

**THE ROLE AND VALUE OF
HOMEMAKERS/PERSONAL SUPPORT WORKERS
IN THE HEALTH CARE SYSTEM**

**A Discussion Paper
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Ontario Association of Community Care Access Centres



Ontario Community Support Association



Ontario Home Health Care Providers' Association



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THE ROLE AND VALUE OF HOMEMAKERS/PERSONAL SUPPORT WORKERS IN THE HEALTH CARE SYSTEM A DISCUSSION PAPER

Introduction

The ongoing sustainability of health and the health care system in Canada will depend on acknowledging, valuing and funding the social supports and efforts required to maintain people in their own homes. Homemakers/personal support workers, who provide in-home personal support services and homemaking services, play a critical role in the health care system by enabling individuals to live independently. The term homemakers/personal support workers will be used throughout this paper to describe those who provide the personal support services and homemaking services as defined in the Long-Term Care Act, 1994, Amended 1998 (Appendix 1). Other terms, including home support workers, respite workers, and attendant care workers, are also used throughout Ontario by different agencies to describe those who provide these publicly funded in-home services of personal support and homemaking. In the delivery of home care services, homemakers/personal support workers are considered unregulated whereas others, (e.g. nurses, nutritionists, physiotherapists, occupational therapists, and speech and language pathologists) are regulated under the Ontario Regulated Health Profession Act and social workers are regulated under Bill 76 of the Ministry of Community and Social Services.

Three Ontario associations – Ontario Association of Community Care Access Centres (OACCAC), Ontario Community Support Association (OCSA) and Ontario Home Health Care Providers' Association (OHHCPA) – are involved with the provision and delivery of publicly funded in-home personal support and homemaking services. This paper is a collaborative effort to present the significant role of homemakers/personal support workers in achieving health for individuals and in sustaining the health care system now and in the future.

The term 'homemaker' is rarely mentioned as a major component of the health care system or as a critical factor that contributes to health. In addition, the role and value of homemakers/personal support workers is generally not well understood in the context of the Canadian health care system. Yet in 1996 there were 73,360 visiting homemakers/personal support workers in Canada, providing 80% of the home care hours and representing the fourth fastest growing sector among 139 listed job categories (Health Canada, Human Resource Issues). Homemakers/personal support workers provide in-home personal support and homemaking services within a context in which they are visitors in the client's home and usually share the care-giving role with other members of the client's family.

In 1998-99, in Ontario, over 380,000 clients received services through the Ontario Community Care Access Centres - an increase of 9% from 1996-97. In the same time period there were almost 19,000,000 hours of homemaking provided, an increase of almost 25% from 1996-97 (Ministry of Health and Long-Term Care: Health Care Programs: Finance and Information Management Branch).

Homemakers/personal support workers and homemaking agencies are funded from a variety of sources including – individuals, insurance companies, and municipal, provincial and federal government Ministries. The focus of this paper is the services that are publicly funded by the Ontario Ministry of Health and Long-Term Care and provided through local contracts between Community Care Access Centres (CCACs) and service provider agencies. In some parts of Ontario, service provider agencies only receive funding for personal support services. In other areas, funding includes the provision of both personal support services and homemaking services as outlined in Appendix A.

This paper provides an overview of the context in which homemakers/personal support workers function; a description of their role and value from a social perspective; educational preparation and standards; a discussion on their role and value in maintaining health and sustaining the health care system from policy and economic perspectives; and implications for the future.

Overview of the Home Care Sector in the Health Care System

In Canada, both the federal and provincial governments recognize that a key component to sustaining an affordable quality health care system is the home care sector. “Home care is an integral part of the health care system and as such, it must be based on sound foundations” (Rock).

In Canada, and in Ontario¹, home care is often divided into the following three functions or models:

- ?? the maintenance and preventive model, which serves people with health and/or functional deficits in the home setting, both maintaining their ability to live independently, and in many cases preventing health and functional breakdowns, and eventual institutionalization;
- ?? the acute care substitution model, where home care meets the needs of people who would otherwise have to remain in, or enter, acute care facilities; and
- ?? the long-term care substitution model, where home care meets the needs of people who would otherwise require institutionalization (Hollander).

