



Newfoundland and Labrador Association of Public and Private Employees

Presentation to:

The Honourable Minister Ross Wiseman

Reforming the Provincial Home Care System

Recommendations to the Government of
Newfoundland and Labrador

July 9, 2008

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The Current Home Care System

*“Home care is underfunded, undervalued and over-stressed.”*¹ This was the conclusion of the Queen’s Health Policy Research Unit at Queen’s University following its examination of the state of home care in Canada in 1999. Unfortunately, little has changed.

According to Statistics Canada, in 2007 seniors ages 65 and older comprised approximately 13.9% of the population of Newfoundland and Labrador. It is anticipated that by 2016 this percentage will increase to 20% and by 2026 the figure will be close to 27%. Clearly, we are an aging population and with age comes age-related disease and an increasing demand for health care services.

Over the past number of years, the structure of the health care system in Canada has changed from an institutional-based system to a community-based system. This shift came about in the 1990s when provincial governments began looking for an efficient and cost-effective alternative to health institutions in order to meet the needs of Canadians. From this search emerged the community-based health model. It was seen as a solution that would be respectful of patients, enabling them to convalesce in their homes rather than a hospital and with the added benefit of being a more cost-effective method of health care delivery. Unfortunately, inadequate planning has been invested in this new method, with insufficient funds having been diverted to the home care system to meet the growing demand for services. These demands on the home care system are expected only to increase as our population ages and as patients are discharged from hospital both sooner and sicker.

Home care services fall outside the scope of the *Canada Health Act*. Thus, each province differs with respect to the level of government funding, accessibility and delivery method of home care services. Numerous researchers and stakeholder groups, including the National Advisory Council on Aging, have been advocating for a national, publicly-funded home care system which is in keeping with our nation’s core value of universal health care.

Our provincial government has begun to recognize some of the issues facing home care as well as the challenges facing our aging population; however, it has failed to adequately address the working conditions of those most critical to the effectiveness of the home care system—home care workers.

¹Queen’s Health Policy Research Unit. (1999) *Putting a Face on Home Care - CARP’s Report on Home Care in Canada 1999*.

In 2003 the provincial government made “healthy aging” a priority in its Blue Book and formed the Aging and Seniors Division within the Department of Health and Community Services. In the 2008 Budget Speech, the Honorable Minister of Finance, Tom Marshall, announced that the provincial government would be investing \$1.1 million this year and \$2.2 million on an annual basis for continued implementation of short-term acute home care and short-term end of life services. The government also announced the additional allocation of \$26.7 million to the Regional Health Authorities to offset inflation costs and increased utilization of home support programs. The Minister went on to pledge the province’s commitment to long-term care and community support services, stating:

As our population ages, we are determined to continue meeting the needs of seniors and others who require **long-term care and community support services**. Our strategic vision is to ensure the system addresses the health and social needs of clients, encourages choice, promotes independence and mobility, and delivers quality services. We are dedicating \$15 million this year to initiatives in line with this strategy.²

While the government’s statements are laudable, it is of vital importance that our provincial government develop a home care model of delivery that ensures home care services are delivered in the most respectful, cost-effective and efficient manner. CARP’s Report on Home Care in Canada 1999, highlighted the need for such an analysis:

²Budget Speech 2008, Government of Newfoundland and Labrador. (2008) ASecuring a Sustainable Future@

The promise and potential of 'the home' as the basis for health and health care exists, but the window of opportunity to fully realize that potential may be closing. The policies for developing home care should be based upon the values of Canadians. Namely, equality and accessibility, dignity and respect, efficiency and effectiveness, individual and collective responsibility, and quality and accountability.³

In 2007 the Government of Newfoundland and Labrador published its Policy Framework for Provincial Healthy Aging, which lists a number of priority directions and corresponding goals. One of the identified priority directions is: "Health and Well-Being" and included in this priority direction is "Goal 19 -The health care system reflects policies and services which are age-friendly and promote healthy aging." Examples of home care actions identified by the province to achieve the goal are listed as follows:

- > Ensure home care (home health and home support) services are age-friendly within the developing *Long Term Care and Community Supports Strategy*.
- > Expand home support program to support independence.
- > Recommend changes to the home support financial criteria.
- Pilot a home support program for seniors who require low levels of assistance to maintain independence.

³Anderson, M. And Parent, K., (1999). APutting a Face on Home Care - CARP=s Report on Home Care in Canada 1999".

- Review current policy on hiring family members as home support workers through the provincial *Home Support Program*.⁴

Clearly, in order to facilitate these actions the Government of Newfoundland and Labrador must first and foremost ensure that the structure of the home care system is respectful, effective, efficient and accessible. To this end we make the following recommendation:

Recommendation No. 1

The Government of Newfoundland and Labrador immediately develop a provincial home care plan that ensures effective and efficient delivery of home care services.

⁴Government of Newfoundland and Labrador. Aging and Seniors Division. Department of Health and Community Services (2007). *Provincial Healthy Aging Policy Framework*.

Administration of Home Care

At present, the provincial government does not administer the home care system. The provincial government provides funding for home care to the Regional Health Authorities but there are several different delivery mechanisms. In some cases individuals themselves contract home care services and act as the employer. In other cases home care services are provided by private agencies. And yet another means by which home care services are provided is through not-for-profit agencies. Although most of the funding comes from government, it is the government's position that it is not the administrator nor the employer of home care workers. In *Putting a Face on Home Care*, CARP challenged the Government of Newfoundland and Labrador's motivation for supporting self-managed care:

In Newfoundland an issue to emerge from several stakeholders is the cost differential of self-managed care versus agency-based care. The perception is that while, theoretically, more appropriate care can be given when a client determines what care should be provided, the government is also able to reduce its home care expenditures. While some stakeholders consider that the government can defend 'more appropriate care', they question the true motivation for a continuation of the existing model. If the government firmly believes in the self-managed care model, they argue, then given that some clients have difficulties with administering the self-managed care option, why could the government not take over the administrative functions? As one group commented; *"If government is willing to pay agencies \$10 an hour and self-managed is \$7, why doesn't government make it \$10 for self-managed care and government can do the administrative costs?"*

It seems ironic that private agencies provide home care services when a fundamental value of our nation is a universal health care system. Profit-making from the provision of essential health services is completely at odds with our values. In *Putting a Face on Home Care*, CARP highlighted this contradiction:

Within the broad social value of 'universal healthcare', Peters and the National Forum on Health identified several core values that Canadians feel are integral to our healthcare system. These are: equality and accessibility (regardless of income or location), dignity and respect, efficiency and effectiveness, individual and collective responsibility, and quality and accountability. Privatization was viewed as likely to lead to an

erosion of these values and was not seen as an acceptable option.⁵

⁵Anderson, M. and Parent, K. (1999). "Putting a Face on Home Care - CARP's Report on Home Care in Canada 1999".

The lack of universality in the home care system creates the greatest stress on the working poor. Many of them do not qualify for public funding, yet they cannot afford to pay privately for the services they require. So for many people, home care is not accessible. A Statistics Canada report released in October 2006 revealed that many seniors are at risk of injury because they are unable to access home care.⁶

A very recent and well-publicized example of this is the case of Patrick and Shirley Connors. With a combined monthly income of just \$2,100, they do not qualify for government-sponsored home care. According to the financial assessment conducted by the Eastern Regional Health Authority, the Connors' must pay \$1,077.30 per month to obtain home care services. This would leave the Connors' without enough money to pay for groceries or other household bills. At 78 years of age and suffering from a host of medical problems himself, Patrick Connors has no choice but to provide personal care for his wife who is crippled by arthritis and spinal problems. The government has acknowledged that the financial tool used by the Eastern Regional Health Authority doesn't work but has yet to change it, stating that a review of home care policies must first be completed. If government is to conduct the review of home care in this province to set the policy direction for the provision of home care services, then should it not be the entity to administer the home care system to ensure that the system is meeting the needs of the people of the province?

Home care is an essential component to the viability of our health system and much of the funding comes from government, yet government is not the administrator of the system. This results in a system that lacks direction and leadership. In September 2004, home care workers employed by VON in Corner Brook went on strike. The Premier expressed his deep concern about the impact of the strike on home care clients but went on to state that because government was not the employer, it could not intervene in the negotiating process to help bring about a resolution to the matter. The current system of home care administration is clearly inefficient and ineffective. Agencies claim that they cannot negotiate improvements to the wages and benefits of home care workers because government controls the funding and accordingly, the amount that home care workers receive in wages and benefits.

