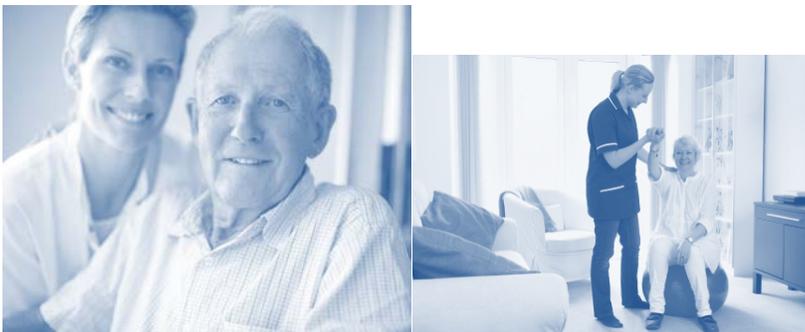


# Valuing Ontario Home Care Workers and Family Caregivers 2014 Pre-Budget Submission

Home Care Ontario  
January 2014



## Valuing Ontario Home Care Workers and Family Caregivers 2014 Pre-Budget Submission Home Care Ontario

### The Issue

Home care is fundamental to a sustainable health system, and to responding to the preferences of Ontarians who are unwell and in need of care. However, home care practitioners and family caregivers are under valued and under appreciated.

### Recommendation

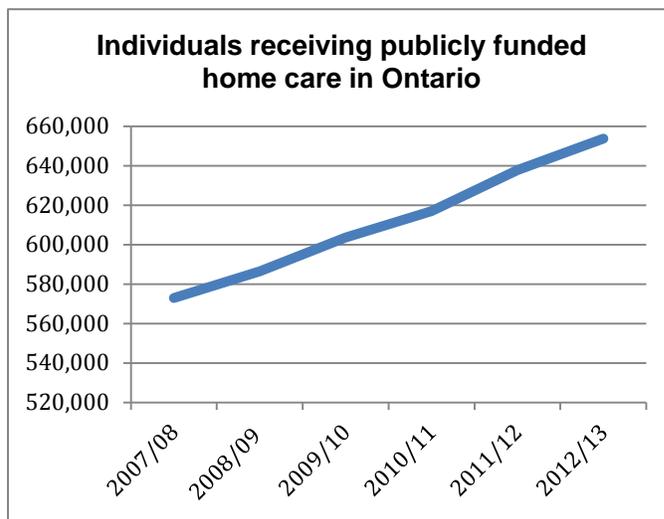
Investing in people has been a government priority<sup>i</sup> and Home Care Ontario calls for investment in home care workers and family caregivers as a key plank in the 2014 Budget. Specifically, Home Care Ontario recommends that the government:

1. Invest \$250M to home care service provider organizations in order to make necessary wage adjustments to the home care workers of Ontario.
2. Commit to a three to five year plan of investments that establish home care worker compensation commensurate with wages paid in other parts of the health system, thereby enabling a sustainable home care system into the future.
3. Provide family caregivers with a tax benefit applicable on care purchased from approved home care service provider organizations.

### Background

#### Investing in Home Care Workers

Home care is critical to supporting individual health needs, managing chronic illness and achieving system sustainability. However, as stated by Premier Wynne, *“the people who look after the frail and elderly in their homes are not valued enough by their government or society”*<sup>ii</sup>. Home care practitioners are the lowest paid of the health system and yet so much of the future of health care in Ontario rides on their abilities.



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Government investment in home care has increased year over year, in order to address the pressure to discharge people from hospital and prevent unnecessary presentation in the emergency room and premature admission to facility based care. In

2012/13, 653,730 individuals received care at home funded by the MOHLTC and delivered by a CCAC approved SPOs.<sup>iii</sup> This reflects a three (3) percent increase over the previous year and a 14 percent increase in numbers served in the past five years (since 2007-08).<sup>iv</sup>

However, there has been no allowance to increase wages since the implementation of the government's wage restraint policy.

Improving the wages of the lowest paid workers within health care would be an important recognition of the value the government places on the men and women who deliver home care services.

Specific actions for the government to take include:

- Investing \$250M to home care service provider organizations in order to make necessary wage adjustments to the frontline home care providers that deliver care to Ontarians every day.
- Committing to a three to five year plan of investments that establish home care worker compensation commensurate with wages paid in other parts of health system.
- Launching an advisory group to address the barriers to employment in home care.
- Supporting greater emphasis on home care education within health care curricula and increase the number of clinical placements in home care.

