



Issues in Home and Community Care

Ontario Council – Canadian
Federation of University Women

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**CARE
WATCH**

Advocating Quality Home & Community Care

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Who are we and What do we do?:



- ▶ Care Watch was established in the 1990s to study the implementation of home care within the broader long-term care system.
- ▶ Care Watch is not-for-profit, volunteer-run, and senior-led.
- ▶ We have no political affiliation, but work with decision-makers and politicians of all stripes.
- ▶ We advocate for high quality, equitable home and community care services for all Ontario's senior citizens.
- ▶ Our work includes:
 - Communicating with our community, politicians, decision-makers, media and the public.
 - informing and engaging our audiences
 - Influencing policies for home and community care
 - Monitoring and responding to issues that affect home and community care for seniors

Home and Community Care

- ▶ Historically, provided on a voluntary basis by charitable organizations.
 - Aligned primarily with social determinants of health, thus viewed as “nice to have” social services rather than a necessity
- ▶ Now provided by a mix of for-profit and not-for-profit organizations, and municipalities.
 - Approx. 60% of Ontario’s service providers are private for-profit corporations. Fastest growing business sector.
- ▶ Funded by public funds, user co-payments and fees, and charitable donations.

Women's Work

Most health services rely on women.

- E.g., 90% of nurses; 90% of PSWs; 75% of respiratory therapists★

Home care also relies heavily on racialized workers☆.

- ▶ Racialized and immigrant Canadians are often funnelled toward working in the most precarious parts of the health system.
 - Over-representation in long-term care and home care sectors.
 - In Toronto, Vancouver and Calgary, more than 70 per cent of care workers are immigrants, and 87 per cent are women.
 - These jobs have disproportionately lower rates of pay, less-secure full-time positions and fewer sick days than in acute and primary care.
- ▶ The vulnerabilities of LTC workers and residents are closely intertwined and results can be deadly.

(★Can. Centre for Policy Alternatives (2020) ; ☆Deaths of health workers aren't just about numbers, Toronto Star, 4 Sep 2020, Jade Sim, Neeru Gupta And Ivy Bourgeault).

Issue – Inadequate funding ...

Despite taking on an increasing proportion of hospital out-patient and other health services, home care remains the poor, exploited sister ...

*Provincial spending estimates in 2020**

- Home care – \$3.2 Billion
- Community support services – \$645 Million
- Assisted living in Supportive Housing – \$341 Million

In contrast:

- Hospital operations: \$18.9 Billion
 - Capital funding: \$4.8 Billion
 - Long-term care homes: \$4.62 Billion
- ▶ Care Watch calls for
- Increased investment in home and community care
 - Earmarked, stable funding via a tax-based, public insurance scheme.

★ 2020–2021 Provincial Budget Expenditure Estimates

Issue – Inequity in service provision and access ...

- ▶ Access to services often depends on one's residency
- ▶ System restructuring is underway ...
 - Ontario Health Teams to choose, plan, fund and deliver all home care services
 - Regulatory provisions still largely unknown, but standards minimized or eliminated
 - System and provider transparency and public accountability reduced
 - Potential to exacerbate existing disparities and inequities, and increase privatization

Care Watch calls for ...

- A comprehensive basket of services established as a provincial standard and required province-wide
- Access based on need, not ability to pay or residential location

Issue – Labour force development ...

- ▶ System challenged by ...
 - Staff shortages and high turnover
 - Precarious employment; multiple work locations
 - Low pay; minimal benefits
 - Staff burnout

Care Watch calls for:

- ▶ A qualified and sustainable labour pool
 - Effective recruitment and retention strategy
 - Fair and equitable wages and benefits
 - Improved working conditions
 - Full-time employment; stable shifts
 - Training

What do we want?

Home and Community Care System ...



- ▶ **Protects, promotes, and restores** physical and mental well-being
- ▶ **Accessible** – equitable access to all necessary services based on need, without financial or other barriers
- ▶ **Equitable** – services provided on uniform terms and conditions, without privileging or disadvantaging any individual or group
- ▶ **Accountable** – system performance and costs are transparent and providers are publically accountable
- ▶ **Cost-effective** – social investment reaps high benefit returns at lower cost.