in focus backgrounder

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Leading knowledge exchange on home and community care

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Home Support Workers in the Continuum of Care for Older People

Why focus on home support workers in the continuum of care?

Aging in place is about getting the right care at the right time in the right place, and by the right care giver. To date, there is little recognition of the critical role that front line, non-medical home support workers (HSWs) play in many different settings across the health care continuum.

HSWs make up a substantial proportion of the health care workforce and provide much needed assistance with daily activities in hospitals, long-term care and educational facilities, adult day programs and at home in the community. According to Lilly (2008), the Canadian Home Care Human Resources Study Survey of Formal Caregivers estimated that HSWs carry out most (70–80%) of all paid home care work in the country. Yet, we know relatively little about them (Aronson and Neysmith, 1996; Ontario Association of Community Care Access Centre et al., 2000; Toronto District Health Council 2002; Twigg, 1999).

This ***InFocus*** gives an overview of the role of home support workers within the broad continuum of care, their training programs and standards in Canada and other jurisdictions. While there may be some overlap in the issues around home support workers who serve older people and those who care for people with disabilities, there are many issues distinctive to aging or disability. For this reason, this ***InFocus*** deals primarily with home support workers for older people.

Titles

Home support workers may be called:

- Home Support Worker in British Columbia;
- Health Care Aid in Alberta;
- In Home Support Worker in Saskatchewan;
- Direct Service Workers in Manitoba;
- Personal Support Worker in Ontario;
- Health Care Aide in Quebec;
- Home Support Worker in New Brunswick and Newfoundland;
- Resident Care Worker in Prince Edward Island;
- Continuing Care Assistant in Nova Scotia;
- Home Support Worker in Yukon and North West Territories;
- Home Care Worker in Nunavut (Keefe, Martin-Matthews & Légaré, 2009).

British Columbia is the first province to establish a registry for home support workers/ care aides/ community health workers, but includes only those working for publicly funded employers. The registry aims to protect vulnerable patients, residents and clients by ensuring that HSWs provide appropriate standards of care. It also tracks alleged incidences of client abuse and outlines a process for removing registrants so they will no longer be eligible for employment with publicly-funded health employers. The registry reports directly to Health Match BC, a health professional health care recruitment service funded by the province (BC Care Aide & Community Health Worker Registry, 2010).

For more information, go to the BC Care Aide & Community Health Worker Registry
http://www.cachwr.bc.ca/

The Nova Scotia Department of Health, Health Human Resources Action Plan has also identified developing a health human resource registry as a priority (Nova Scotia Department of Health, 2005). http://www.gov.ns.ca/health/reports/pubs/hhr_action_plan.pdf

Numbers of HSWs in Canada

Health Canada estimates that in Ontario, approximately 100,000 people work as home support workers or perform similar roles. Over 6,000 home support workers are employed in hospitals, 34,000 in homes and 57,000 in long-term care facilities (Health Professionals Regulatory Advisory Council, 2006a).

However, these figures may not be accurate for a number of reasons.

- Health Canada does not classify PSWs/ HSWs as stand-alone job categories; PSWs/HSWs are grouped with related occupations such as Patient Service Associate, Attendant Care Worker and Visiting Homemaker.
- In Ontario, the College of Nurses of Ontario (CNO) includes PSWs under the broad category of "Unregulated Care Providers (UCPs)."
- Multiple educational and training paths lead to employment as HSW. Some training paths may not be formally accounted for, while HSWs who receive training in more than one site may be counted twice.
- Employer records of staff employed are inaccurate. Employers add up hours worked and report on FTE positions rather than on staff positions. Because many employers rely on part-time or casual workers to meet variable demands for services, FTEs may underestimate the number of staff/HSWs employed (Health Professionals Regulatory Advisory Council, 2006b).

Role and scope of work

Despite varying titles, workers who provide front line supportive care across Canada perform similar tasks. HSWs typically provide non-professional services involving personal assistance with daily activities such as housekeeping, meal prep, bathing, personal hygiene to older people, people with disabilities and/ or chronic health conditions and, in some cases, children (Personal Support Network of Ontario, 2010; Keefe, Martin-Matthews & Légaré, 2009).

Generally, they assist with activities such as:

- home management including shopping, housekeeping, meal preparation;
- other instrumental activities of daily living (IADLs) including transportation and medication management;
- social and recreational activities;
- personal care including bathing, toileting, dressing, personal hygiene, eating, mobility (Ontario Community Support Association, 1997c).