⁶Carriere, G. (2006). ASeniors= Use of Home Care@ (Statistics Canada, Catalogue 82-003) Vol. 17, No. 4: 43-47.

Accordingly, NAPE makes the following recommendation:

Recommendation No. 2

That the provincial government implement a universal, publicly funded and administered home care program.

Human Resources

Home care is a relatively new component to our health care system as it was only introduced to our province in 1975. Home care workers in this province provide necessary supports to persons with mental and physical limitations to enable these persons to remain in their homes rather than move to institutionalized care.

At present, NAPE represents close to 1,700 home care workers in the province of Newfoundland and Labrador. These home care workers provide personal care to clients, dispense medications, provide housekeeping services, provide supervised access to Child, Youth and Family Services clients, as well as nursing-type duties such as changing sterile dressings, performing ileostomy, colostomy and tracheotomy care, and testing blood glucose levels.

Within the past couple of years we have seen a shift in our labour market, particularly in the St. John's region. It seems that every restaurant, service station and retail store has a 'Help Wanted' sign hanging in the window. At present, home care workers earn only \$9.29/hour or less and yet they provide services that are similar to the services provided by personal care attendants in the hospital setting who, as of April 1, 2007, earn \$16.63/hour. On February 25, 2008, CBC news ran a story about the labour crunch in home care and quoted the human resources manager of a local home care agency as saying:

On an average week-to-week basis, I would suspect we're losing three to four home support workers, and ... we're hiring probably one, maybe two, every two weeks. We can't replace the ones we are losing.

The agency manager attributed the labour shortage to the poor wages of home care workers, noting that many fast-food restaurants pay higher wages than home care employers can offer. The situation has become so dire that agencies have had to turn away clients because they simply do not have enough home care workers to meet the demand for services.

In the 2008 Budget Speech the province announced the fifth increase to the hourly rate for home care workers in three years, stating:

With each successive increase, we acknowledge that home support workers provide valuable support to many individuals in our province with disabilities, to seniors and to children, enabling many to remain in their own homes despite the challenges they face.

What the province failed to add was that there have been six increases to the minimum wage rate in the past three years and the increases to home care workers have simply

maintained the traditional wage differential of slightly more than \$1 above the minimum wage rate. It must also be noted that not all agencies are paying home care workers the full amount of the wage increases government has announced in various provincial budgets, nor is there any onus on them to do so. NAPE must fight to ensure many of the home care workers whom we represent receive the full amount of wage increases as announced by government to sustain the wage differential.

Some home care agencies are engaging in dubious labour relations practices. NAPE is aware of at least one instance where the owner of a unionized home care agency opened up a second, non-unionized agency operating out of the same office. The second agency simply adopted the clients and workers from the unionized company without prior authorization of either the clients or the workers. This practice has enabled the owner to distribute hours of work between the two companies so that employees who work in excess of 40 hours a week are denied overtime. Furthermore, employees who work for the non-unionized agency are denied their negotiated collective agreement rights.

If government is serious about providing a community-based health model then it must ensure that home care workers receive a reasonable wage. Otherwise, we will see increasing rates of turnover of home care workers which in turn will compromise the continuity of care. The importance of continuity of care in the home care setting was emphasized by the Board of Directors of the Toronto Community Care Access Centre in their document entitled, "A Looming Human Resources Crisis in Community Care":

Because personal care and homemaking are the most frequently provided community services, the situation for workers providing this care is even more worrying to community sector employers. The nature of personal care is often very intimate. As a result, continuity of care - that is, having the same worker provide services is crucial to ensure client satisfaction, an important dimension of quality. Homemaking services, too, often demand great cultural sensitivity and maturity. Both types of work require the staff to know the client, the client's environment, and the clients' personal preferences very thoroughly. In addition, workers in the community must have the appropriate training, communication skills, understanding of community services, and the ability to work independently. All of these factors impact directly on the clients and the quality of service they receive and must be considered in the community sector when attempting to attract and retain sufficient numbers of appropriate staff. It means that community agencies must be able to offer good employment opportunities with working conditions comparable to the positions available in the facility-based sectors of the system.⁷