### Acknowledging Family Caregivers

Publicly funded home care services are designed to complement and supplement, but not replace, the efforts of individuals to care for themselves with the assistance of family, friends and community. Family and friends assume an estimated 80 percent of care that is provided to the ill, frail and dying at home.<sup>v</sup> Family caregivers perform tasks such as wound dressings and injections, delegated by the health care professional; personal care such as bathing, dressing, eating or toileting; support activities such as preparing meals, household management, managing medication or attending to finances; and, activities such as coordinating the myriad of services that care recipients may require.

The average family caregiver spends twenty hours per week caring for a period of four years; one quarter of caregivers spends forty hours per week.<sup>vi</sup> The ***value of the care delivered by family caregivers in Ontario is estimated to represent \$9.7B*** if family and friends were reimbursed as employees.<sup>vii</sup> Families typically want to care for loved ones and would not expect this level of compensation. However, acknowledgement for the financial, emotional and physical challenges that family caregivers sometimes experience is important to avoiding negative outcomes such as caregiver exhaustion, illness or shortage of funds, that compound the health issues facing the province.

The demands of family caregiving can result in absence from work. In addition to lost income related to a reduction in employment, many family caregivers face long-term financial pressures. For those who either temporarily or permanently leave employment to provide care, work-related losses are not limited to income but include a loss or reduction of employer-sponsored benefits, CPP credits, training opportunities, experience in one's field and opportunities for promotion. Employers lose valued and skilled workers. The province loses the contribution of a robust workforce.

Families will often retain home care service provider organizations (SPOs) to deliver additional hours that supplement publicly funded care. This care may be paid by privately-insured plans and/or direct private purchase. However, most are unaware or unsure of the risks inherent in directly hiring an individual to provide care. By working with reputable home care service provider organizations, such as those registered with Home Care Ontario, families can minimize their workload, mitigate the potential threats and be free to spend their time with their family members.<sup>viii</sup> In addition, staff safety and the infrastructure enabled through employer contributions can be maintained.

Home Care Ontario estimates that 150,000 Ontarians purchase an additional 20 million visits/hours of home care services annually in order to remain at home.<sup>ix</sup> As the government, through the Community Care Access Centres (CCACs), shifts its funding focus to those individuals with high needs, the amount of family caregiving and privately purchased care can be expected to increase.

*In 2011/12, 52.1 percent of clients served by CCAC were defined as having "high care needs".<sup>x</sup>*

The government has introduced important measures to support families – the Family Caregiver Leave and the Healthy Homes Renovation Tax Credit; and is aligning to federal legislation for critically ill childcare and crime-related child death and disappearance leaves. Additional tax relief designed to acknowledge the significant contribution of family caregivers would serve to offset financial strain and highlight this important activity within society. Government also has a role in establishing programs to incent family caregiving friendly policy and behaviours across all sectors or society.

Success for health care reform will be enhanced if families are provided greater support to maintain their natural and desired caregiving role including access to quality privately purchased care. Without the financial acknowledgement of the fundamental reliance of the home care system on the dedication and presence of the family, institutionalization or grey market<sup>xi</sup> care options may be the only option for many individuals.

Specific actions for the government to take include:

- Introducing financial incentives such as HST exemptions or a tax benefit for privately purchased home care from approved home care service provider organizations.
- Establishing a respite program for families who provide direct care for a senior at home.
- Engaging in dialogue with business to develop incentives that support a caregiving culture.

## Conclusion

Home care is a vital element of health care delivery in Ontario and to be successful needs investment to assure the recruitment, retention and capacity of staff and family caregivers to effectively contribute to the high quality, value for dollar health care system envisioned for Ontarians.

## About Home Care Ontario

Home Care Ontario, *the voice of home care in Ontario™*, is a member-based organization with a mandate to promote growth and development of the home care sector through advocacy, knowledge transfer, and member service. Home Care Ontario members include those engaged in and/or supportive of home-based health care. In Ontario, service provider organizations are responsible for providing nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home to individuals of all ages. An estimated 54 million hours of publicly and privately purchased home care service is provided annually across the province.

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## End Notes

<sup>i</sup> Ministry of Finance. (2013) 2013 Ontario Economic Outlook and Fiscal Review. Queen's Printer for Ontario

<sup>ii</sup> Toronto Star, January 6, 2014.