All three of these functions, while not mutually exclusive, involve the provision of in-home personal support and homemaking services.

Health care in Ontario is changing as the demands on the health care system change. Though the health care system is in a state of flux, the need for a system that is accessible, affordable, and sustainable continues to be demanded and expected. A sustainable system of health care can only be created through new ways of doing and thinking and through creative collaboration. The goals of a reformed system include shifting the focus to wellness; supporting individuals to become more accountable for their own health outcomes; ensuring that providers are accountable for their services; and creating a system where the provision of services is as close to home as possible (Witmer).

¹ In Ontario, the majority of home care is funded through the Ministry of Health and Long-Term Care. In 1996, 43 local Community Care Access Centers (CCACs) were established across Ontario. The role of the CCACs is to select service providers through a competitive process, to determine the needs of individuals in their homes and to ensure that their health and social care needs are met.

Canada's population is aging rapidly. The 1996 census indicated that there were 3.6 million seniors aged sixty-five and older in Canada. When the leading edge of the baby boom generation turns seventy in 2016, those aged sixty-five and older will rise to 5.9 million. Those over 85 years old, who tend to use the most health services, will have the greatest rate of growth from 371,200 in 1996 to 798,200 in 2016, representing an increase of 115 per cent (Health Canada 1996 Census Data). In Ontario, seniors currently represent 12.6% of the population and consume 50% of health care dollars (Witmer).

“The lack of home care workers is so critical across Canada that some hospitals can no longer release patients because there's no one to care for them. Things won't turn around until government and taxpayers recognize the value of home care workers.” (CBC News)

The role and value of homemakers/personal support workers is significant today and will continue to be a vital element of tomorrow's health care system. The demographic, technological, economic and policy imperatives that underscore the need for homemakers/personal support workers include:

- ?? an aging population resulting in the need for more services to maintain independence in the home;
- ?? medically fragile and technologically dependent populations of all ages;²
- ?? hospital restructuring, closures and early discharges leading to increased reliance on in-home services;
- ?? health restructuring in all provinces highlighting the central role of home care in modern health care systems;
- ?? the changing quality of work life over the past few years evolving into the need for homemakers/personal support workers to be available to provide 24 hour, 7 day access to home care services.

The health care needs of the aging population and increased demand for technological interventions will increasingly impact the sustainability of the system. Health policy makers, planners and governments face a significant fiscal challenge, now and in the future, necessitating a re-balancing of the system that expands the role of community based services. It is the home

² These populations include those affected by acute or chronic neurological deficits, such as spinal cord injuries and multiple sclerosis, and infants and children with multiple anomalies.

care sector of the health care system that will enable aging and dependent populations to remain in their own homes. It is the homemaker who will be the critical force in sustaining the social health and well-being of these individuals.

The Role of Homemakers/Personal Support Workers Social Perspective

“Homecare workers are the heart of the home care team. They make it possible for individuals to live with dignity and a sense of independence in their own homes. They make it possible for families to remain together. They help keep people at home where they are happier and healthier than in institutions. They are the eyes and ears to the outside world for home-bound clients for whom they are the primary contact with the outside world”.
(Halamandaris and Arrindell)

Homemakers/personal support workers support independence and the ability of individuals to remain in their own homes. They also perform basic homemaking tasks (such as cleaning, shopping, and meal preparation) and provide personal care for individuals (such as grooming, toileting and bathing). In addition, in specific situations and with individualized teaching, homemakers/personal support workers perform procedures that are considered to be in the scope of practice of basic nursing³. Homemaking tasks and personal care, which were once the total domain of family members, are fundamental in supporting the independence and ability of individuals to remain in their own homes.

Beyond the giving of physical support, the homemaker also provides emotional and psychological support which is integral to the development of the relationship between the homemaker as caregiver and the person to whom care is being given. This bond of caring between individuals is accomplished and developed within a cultural context of giving and receiving help, often of an intimate nature (Karner). Homemakers/personal support workers see

³ Activities performed by the Personal Support Worker (PSW) with additional training can include administering tip enemas and pre-measured suppositories, performing clean intermittent bladder catheterizations, administration of Gastric and Gastric J tube feeding, application of prescribed cream/ointment to mouth or unbroken skin, giving pre-measured oral medications to clients unable to direct their own care, and application of non-narcotic dermal patch (Community Care Access Centre Toronto).

themselves as ‘making a difference’ in their clients’ lives, providing care and encouraging independence at the same time. Homemakers/personal support workers provide care in the intimacy of a client’s home and are therefore well equipped to understand the critical pressures that may impact upon a client’s life (Halamandaris).

The emerging development of this special relationship over time between the homemaker and client explains why homemakers/personal support workers enjoy being employed in a field of work which has traditionally been viewed in society as simply the extension of ‘women’s natural, unremarkable activities in the domestic sphere’(Karner). In our society, acts of caregiving symbolize attachment and relationships which have a deeper meaning than the completion of simple household and personal custodial tasks. In the context of the professional helping relationship emotional ties develop between the homemaker and the client⁴. These relationships are thought to have a positive impact on both parties. Homemakers/personal support workers provide care ‘like family and do what family does’ thereby supporting the notion that it is the intimate nature of caring in the home that engenders a family-like relationship (Karner). This affective dimension of care has been described as ‘emotional labour’, which is the work involved in managing feeling and using self to ensure that others feel good and cared for’ (Aronson and Neysmith: Gender and Society).

" I get a different insight on life from each new client as they are each unique and different teachers. I am rewarded by the wisdom of someone else's years. I feel blessed to be a small part of their life as their homemaker. I am overwhelmed by their ability to let a stranger come into their homes and hearts."

Homemakers/Personal Support Workers Educational Preparation and Standards

Prior to 1997, homemakers/personal support workers in Ontario were educated to provide support in the home through the Home Support Level I, II and III programs. The Home Support Level II course prepared the student to provide basic personal care in addition to the home

⁴ Homemakers receive educational preparation to learn how to maintain ongoing professional relationships with clients at the same time as emotional ties are being developed. Through regular supervisory and quality employment practices homemaking agencies continue to support and guide their staff in these important and necessary aspects of caregiving.

management skills of Level I. The Home Support Level III enhanced the education required by an individual to deliver personal care. Throughout the province of Ontario Home Support Level II and III were offered in a variety of venues, including colleges, private vocational schools, and Boards of Education. Educational courses offered in these diverse environments varied considerably in their content, eligibility, criteria and testing (Ontario Community Support Association).

As a response to the need for greater standardization of course content and delivery and the changing health care environment, the Personal Support Worker/Personal Attendant Training (PSW) program was approved in 1997. This program replaced the Home Support II and III program, the Health Care Aide Program, Attendant Care Training and Respite Worker Training. The PSW program was designed to standardize the skills, competencies and portability of training for workers providing personal support. Individuals educated at the PSW level are qualified to provide personal support, homemaking, attendant and respite services to individuals in their own homes or in long-term care facilities (Province of Ontario, 1998).⁵

"To be a good caregiver has to come from the heart. I know that I have done a good job when I leave at the end of the day with a sense of fulfillment that I have made a difference in someone's life."

Following graduation from formal educational instruction, all homemakers/personal support workers receive on-going in-servicing, training and skill up-grading on a regular basis through their employing homemaking agencies. This ongoing educational support is based on the learning needs of the individual and the identified need based on

"Where else can you work where you get the satisfaction that you encouraged someone to maintain their independence? To see the smile on a client's face when you go to their home to help with personal care, laundry and cooking is a wonderful feeling. To see the peace on a family member's face when you come in to provide respite or companionship is the best reward."

⁵ The Ministry of Health introduced the Personal Support Worker (PSW) curriculum across the province in 1997 to consolidate and replace the Health Care Aide Training, Home Support Worker Training (Levels I, II, and III), Attendant Care Training and Respite Worker Training. The PSW training curriculum was developed as a joint initiative of the Ontario Government and the Ontario Ministry of Education and Training, in consultation with the Ontario Community Support Association, the Ontario Home Health Care Providers' Association, Community Colleges, private vocational schools, Boards of Education and consumer groups. The program consolidated and replaced five existing courses of home care training (Province of Ontario, Background, 1998). There are 14 modules with 2 exit points within the Personal Support Worker/Personal Attendant Training Program. A student can graduate as a 'Personal Attendant' upon completion of the first 7 modules and work with clients who wish to be active in directing their own care. Upon completion of the 14 modules and the practicum, a 'Personal Support Worker' can respond to clients who have a wide variety of needs and varying abilities to direct their personal care (Ontario Community Support Association, 1998).

population health issues specific to different regions in the province. Additionally, homemakers/personal support workers can enroll in courses dedicated to pursuing certificates in specialty areas such as palliative care and acquired brain injury.

The Role of Homemakers/Personal Support Workers Policy and Economic Perspectives

“Traditionally, health care has been about dealing with life’s incidents (heart attacks, broken bones), now it has to be about life’s experiences (getting older, becoming frailer).” (Ferriman)

The need for efficiency and effectiveness in the health care system has led planners and policy-makers to focus on home and community based services as alternatives to institutional care. Home care is seen as a vehicle for achieving policy goals and for ensuring the more appropriate use of health care services which leads to a decrease in overall costs. Growth in the elderly population and restraint in the health sector have led decision-makers to place an increasing priority on home care services. Thus the move to home care has in large part been a response to the fiscal pressures of the 1990s. At the present time there is relatively little information on the cost-effectiveness of home care in Canada. There has been a prevalent assumption that home care is not only cheaper but offers just as good, if not better care to the client. This assumption has not yet been proven by scientific study. Thus, one could characterize the move to home care as occurring due to faith in home care’s efficacy and due to the necessity of restraint (Hollander). The federal government, provincial/territorial governments, and regional health boards, recognize the importance of the role home care plays in our health care system⁶. This reality is also mirrored in international health care reform efforts, particularly in countries such as Holland, Britain and Sweden where home care is a key component of the health care system (Ham).

⁶ A new British Columbia study, emerging from the National Evaluation of the cost-effectiveness of Home Care, a \$1.5 million program of research funded by the Federal Government’s Health Transition Fund, is providing relevant research. This study has found that, on average, the overall health care costs to government range from one-half to three-quarters of the costs for clients in facility care. The central finding of the study is that given two clients with the same level of needs, the best value to government comes from supporting the client at home. Since most elderly clients prefer to stay at home for as long as possible, and are highly satisfied with home care, this means it is good for both governments and clients if the services are there to enable them to stay at home (Hollander).

The greatest improvements in human health in the near future will come from the creation of healthy environments and from support for healthier lifestyles rather than from medical care (Chappel). It is from this policy perspective that the critical role and value of homemakers/personal support workers, in contributing to individual health and to the health care system, must be understood. Population health research suggests that social circumstances are far more critical in determining a person's health than physical environment and genetics (Hayes and Glouberman). Health Canada's 1999 National Roundtable on Home and Community Care emphasized that key non-medical interventions offer as much potential for health improvement as classic health care.⁷ These non-medical interventions include the social support network of family volunteers, organizations, and communities. With the increasing emphasis on supporting people to live at home, the role of homemakers/personal support workers will assume an even greater importance in the overall health care system.⁸

In addition, the role of homemakers/personal support workers is becoming even more critical to maintaining the integrity of the home care sector. The in-home personal support and homemaking services and the human emotional element of caring provided by homemakers/personal support workers is important to sustain the social support networks, social environments, physical environments, and personal health care of those whose needs can best be met at home. The

"Its very important that the client and I work together. They feel good about the things that they can do and the things that I do all add up in a big way. We both know that it means they can stay at home and when you are in your own home, it's an overall good feeling."

⁷ Health Canada's 1999 National Forum on Health noted that there are at least twelve critical determinants of health – social support networks, education, employment and working conditions, social environments, physical environments, personal health practices, healthy child development, biology and genetic endowment, health services, gender, and culture.

⁸ Sustaining the health care system means sustaining the principles of public administration, comprehensiveness, universality, accessibility, and portability. The Auditor General has noted that while good progress has been made in economic and environmental policy areas, there is less integration of sustainable development ideas into social policy areas such as health. The strongest intersection between population health and sustainable development lies in recognizing that both development and health must place increased emphasis on social circumstance. The social return on investment can occur over the course of the human lifetime. Previously, economic concerns focused on big projects and the infrastructure, at the expense of social concerns. Over time, there has been an increasing appreciation of the critical role of social relations and a fundamental shift in thinking as economic, social, and environmental spheres of development are increasingly seen as integrated (Hayes).

homemaker's presence enables other members of the home care team to provide their care and services. For the home care sector to contribute to the sustainability of the health care system, in-home personal support and homemaking services of homemakers/personal support workers must be considered as a top priority.

Implications for the Future

In Ontario, the OACCAC, OCSA and OHHCPA have significant responsibilities to support and advocate for home care and for the role and value of homemakers/personal support workers as essential and integral parts of the publicly funded Canadian health care system. Each association has a specific mandate that recognizes different perspectives and approaches to issues. These three associations have a common interest in continuing to work together to:

- ?? provide support and guidance to homemakers/personal support workers in their enabling and nurturing roles that occur as a result of the intimate nature of caring in the home;
- ?? participate in the development of educational preparation, standards and best practices for homemakers/personal support workers;
- ?? advocate for homemakers/personal support workers as important members of the community service team and for homemaking as an essential component that enables people to remain living independently in their own homes;
- ?? inform and educate key stakeholders, the public, policy makers, and funders about the role and value of the in-home personal support and homemaking services of homemakers/personal support workers within the health care system;
- ?? encourage and support evaluation of the evolving roles of homemakers/personal support workers in the provision of personal support and homemaking services.

The Canadian Social Union Framework⁹ represents a clear commitment on the part of all levels of governments to work closely together to administer and support a system that meets the on-

⁹ The Social Union Framework was reached by the federal government, and provincial/territorial governments in early February 1999, following a National Roundtable on Home and Community Care sponsored by Home Care Development, Health Canada.

going health and social needs of Canadians. In this system, health should be defined broadly and policies developed from a ‘determinants of health’ perspective. Clearly, both current and future demographic, technological, economic and policy imperatives will continue to focus on the goal of maintaining people in their own homes. OACCAC, OCSA and OHHCPA believe that the in-home personal support and homemaking services of homemakers/personal support workers are essential to the achievement of this goal.

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APPENDICES

Appendix 1 Long-Term Care Act , 1994: Homemaking Services: Personal Support Services

Long-Term Care Act, 1994 Statutes of Ontario, 1994, Chapter 26

AMENDED BY: 1996, C. 2, S. 71; 1997, C. 15, S. 10; 1998, C. 18, SCHED. G, S. 65.

2.(5)Homemaking services

2.(5) For the purpose of this Act, the following are homemaking services:

1. Housecleaning.
2. Doing laundry.
3. Ironing.
4. Mending
5. Shopping
6. Banking.
7. Paying bills.
8. Planning menus.
9. Preparing meals.
10. Caring for children.
11. Assisting a person with any of the activities referred to in paragraphs 1 to 10.
12. Training a person to carry out or assist with any of the activities referred to in paragraphs 1 to 10.
13. Providing prescribed equipment, supplies or other goods.
14. Services prescribed as homemaking services.

2.(6)Personal support services

2.(6) For the purpose of this Act, the following are personal support services:

1. Personal hygiene activities.
2. Routine personal activities of living.
3. Assisting a person with any of the activities referred to in paragraphs 1 and 2.
4. Training a person to carry out or assist with any of the activities referred to in paragraphs 1 and 2.
5. