and 26% of 65+ individuals being social media users, 38% of those 65+ are at least on the internet even if they don't identify as social media users, and so still have access and inclination to use at least some digital tools available to them.²⁶ In 2020 Khoros estimates that 51% of people 50-65 and 24% of people 65+ use Facebook, and on other sites this trend is upwards as well.²⁷ There are individuals 65+ on every tracked social media site including Instagram, Pinterest, Twitter, LinkedIn, YouTube, and even a handful on Snapchat.²⁸ In February 2019, Pew Research estimated that 69% of those 50-64 were on at least one social media site, and the number was still 40% for those 65+.²⁹ Clearly, use of social media is increasing, and it is likely only to get greater as time moves on. It is therefore

²⁴ Young 155

²⁵ Maab, 235

²⁶ Maab, 237

²⁷ Khoros

²⁸ Khoros

²⁹ Pew Research

imperative that LTCHs, as well as governments, start to consider how social media will fit into the LTCH landscape.

In addition to the communication vulnerabilities previously mentioned that may impede adoption of social media by the elderly, there are other social myths surrounding social media use which may result in barriers, as elderly folks may not see themselves as the kind of people that social media is for, or is valuable for.³⁰ Oftentimes, there are specific technologies and devices advertised to elderly folks, which mean that these technologies and devices have a smaller market and may be more expensive or less expansive than mainstream options.³¹ However, when universal design principles such as simple and intuitive use, and equitable use, are implemented, elderly folks are better able to access these technologies.³²

Finally, when considering the social media landscape we must be attentive to the prospective privacy risks that come with the use of social media. While all individuals are subject to these risks, it is clear that online elderly folks are targeted for fraud at higher rates than other groups, perhaps because other aspects of their vulnerability makes them seem like easy targets.³³ So, while online spaces should not be seen by the elderly solely as risky ones, the view of them as being risky is at least somewhat backed by empirical evidence.

Policy Background

Finally, despite the current failings of LTCHs, we must consider what the goals for LTCHs are, as set out in the Ontario legislation, and how in particular care of their residents could be improved by including social media programs in alignment with principles of the legislation.

³⁰ Bowen, 452

³¹ Bowen, 450

³² National Disability Authority "The 7 Principles | Centre For Excellence In Universal Design".

³³ Chakraborty, 948, Maab 241

The Long Term Care Homes Act, 2007, S.O. 2007, c. 8 commits LTCHs to certain principles and enshrines a Resident’s Bill of Rights. Some notable excerpts from this legislation that are supposed to guide care decisions include “Home, the Fundamental Principle,” which states that “a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.”³⁴ Furthermore, the Resident’s Bill of Rights enshrines such things as:

6. Every resident has the right to exercise the rights of a citizen.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.³⁵

³⁴ LTCHA 2007, c. 8, s. 1.

³⁵ LTCHA 2007, c. 8, s. 3 (1)

We should interpret these rules to give us strong reasons to not only respect participation in decision making and support these rights in a negative way (i.e. by merely refraining from interfering with these rights), but also to positively support the expression of these rights. This means carefully considering what citizenship entails, how to actively promote and provide private spaces and privacy, creating supports for decision making where possible to encourage autonomous participation, and so on.

While there is no mention of: social media, Wi-Fi, or internet, in either the Long Term Care Homes Act, or in Ontario Regulation 79, their inclusion would be valuable.³⁶ It is clear that despite the gap in legislation specific to LTCHs that federal governments in Canada consider reliable internet access to be a human right³⁷—presumably at least in part because of the benefits of having access to social media and connections with others. So, while access might not be enshrined in the LTCHA specifically, LTCHs should still seek to keep up with the changing digital landscape, and align with other governmental policies around digital access. The importance of access to the internet and social media to participate fully in social and civic activities, while potentially a regrettable state of affairs, cannot be overstated. In the next section the report will describe how a well designed social media plan which educates residents on the way to maximize social and privacy benefits of social media while protecting them from risks of fraud and potential privacy risks is an excellent way to promote the values set out in the Long Term Care Homes Act at very little cost to homes.

³⁶ LTCHA, O. Reg 79

³⁷ Kupfer, Matthew. "Canada's Telecom Regulator Declares Broadband Internet Access A Basic Service | CBC News". CBC, 2016, <https://www.cbc.ca/news/politics/crtc-internet-essential-service-1.3906664>. Accessed 10 Aug 2020.

Solution

This section will suggest some reasons why social media is well positioned to promote the values set out in the Long Term Care Homes Act, especially in light of COVID-19 and other challenges that are existent in the LTCH setting. Then, it will suggest what a social media program might look like in action, and provide an outline for its implementation, in light of regulations on LTCHs.

Social Media as a way to Foster Autonomy and Well-being through Social Connections and by providing Private Digital Spaces

First, this report will examine the ways in which access to social media can foster autonomy and well-being through social connections. As previously discussed, not having access to social relationships and networks can be associated with negative health outcomes. There are also positive benefits to strong social relationships and membership in social groups.³⁸ To maintain and develop strong social relationships, a certain level of personal vulnerability is required. This vulnerability allows for the openness required to form deep connections, and means that individuals risk rejection and when they share personal parts of themselves as a means to forming strong relationships.³⁹ Our sense of self and the way we come to know ourselves is often through relationships with others. We thrive on recognition and our understanding of ourselves is colored and informed by the way others see us and the way we see ourselves in comparison to those around us.⁴⁰ Therefore, vulnerability in social relationships can be autonomy-promoting, and should not be treated equivalently to other discussed forms of

³⁸ Andrews, 187-188

³⁹ Anderson, 138

⁴⁰ Anderson, 138

vulnerability. Instead, it should be promoted for the purpose of forming relationships to increase autonomy and well-being.

There may be skepticism that these sorts of deep, ‘mirroring’ relationships can be found through social media, but this is not the case. While it is true that digitally mediated relationships are imperfect reflections of “real” relationships and communities (especially in regards to the lack of touch and physical interfacing/bodily communication), that does not mean that digital spaces or digital relationships are without value, especially for individuals in LTCHs. Online relationships can share many of the same elements that characterize strong, real world relationships, including facets like reciprocity, empathy, self-knowledge, and the shared life.⁴¹ Furthermore, even if they are not equivalent to ‘real’ relationships, digital relationships are obviously preferable to various levels of social isolation, given the impact of social vulnerability on well-being and autonomy.

Reciprocity may look different on different platforms, but can include goods such as pleasure (e.g. through friend requests, liking posts, tagging people in photos and videos to call their attention to pleasant memories), the volume of which can’t be matched offline. Reciprocity may also take the form of utility where platforms allow individuals to provide something of value to each other.⁴² This is very common on sites like LinkedIn, where there is some potential of a business relationship or where individuals may “endorse” each other for certain skills.⁴³ It can also crop up in gaming communities where interactions provide pleasure via collaborative

⁴¹ Vallor, 185

⁴² Vallor, 190

⁴³ Vallor, 191

interaction or in any place where the value of the relationship formed is not just the intrinsic rewards of that relationship.

Empathy can be cultivated online through commenting, messaging, gifs, emojis, and more. While these reactions may not be as physical as they would be ideally, they can serve as stopgap measures and allow for immediate responses that can be built upon in person at a later date.⁴⁴ We can see this through widespread habits of sharing important life milestones on social media, and allowing a broader circle of individuals to engage in that than might have been previously possible. With elderly folks in LTCHs we can imagine having access to social media to be a boon when it might allow family to share a video of a grandchild's first steps, or allow the viewing of a niece's virtual nuptials. The possibilities are endless.

Self-knowledge comes about online through these same types of relationships. As discussed earlier, it is through interaction with others that we are able to come to know ourselves. By examining and contemplating the actions and behaviours of those in our social circle, we are able to compare ourselves to them, and so come to know ourselves better.⁴⁵ Life does not end in old age and we should consider elderly people to still be living, evolving human persons with malleable personalities. Relationships are integral to their maintaining and changing sense of selves, and allow them to choose ways to emulate, or reject the actions of their friends.⁴⁶ Furthermore, there is evidence that the distance and asynchronicity that social media brings to relationships may actually encourage more honest and deliberate relationships than those found in person.⁴⁷

⁴⁴ Vallor 194

⁴⁵ Mackenzie, 42-43

⁴⁶ Vallor 195

⁴⁷ Vallor 196

Online interactions can allow one to have a “shared life” with others by providing the kinds of informational and emotional reciprocity that maintain the will to live together with our friends, and to continue to pursue excellence in concert with them.⁴⁸ By maintaining bonds of friendship across distance, social media can allow elderly folks to maintain engagement in the lives of those they care about. This is even further improved when social media allows for shared activity. This can happen in the form of games, activities, or more synchronous conversations, such as video chats or virtual activities with family and friends.