⁷Board of Directors of the Toronto Community Care Access Centre. (1999) AA Looming

The inadequate wages of home care workers is seen as a critical issue affecting the sustainability of the community-based approach to health care delivery. It affects recruitment and retention of qualified persons and accessibility to home care services:

If we fundamentally believe that providing care and support to people in the home is important and requires important skill sets, then wages should be provided at an appropriate level to reflect these values. If we fundamentally believe that profit should not be gained from providing care and support to people in their homes, then that too should determine how services are delivered. If these are indeed the values, then all other policies should flow from these standpoints.⁸

Accordingly, NAPE makes the following recommendations to promote labour stability in the home care industry:

Recommendation No. 3

That the provincial government establish a pay structure for home care workers such that home care workers receive the same salary and benefits as personal care attendants.

Recommendation No. 4

That the provincial government take over administration of labour relations relating to home care workers and negotiate one collective agreement for all home care workers in the province.

⁸Queen's Health Policy Research Unit (1999). *Putting a Face on Home Care - CARP's Report on Home Care in Canada 1999.*

Working Conditions

The conditions under which home care workers work is far from ideal or even acceptable. Unlike their counterparts in the hospital setting, home care workers work in isolation. If their client has a medical emergency they have no one to assist them. In a report prepared for Health Canada entitled, *Ethical Issues in Home Care*, the authors suggested that the undervaluing of work provided by home care workers stems from its female-dominated profession identity:

Provision of care in the home has traditionally been the role and responsibility of women. This, by and large, continues to be the case as home care providers and caretakers are mostly women. Some writers have commented that home care is rooted in the exploitation of women's traditional role as caretakers. One writer noted:

Dependent recipients of care are personally vulnerable to the quality of the caregiving relationship, which in turn is subject to the vicissitudes of fluctuating social and economic policies. Care-providers, for their part, risk being coerced into care taking (particularly by gendered expectations), exploited within the work context, and denied morally acceptable exit options.⁹

Working alone with a client creates the potential for the home care worker to be exposed to numerous health and safety risks. In the study conducted by Queen's Health Policy Research Unit, Putting a Face on Home Care, the risks were described as follows:

Employee unions noted that health and safety has become one of the more critical issues facing home care employees: A number of other

⁹Preto, N. And Mitchell, Dr. E. (2004). *Ethical Issues in Home Care: Summary and Overview of presentations and discussions at the Annual Meeting of the Canadian Bioethics Society October 28-31, 2004.*@

issues require attention. These include: working alone without protection, being subjected to violence, becoming a victim of crime in high risk neighbourhoods, travel to work during inclement weather conditions, working in unsanitary or filthy environments, heavy lifting (of patients), and abusive behavior by patients or their relatives.

At present, home care workers who are employed by individuals are exempted from coverage under the *Workplace Health, Safety and Compensation Commission Act*. Thus, if they become injured while performing their home care duties and are unable to work, they have no means available to replace their lost income.

Aside from the physical risks, home care workers are faced with poor working conditions which include split shifts, 7-day work weeks, excessive travel requirements with no reimbursement for mileage and non-paid time between clients. Some workers tell us that they often work beyond the hours for which they are paid in order to console a distressed client or to accompany a client to medical appointments. In order to transport clients to outings or medical appointments, home care workers are required to obtain additional insurance coverage which can cost as much as \$413 per year, a cost that is not covered by the employer.

One home care worker who resides in Bay Roberts told us of an incident that occurred when she was caring for a client in Upper Island Cove. The home care worker had parked her vehicle in the client's driveway and some time later the client's daughter returned from running errands and parked behind the home care worker's vehicle. The client's daughter then realized that she had locked her keys in her car, thereby preventing the home care worker from leaving in her vehicle at the end of her shift at 7:00pm. The home care worker was unable to obtain alternate transportation home until 9:35pm. The next day she had to obtain transportation to return to the client's house and retrieve her vehicle, thus incurring additional fuel costs. The home care worker received no compensation for the additional time and costs associated with this situation.