[http://www.thestar.com/opinion/commentary/2014/01/06/kathleen\\_wynne\\_what\\_the\\_government\\_and\\_its\\_critics\\_can\\_learn\\_from\\_the\\_ice\\_storm.bb.html](http://www.thestar.com/opinion/commentary/2014/01/06/kathleen_wynne_what_the_government_and_its_critics_can_learn_from_the_ice_storm.bb.html)

<sup>iii</sup> Retrieved from <http://www.homecareontario.ca/public/about/home-care/system/facts-and-figures.cfm>

<sup>iv</sup> Ibid.

<sup>v</sup> Fast, J., Niehaus, L., Eales, J., & Keating, N. (2002a). *A profile of Canadian chronic care providers*, submitted to Human Resources & Development Canada

<sup>vi</sup> MOHLTC 2009 Long Range Scenario planning for family caregiving

<sup>vii</sup> Extrapolation from: Hollander, M., Liu, G., Chappelle, N. (2009) *Who Cares and How Much? The imputed economic contribution to the Canadian healthcare system of middle-aged and older unpaid caregivers providing care to the elderly*. *Healthcare Quarterly*, Vol 12 No 2. Research calculated that it would cost \$25B to replace the contribution of families to the health care system in Canada. Cost for Ontario assumes the province represents 38.9% of the country's population and there are no other material variables to consider.

<sup>viii</sup> Home Care Ontario members have many measures in place to protect family who have made the decision to bring additional help into the home. These measures include:

- **Selection** – A homecare service provider organization undertakes the advertising in process of recruiting staff with the proper training, qualifications and temperament. References (personal, work and criminal) are thoroughly checked and personal identification and certificates verified.
- **Supervision & Education** – Job descriptions, ongoing education and training on tasks specific to individuals care needs are essential for all staff in the home. The service provider organization will work with the family to develop a plan of care and address the management issues such as the handling of cash transportation and medications.
- **Labour Practices** – Ensuring that staff are fairly compensated and provided with the labour protection required by law is important to the delivery of safe care and to fulfilling the responsibility as an employer.
- **Financial Reporting** – The onus to ensure tax obligations falls to the employer. Home care Service provider organizations are familiar with reporting requirements, make the requisite employee deductions and submit appropriate filings.
- **Coordination of Care** – Care needs can change frequently. Homecare service provider organizations are able to increase or decrease services on short notice and can cover unexpected personnel absences assuring continued service. Homecare service provider organizations will assume responsibility for communicating with other members of the health care team and will assist with the identification of sources of funding for the home care service.
- **Staff Liability Coverage** – Guarding against injury to staff and maintaining appropriate worker compensation insurance is critical is most often caregiving tasks include lifting, transferring, or bathing.

<sup>ix</sup> Ontario Home Care Association, (2009) *Creating an Ontario Home Care Rebate to Prevent Additional Costs to the Frail and Vulnerable*. Retrieved from <http://www.homecareontario.ca/public/about/publications-presentations.cfm>. The findings are based on results of an OHCA membership survey and polling data from OHCA members conducted in 2009. Reasonableness was affirmed as follows:

- 1) The Health Council of Canada estimates that 500,000 people across Canada purchase home care privately (Health Council of Canada, 2008, Fixing the Foundation: An Update on Primary Health Care and Home Care Renewal in Canada. Toronto: Health Council. [http://www.healthcouncilcanada.ca/http://secure.cihi.ca/cihiweb/products/trends\\_home\\_care\\_mar\\_2007\\_e.pdf](http://www.healthcouncilcanada.ca/http://secure.cihi.ca/cihiweb/products/trends_home_care_mar_2007_e.pdf), p8) and as Ontario represents approximately 39% of Canada's population, 150,000 is a conservative estimate
- 2) In an unpublished study, André Grenon from Health Canada estimated private home care spending in Canada at \$963.1 million in 2002-2003 (CIHI 2007- Public-Sector Expenditures and Utilization of Home Care Services in Canada: Exploring the Data, p3). OHCA assumed a growth rate on private home care spending from 2002 to 2010 and an average consumer cost of \$23.00 per hour, recognizing that approximately two thirds of purchased care is for home support.

<sup>x</sup> CCAC. (2012) Putting people at the heart of what we do. Quality Report 2011/12, p5

<sup>xi</sup> Purchase service that is typically unreported and unrecorded.