Finally, social media can also allow for civic engagement. While civic engagement on social media platforms may often function as a shout into the void, at times communities of a political nature are formed.⁴⁹ This is especially important for elderly folks who are confined to LTCHs who can participate in petitions, online activism, and online volunteer activities, should they so choose. It is also apparent that all of these potential actions are becoming more accessible, widespread, and necessary as a result of COVID-19.

The benefits of relationships on social media can be even more pronounced when elderly folks are housed away from friends and families, or when safety restrictions preclude visits and in-person activities, such as is the case during COVID-19. In later life, social media can allow elderly folks outlets to connect with interest-based communities and maintain or strike up new hobby or volunteer groups, as well as foster intergenerational relationships. These benefits are not merely hypothetical either. Elderly folks who do engage with social media report positive learning experiences, satisfaction at having access to information, increased connectedness and contact with children and grandchildren.⁵⁰ Furthermore, access to family is incredibly important

⁴⁸ Vallor 196

⁴⁹ Vallor, 191-192

⁵⁰ Maab 239

to flagging issues of inadequate care or abuse in homes,⁵¹ and when physical access is limited, access to family via social media channels that are private from LTCHs can help to protect against or flag issues.

In addition to the autonomy and well-being benefits of social relationships on social media, access to technology and to social media spaces can also provide autonomy benefits on the basis of privacy and control over digital spaces. Given the importance of private spaces where individuals are allowed to set up things such that it aligns with their lives and life narratives, empowering residents to create private and self-designed digital spaces should be a priority.

While obviously not analogous to the experience of having a physical personal space that your physical body can navigate through, and grow accustomed to seeing and living in everyday, digital spaces do allow a significant amount of personalization. On the lowest end of this, we can consider how we configure and select apps on our phones for ease of use, and how we build habits navigating through screens to find the relevant one at any given time. Similarly, we can imagine social media feeds to be similarly curated, assuming we take the time to follow, friend, and otherwise prioritize the type of content we are interested in scrolling through repeatedly. On the other end of the digital spectrum there are things like video games or social simulators like *Second Life* where one can literally curate and decorate a digital space like it is a home of some kind, and create a private, personalized space for an avatar. These types of autonomous decisions and control over space are low-stakes, and represent a valuable opportunity to promote autonomy

⁵¹ Bernoth, 457

and decision-making in a space where opportunities for decision making may be both scarce and impractical depending on a resident's cognitive capacities.

Scope of Potential Social Media Programs

There remain logistical hurdles for the implementation of social media programs in LTCHs. Although there are significant benefits to social media use in elderly populations, there remain risks of fraud, and potential risks to privacy that may be exacerbated both by virtue of being elderly and of potential associated cognitive decline. Furthermore, there may be cost considerations for the staffing of and training regarding social media programs, and the provision of wi-fi or devices. This section will first delineate a basic plan and guiding principles for implementing social media programs in LTCHs, and then discuss some particular risks and how to mitigate those risks.