The unique working conditions of home care workers also creates significant emotional stress. Because they spend so much time providing one-on-one care to clients, home care workers tend to develop a strong relationship with their clients. While employers don't encourage this, it is not reasonable to think that a home care worker who spends up to 40 hours a week alone with a client can remain detached from that client. When a client passes away, often it is the home care worker who is with them during their final moments. It is the home care worker who then has to inform the family and provide details of the client's final moments. This can be a heart-wrenching experience for home care workers and there are no supports in place to help home care workers through this grieving process. Immediately following the death of a client home care workers are often directed by their employer to attend to a new client.

Several home care workers have told us that low wage rates force them to work in excess of 40 hours per week for straight time pay, contrary to the provisions of the Labour Standards Act. The workers are afraid to invoke their statutory and collective agreement rights because they fear their hours will be reduced or the employer will take away their clients.

Accordingly, NAPE makes the following recommendations:

Recommendation No. 5

That the provincial government establish a mechanism to reimburse home care workers for out-of-pocket expenses incurred as a result of their employment.

Recommendation No. 6

That the provincial government amend the Workplace Health, Safety and Compensation Commission Regulations to delete s. 4(b) which states:

4. *Under subsection 38(2) of the Act the following types of employment and occupations are excluded from the application of the Act*

(b) ...employment by a person in respect of a function in a private residence of that person...

Recommendation No. 7

That the provincial government implement programs designed to assist home care workers with the emotional issues associated with caring for clients.

Recommendation No. 8

That the provincial government take measures to ensure that home care workers are compensated appropriately for all hours worked.

Training

Training of home care workers has not been a priority with the development of the new community-based model of health care. Home care workers may have clients who suffer from mental health issues, dementia or Alzheimers yet have no information about how to care for these individuals. Some clients may suffer from diseases or have medical implements that require specialized care, such as a colostomy; but again, these workers are not provided with the basic information to properly care for such individuals.

At present, the VON, the College of the North Atlantic and Academy Canada provide training for home support workers but at a significant cost. Tuition ranges from \$5,000 to \$8,500. Certainly, this is not a reasonable price to pay to obtain employment that pays, at most, \$1.29 above the minimum wage rate.

Lack of information sharing has also been an issue for home care workers. Home care workers have been called upon to provide supervised access for Child, Youth and Family Services clients but have been given insufficient information to protect themselves and their clients. One worker revealed to us that in receiving her instructions regarding the provision of supervised access between a new client and the client's child, she was told that if a certain individual came to the door during the supervised visit, she was to take the child to a bedroom and immediately call the police. She was not advised as to the rationale for this direction and thus did not know if the named individual had the potential to cause harm to either her, her client or the client's child. The need for training and information sharing was outlined in CARP's Report on Home Care as follows:

In many cases, it is not just the overall understanding of the illness but the notion, also, that the needs of a client and their caregiver, including psycho-social needs may change on a daily basis. Not recognizing or understanding these fluctuations may lead to inappropriate care . . .¹⁰

¹⁰Queen's Health Policy Research Unit (1999). APutting a Face on Home Care - CARP's Report on Home Care in Canada 1999.@

Accordingly, NAPE makes the following recommendations:

Recommendation No. 9

That the provincial government establish information-sharing guidelines for home care providers.

Recommendation No. 10

That the provincial government provide and sponsor educational programs for all home care workers.

Summary

Our province is in an unprecedented situation – we have achieved financial stability and the government is operating with a significant surplus. A properly functioning home care system reduces the overall costs to the health care system by reducing the length of hospital stays. This province now has the means to establish an effective, efficient and universal home care system that is accessible to those in need and recognizes the contribution that home care workers make to our health system. The home care industry has served to alleviate the burden on our over-stressed institutional system but it will not continue to do so if it is not properly managed. Government can no longer ignore the critical problems in our current home care system.

SUMMARY OF RECOMMENDATIONS

Recommendation No. 1

The Government of Newfoundland and Labrador immediately develop a provincial home care plan that ensures effective and efficient delivery of home care services.

Recommendation No. 2

That the provincial government implement a universal, publicly funded and administered home care program.

Recommendation No. 3

That the provincial government establish a pay structure for home care workers such that home care workers receive the same salary and benefits as personal care attendants.

Recommendation No. 4

That the provincial government take over administration of labour relations relating to home care workers and negotiate one collective agreement for all home care workers in the province.

Recommendation No. 5

That the provincial government establish a mechanism to reimburse home care workers for out-of-pocket expenses incurred as a result of their employment.

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