What makes HSWs essential is not simply that they assist with personal care or homemaking. Even more important is that they combine such assistance in practical tasks with oversight (e.g., medication reminders) and frequent monitoring and social connectedness. They are vital for clients' psychological and social well-being, helping to alleviate loneliness and isolation while monitoring health care changes that may require attention (Ontario Community Support Association, 1997c). Sometimes HSWs are the primary, if not only, link between clients and their outside communities. HSWs with linguistic and cultural skills are particularly crucial for clients of diverse sexual orientations and varying ethnic and racial identities (See: *When Home is Community*; *InFocus - Diversity: Sexual orientation in home and community care*; *In Focus – Diversity: Ethnoracial issues in home and community care*). By combining assistance with activities of daily living, monitoring and socialization, HSWs enable clients to stay at home in the community safely while maintaining well-being, independence and peace of mind.

Wages

There is no definitive answer to the question of how much HSWs earn. According to Canadian Union of Public Employees (CUPE), which provides the most complete information on labour conditions and wages

for unionized workers (Church, Diamond and Voronka, 2004), home support work is one of the lowest paid jobs in the health care sector, while making up the largest workforce within homecare (Church et al., 2004).

HSW salaries vary depending on employer and employee responsibilities and worker experience and training. For example, salaries can increase as workers gain experience through number of years or hours worked. This is the case in the four step general wage scale for unionized public sector employees in Nova Scotia. BC has a similar scale system, under the collective agreements; however, wage schedules depend upon whether employees are classified as a Community Health Worker I or as a Community Health Worker II. All publicly funded agencies pay the same wage rates and follow a four stage general wage scale (British Columbia Ministry of Health, 2002).

In general, unionized support workers who tend to work in supportive housing, institutional care, and employment agencies, earn more than non-unionized support workers who tend to be hired by private institutions or independently. In general, independently hired HSWs make the lowest wage of HSWs and lack benefits, earning an average of $1.50 an hour less than their unionized counterparts (CUPE, 2003). Because institutions can usually offer higher wages, as well as regular hours and employee benefits, the home and community care sector tends to suffer from high employee turnover, losing staff to institutions (Church et al., 2004). The following chart presents the national averages of HSW hourly wages. (Canadian Home Care Association, 2003).

National Averages of HSW Hourly Wages
By Union Status

	Public	Private NFP	Private FP	Overall
Unionized	$14.65	$11.74	$13.97	$13.49
Non-Unionized	$13.42	$11.52	$11.79	$11.95
Overall	$14.41	$11.66	$12.04	$12.71

Source: Canadian Home Care Association, 2003
Note: The above data is national in scope. It should be noted that this grouping of data might not reflect important differences that exist by region, province, etc.

Pay rates also vary by province. The 2001 Carp's Report Card on Home Care in Canada presents the most recent comprehensive information on pay rates by province. In 2003, overall HSW hourly wages ranged from a low of $6.25/hr in Nova Scotia to a high of $17.11/hr in British Columbia (Church et al., 2004). British Columbia has the highest overall pay rates in the country ranging from $13.43-$17.11/hr. The lowest wage in British Columbia was higher than the highest hourly wage that could be collected in every province except PEI. While Nova Scotia had the lowest hourly pay ($6.25/hr), Newfoundland and Labrador had the lowest maximum hourly wage ($7.17/hr) (Church et al., 2004).

In Ontario, the MOHLTC introduced the PSW stabilization plan in response to the 2005 Caplan report on Home Care. The strategy aimed to increase the availability of predictable, regular work for PSWs in the home care sector, increase benefits to ensure workers are compensated for travel time and cost, and establish a base minimum wage of $12.50/hr for PSWs who work under contract to the CCACs (Ontario Home Care Association, 2008). Yet, there remain questions as to the number of full time and part time hours that actually fall under the new guarantee and how compliance can be measured.

Valuing the contributions of home support workers

Canadian and international jurisdictions face escalating health care costs particularly as the population ages. While Canadians aged 65 and older are healthier and more active than in previous years, older people as compared to younger people generally make greater use of the health care system. As well, older people at some point will need assistance with routine daily tasks to stay at home.

Unfortunately, HSWs' contributions to individual well-being and health system sustainability often go unrecognized largely because their work is not medical or clinical and because there are few developed outcome indicators to measure the return on investment of the work they do.

Our research on the role of community support services in the lives of older residents living in Toronto (Lum et al., 2005) suggests that home support workers can affect:

- Caregiver burden;
- Clients' peace of mind;
- Perception of health and well-being as compared to peers;
- Levels of social connectedness;
- Medication management;
- ER visits.