The LTCHA mandates that every LTCH have an organized program of recreational and social activities that meet the interests of residents, including for residents with severe cognitive impairments. Furthermore, it mandates that every LTCH have a volunteer program that support the participation of volunteers in the lives and activities of residents. Volunteers under this program must be trained on the Residents' Bill of Rights and the LTCH's mission statement, just as all staff must be.⁵²

O. Reg 79 mandates that programs in the LTCH must have a written description of the program with goals, objectives, policies, procedures, protocols, as well as methods for reducing risk and monitoring outcomes. Furthermore, programs must be evaluated and updated annually, and written records must be kept of those evaluations, as well as who performed the evaluation,

⁵² LTCHA 2007, c. 8, s. 16 (1), c. 8, s. 77; 2017, c. 25, Sched. 5, s. 19.

and what changes were implemented. Programs and devices associated with those programs must be appropriate for the individual resident's condition, and actions taken in regards to residents with these programs and interventions must be documented. Recreational and social programs in particular must have provision for supplies, a schedule of activities must be provided to residents and their families, and residents and families must have input into the development and scheduling of such activities. Finally, support and assistance must be provided to residents for them to participate in activities that are of interest to them if they are not able to participate independently.⁵³

Privacy Concerns

In implementing social media programs LTCHs may fear that they open their residents up to privacy risks, and thus themselves to institutional risk, but given existing privacy doctrine in Canada, we can assume a certain level of privacy in online spaces, and a certain level of control even in shared spaces over what is legitimate to observe, record, and/or disseminate online or in other spheres.

While LTCHs necessarily have stringent responsibilities to protect residents' private health information,⁵⁴ this responsibility cannot extend to policing how residents share information about their lives, health, or anything else. While it would obviously be wrong for a nurse, aide, or other healthcare practitioner, employee, or volunteer of a LTCH to share medical information, it would be just as wrong for them to forbid a resident from sharing that same information with friends or family, or for them to write a blog post, tweet, or Facebook story about it. LTCHs can advise what information is safe and appropriate to share online, but without

⁵³ O. Reg. 79/10, s. 65

⁵⁴ Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A

further identifying details, the sharing of health information (which is widely defined in privacy legislation) may be benign and the autonomy of a resident to choose to share relevant information about their lives should not be infringed upon.

What LTCHs should concern themselves with is ensuring that residents' are not privy to other residents' health information, and that sensitive health information is communicated only in areas of confidence where recording devices may be prohibited.

To protect the privacy of residents more generally, aside from teaching good online habits, it would be absurd to assume that elderly folks should be more careful with their online presences than other groups, when the rewards for being an online citizen – especially when other aspects of life are constrained – are so great. In following the guidance of the Residents Bill of Rights, it seems clear that while LTCHs must work for the best interests of their residents, it does not allow for paternalistic interventions in cases where the risks are mild or equivalent to those engaging in everyday activities outside of long-term care. Furthermore, the importance of privacy in digital spaces from the eyes of LTCHs and their workers cannot be overstated as a means to promoting well-being and autonomy.

Nonetheless, residents should still feel that they have adequate privacy from one another. Legal interpretations of privacy rights in Ontario and Canada enshrine that despite digital innovations, individuals can still have “reasonable expectations of privacy” even in shared semi-public settings such as schools.⁵⁵ While schools are not equivalent to LTCHs, we can consider them to be analogous in that workers in schools have some duty of care to their charges, and like LTCHs, they are often equipped with security cameras, and there is a mix of more public settings

⁵⁵ R. v. Jarvis, 2019 SCC 10, [2019] 1 S.C.R. 488

and more private settings (such as washrooms). This complexity is navigable and LTCHs should feel comfortable ensuring their residents will have privacy from others despite the presence of social media devices in homes. While that privacy will be neither perfect nor absolute, the use of image regulation agreements can protect from most egregious offences. In the case of recounting stories, spreading rumors, or other potential conflicts, it is unclear if sharing these things online is substantially different from sharing in-person, and should it rise to the level of substantial conflict, LTCHs should still feel comfortable stepping in with conflict resolution schemes similar to those employed in other aspects of daily life in long-term care.

Implementation

Implementation of a social media program should obviously conform to the context of each individual home. This extends to whether or not the program should be volunteer or staff run, but nonetheless there are some recommendations to be made in regards to ensuring such a program both promotes the well-being and autonomy of residents while protecting residents from fraud and protecting their privacy interests.

With these considerations in mind, social media programs should:

1. Provide residents with reliable wi-fi, as well as private accounts on shared devices, and/or encourage residents or their families to acquire their own private devices (e.g. cellphone, laptop, ipad).⁵⁶ Some content controls (such as those common on school or work devices) may be justified in the case of shared devices or where residents are experiencing severe cognitive decline, but should not be the norm.

⁵⁶ Groleau, Carmen. "Virtual Care Could Soon Be Part Of Retirement And LTC Homes In Waterloo-Wellington | CBC News".

2. Provide resident education on the possibilities available in digital spaces including a wide variety of apps, social media platforms, and groups or messaging boards which will meet their needs and will promote their autonomy and well-being.
3. Provide resident education on recommended safety protocols for using online spaces.

These include:

- a. using a username or nickname when possible⁵⁷
 - b. encouraging the use of fake user information when possible⁵⁸
 - c. limiting the disclosure of personally identifying information, while not being overly restrictive on emotional and other disclosures that create the vulnerability necessary for the formation and maintenance of meaningful relationships
 - d. being literate on how to identify and ignore spam and scam emails and messages
 - e. being literate on how to control and manage privacy settings, as well as educating residents on likely ways information may be used without scaremongering.
4. Provide examples of how individuals can join interest-based groups, interface with friends and families, and create curated private spaces in online and local digital spaces.

⁵⁷ Chakraborty, 243

⁵⁸ Chakraborty, 245

5. Demonstrate that elderly folks are the kinds of folks who can safely engage in digital spaces. This might include peer-to-peer education between residents, or between residents and elderly volunteers or staff.⁵⁹
6. Provide residents with guidance on when it is appropriate to take pictures and videos that might be shared online, and encourage residents to gain consent from others should pictures and videos include others as is possible in a shared living space. If necessary, have residents sign agreements about the use of others' images and likenesses, and provide them with simple video and photo editing education that will allow them to crop or blur others images and likenesses out of their content.
7. Provide private spaces, where possible, for residents to engage in video calls, webinars, or other interactive audio/visual online content.
8. Allow residents to participate or not participate in social media as is desired by them. Residents should not be forced to interact with others online, or to engage in social media promotions by a LTCH. LTCH focused social media groups and activities, should the LTCH choose to implement a social media program in such a way, should be but one option among many presented to residents as a way for them to find value in online interactions and activities.
9. Encourage reflection on online activities and habits and for residents to measure their online habits against the goals of increased autonomy and well-being as a result of private spaces and social interaction. This may also involve having residents set loose goals for their online interactions as part of technological literacy activities.

⁵⁹ Bowen, 452

10. Provide education on photo and video sharing etiquette, and consider implementing a photo and video policy for residents. This can be augmented through education on how to crop and blur photos and videos that may include others.
11. Ensure that staff are trained on the above guidelines and understand the objectives and safety parameters, as well as the intended expansiveness and freedom of social media programs.

Conclusion

In conclusion, elderly residents in LTCHs are as vulnerable as they have ever been. The COVID-19 pandemic has unearthed myriad cracks in the system, and emphasized chronic underfunding and the important role that family and friends play in residents' health. The issues in LTCHs are systemic and not easily or cheaply fixable. It has been established through this paper that the implementation of social media programs is a relatively easy and low-risk way to mitigate many of the harms created and exacerbated by necessary physical distancing. This report shows that even in non-pandemic times, access to social media, and education on how to use social media in a meaningful way as an elderly person can be a powerful way to promote resident autonomy and well-being.

LTCHs should review the suggested guidelines within and implement a social media program in alignment with the values and methods set out within this report, and with the aims of increasing well-being and autonomy. LTCHs in consultations with governments should interrogate how digital technologies such as social media are used outside of LTCHs and therefore how they fit into values of having the rights of an average citizen. Furthermore, legislators going forward should consider how internet and social media technologies should fit into LTCH legislation and

elder care more broadly and build those considerations into new legislation as we move into an increasingly technological future. In particular, they should look at enshrining access to digital technologies and spaces in alignment with the increasing ubiquity of such technologies and with the Canadian government's declaration that high speed internet should be considered a human right.⁶⁰

⁶⁰ Kupfer, Matthew. "Canada's Telecom Regulator Declares Broadband Internet Access A Basic Service | CBC News". CBC, 2016, <https://www.cbc.ca/news/politics/crtc-internet-essential-service-1.3906664>. Accessed 10 Aug 2020.

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