Payne, Klopp et al (2010) propose other areas to look at including:

- Home safety scans to prevent falls and other accidents;
- Functional status and capacity to remain independent;
- Satisfaction with care.

The Veterans Independence Program (VIP), established in 1981 by Veterans Affairs Canada, uses an early intervention, preventative community care approach and makes extensive use of care managers and home support workers to help clients remain healthy and independent in their own homes or communities. Services include:

- Health and Support Services (e.g., nurses to administer medication);
- Personal Care (e.g., assistance with bathing, dressing, respite care);
- Housekeeping (e.g., laundry, vacuuming);
- Grounds maintenance (e.g., grass cutting and snow removal);
- Access to Nutrition (e.g., Meals-on-Wheels);
- Ambulatory Health Care;
- Transportation;
- Home Adaptations.

For details on the VIP, please see *InFocus - Veterans Independence Program*.

Indicators that may be derived from the VIP and other studies cited above may include the following.

At the system level:
- reducing demand for LTC beds;
- delaying entry into a long term care facilities;
- reducing ER visits because:
    - health crises are being managed effectively at home;
    - medication monitoring helps to avert adverse drug related events (Zed et al., 2008);
    - home adaptations, safety audits and grounds maintenance help prevent accidents and falls.

At the individual level:
- Satisfaction with service;
- Capacity to access a comprehensive continuum of care and home supports;
- Degree to which care is integrated as clients; move to, or through different care settings;
- decreasing caregiver burden;
- increasing peace of mind about receiving assistance when needed;
- increasing social connectedness and contact with family, friends;
- enhancing consumer choice;
- enhancing safety and independence;
- Consumer choice, family control and independence.

The value of home support workers is that they combine assistance with their clients' activities of daily living, monitoring, and social activities. The combination of these tasks enables clients to stay at home in the community safely while helping to maintain their well-being, independence and peace of mind. at the same time, they contribute to the overall sustainability of the formal health system.

In order to meet the growing demand, health planners and researchers need to recognize the contribution of home/personal support workers in health and social care and measure the return on investment in personal support (Payne, Klopp et al., 2010).

Training programs and standards

Since health is under provincial jurisdiction in Canada, there are no national standards, programs, exams for home support workers. Each province sets its own training and performance requirements and standards.

In Ontario for example, there are two PSW training standards - the Ontario Community Support Association (OCSA/MOHLTC) and the Ministry of

Training, Colleges and Universities Standards (MTCU). There is also one accepted training guideline by the National Association of Community Colleges (NACC).

Of the estimated 7,000 annual graduates from PSW Certificate Programs in Ontario, only 20 percent are from MTCU recognized community college programs. Almost 45 percent of graduates attend private career colleges with the balance (35 percent) attending Board of Education adult learning programs or non-profit organizations (Personal Support Network of Ontario, 2009).

In Alberta, Alberta Health and Wellness has established curriculum standards for home support worker training.

Limits to roles and scopes of practice

Scopes of practice clarify support workers' accountabilities, as well as the functions for which they are educated and competent to perform. They also define the limitations under which services may be provided including tasks which can be performed independently without supervision; tasks which require supervision; and, tasks which are delegated, requiring additional training and supervision.

Common to all jurisdictions, home support workers do not diagnose conditions, do not deliver clinical care except under specific circumstances, or provide acute care beyond emergency first aid (OCSA, 2009).

In Ontario, PSWs fall under limits defined by the *Regulated Health Professions Act* which sets out certain acts that may only be done by specific health professionals. There are only a few circumstances where PSWs may perform some of these acts. There are also specific guidelines to follow if they are asked to do one of these acts (Personal Support Network of Ontario, 2010).

In B.C., the Ministry of Health Services Personal Assistance Guidelines (PAG's) (2008) set out Standard Practice Tasks (Section I) and Delegation of Tasks (Section II) for Home Support Workers (HSW's). Service providers are responsible for assigning HSW to provide only personal assistance tasks; however, HSWs may receive enhanced training to perform additional tasks required for client care. Before accepting clients with these Section II requirements for delegated tasks, service providers are expected to contract private duty RNs or request services of the Community Home Care Nurse. Delegated tasks are client specific, require individualized plans of care and are not normally transferable between clients

In Alberta, Health Professions Act (1999) (HPA) and the Government Organization Act (GOA) set scopes of practice and restricted activities, and outlines the two provisions under which health-care aides can perform restricted activities under very specific sets of circumstances. These circumstances are: i) tasks which would normally be considered restricted activities, but which, for specific clients, fall under the definition of activities of daily living, because they are part of the normal routines of healthy living for those individuals; and, ii) if an authorized regulated nurse consents to, and supervises, the performance of that activity.

In Nova Scotia, responsibility for issues related to public interest and governance rests largely with the employer. In the absence of a governing body, the Nova Scotia Department of Health (DOH) has supported and overseen the development of the CCA educational program and certification process. The DOH established the CCA Program Advisory Committee (PAC) with representation from key stakeholders to assist with these tasks. The Nova Scotia DOH distinguishes between Independent Practice Tasks and Client Specific Guidelines. Independent Practice involves determining the appropriate intervention, predicting and managing intervention outcomes, and documentation of the plan of care as well as outcomes of the interventions. Client Specific Assignments involve working under the direction of and in *collaboration* with a regulated health care professional (Nova Scotia Department of Health, 2009) http://www.gov.ns.ca/health/ccs/Scope_of_Practice_CCA.pdf.

Employers may also limit the activities of home support workers. For example, although PSWs in Ontario may legally give a pill to clients living in their own homes, some employers may not allow this activity. PSWs must work within employer guidelines.

Scopes of practice are constantly changing. Practice evolves in response to the growth of knowledge, advances in technology, the evolving scopes of practice of other health care providers, and health care system changes.

How can I learn more?

Alberta Health Services – Health Care Aide Skills Development Initiative
http://www.albertahealthservices.ca/1634.asp
FAQ
http://www.albertahealthservices.ca/1637.asp#evaluated

BC Cares
http://www.bccares.ca/

BC Care Providers Association
http://www.bccare.ca/

Continuing Care - Above and Beyond Because We Care: A Recruitment and Retention Resource Guide for Employers (NS)
http://www.nbhsa.ca/english/resources/retention_guide.pdf

Health Association Nova Scotia
http://www.healthassociation.ns.ca/

New Brunswick Home Support Association
http://www.nbhsa.ca/english/home.htm

Personal Support Network of Ontario
http://www.psno.ca

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References

Aronson, J. & Neysmith, S. (1996). 'You're not just in there to do the work': Depersonalizing policies and the exploitation of home care workers' labour'. *Gender and Society, 10(1),* 59–77.

BC Care Aide & Community Health Worker Registry. (2010). *Background*. Retrieved from http://www.cachwr.bc.ca/about.asp?Page=2&Ticket=

British Columbia Ministry of Health: Health Human Resources Advisory Committee. (2002). *Profile of select allied health professions: home support workers / Health Human Resources Advisory Committee, Next Steps Workshop.* Retrieved from http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs/357562/hswprofile.pdf

Canadian Home Care Association. (2003). *Canadian home care human resources study: Final report.*

Canadian Union of Public Employees (2003). *Presentation to personal support workers' forum.* Retrieved from www.cupe.ca/www/HealthCareFundingCuts/4600

Church, K., Diamond, T., & Voronka, J. (2004*). In profile: Personal Support Workers in Canada.* Toronto: RBC Institute for Disability Studies, Research and Education. Retrieved from http://www.ryerson.ca/ds/pdf/inprofile.pdf

Caplan, E. (2005). *Realizing the Potential of Home Care, Competing for Excellence by Rewarding Results*. Toronto: Ministry of Health and Long-Term Care. Retrieved from http://www.health.gov.on.ca/english/public/pub/ministry_reports/ccac_05/ccac_05.pdf

Health Employers Association of BC. (2010). Welcome to HEABC. Vancouver: Author. Retrieved from http://www.heabc.bc.ca/site4.aspx

Health Professions Regulatory Advisory Council. (2006a). *Regulation of health professions in Ontario: New directions*. Toronto: Author. Retrieved from http://www.hprac.org/en/reports/resources/New_Directions_April_2006_EN.pdf.

Health Professions Regulatory Advisory Council. (2006b). *The regulation of Personal Support Workers: Final report*. Retrieved from http://www.hprac.org/en/reports/resources/PSW-FinalReportSept27-06.pdf

Keefe, J., Martin-Matthews, A., & Légaré, J. (2009). *Consultation on human resource strategies for home support worker recruitment and retention. Phase 2: Pan Canadian consultations. Background document*.

Lilly, M.B. (2008). Medical versus social work-places: Constructing and compensating the personal support worker across health care settings in Ontario, Canada. *Gender, Place & Culture, 15(3),* 285-299.

Lum, J. M. (2008). Veterans Independence Program. Toronto: Canadian Research Network for Care in the Community. Retrieved from http://www.crncc.ca/knowledge/factsheets/download/InFocusProfile-VIP.pdf

Lum, J. M., Sladek, J., Springer, J.,& Ying, A. (2009). *Diversity: Ethnoracial issues in home and community care*. Toronto: Canadian Research Network for Care in the Community. Retrieved from http://www.crncc.ca/knowledge/factsheets/documents/InFocusDiversityEthnoracialIssuesandHomeCommunityCareUpdated.pdf

Lum, J. M., Sladek, J., Watkins, G., & Ying, A. (2007). *Diversity: Sexual orientation in home and community care*. Toronto: Canadian Research Network for Care in the Community. Retrieved from http://www.crncc.ca/knowledge/factsheets/documents/InFocus-Diversity-SexualOrientationinHomecommunityCare.pdf

Lum, J. M., Ruff, S., & Williams, A. P. (2005). *When home is community: Community support services and the well-being of seniors in supportive and social housing*. Toronto: United Way of Greater Toronto. Retrieved from http://www.crncc.ca/download/FinalReportWhenHomeisCommunity.pdf.

Lum, J. M., & Springer, J. H. (2004). The aging experience of Chinese and Caribbean seniors. *Policy Matters*, 8, 1-7.

Nova Scotia Department of Health. (2005). *Health human resources action plan.* Halifax: Author. Retrieved from http://www.gov.ns.ca/health/reports/pubs/hhr_action_plan.pdf

Nova Scotia Department of Health. (2009). *Scope of practice of the continuing care assistant (CCA) in Nova Scotia.* Halifax: Author. Retrieved from http://www.gov.ns.ca/health/ccs/Scope_of_Practice_CCA.pdf

Ontario Association of Community Care Access Centre, Ontario Community Support Association & Home Health Care Providers' Association. (2000). *The role and value of homemakers/personal support workers in the health care system: A discussion paper.* Toronto: Author. Retrieved from http://www.ocsa.on.ca/userfiles/HPSWintheHCS%5B1%5D.pdf

Ontario Homecare Association (2008) Ontario's PSW stabilization strategy. Ontario Home Care Association. Accessed from http://www.homecareontario.ca/public/docs/Ontario-PSW-stabilization-strategy.pdf
Personal Support Network of Ontario. (2009). *Six myths about PSWs & the work they do.* Toronto: Author. Retrieved from http://www.psno.ca/pdf/6%20myths%20FS.pdf

Ontario Community Support Association (1997a) The History and Development of the Personal Support Worker and Personal Attendant Programs in Ontario (reissued 2009). Retrieved from http://www.ocsa.on.ca/userfiles/PSW_History.pdf

Ontario Community Support Association. (1997b). Personal Support Worker Training Standards (reissued 2009). Retrieved from http://www.ocsa.on.ca/userfiles/PSW_Training_Standards.pdf

Ontario Community Support Association (1997c). Role of Persons Trained as Personal Attendants and Personal Support Workers (reissued in 2009). Retrieved from http://www.ocsa.on.ca/userfiles/PSW_Roles.pdf

Personal Support Network of Ontario (2009). PSW Training Organization Comparison for Ontario. Retrieved from http://www.psno.ca/resources-training.php

Personal Support Network of Ontario. (2010). *What can a PSW do? Role of personal support workers and areas of ability*. Toronto: Author. Retrieved from http://www.psno.ca/pdf/What%20can%20a%20PSW%20Do%20FS.pdf

Holloway Payne, L., Kirkpatrick, T., Klopp, J., Moore, N., & Roberts, N. (2010). *Evidence based brief – Evaluating personal support services to individual clients: Demonstrating a need for personal support-sensitive client outcome indicators.* Toronto: Personal Support Network of Ontario. Retrieved from http://www.psno.ca/pdf/PSW%20CoP%20EBB%20FINAL02.08.10.pdf

Toronto District Health Council. (2002). *Towards a system of personal support and homemaking services for Toronto.* Toronto: Toronto District Health Council.

Twigg, J. (1999). The spatial ordering of care at home. *Sociology of Health and Illness, 21(4),* 381–400.

Zed, P. J., Abu-Laban, R. B., Balen, R. M., Loewen, P. S., Hohl, C. M., Brubacher, J. R., Wilbur, K., Wiens, M. O., Samoy, L. J., Lacaria, K., & Purssell, R. A. (2008). Incidence, severity and preventability of medication-related visits to the emergency department: A prospective study. *Canadian Medical Association Journal, 187(12)*, 1563-1569.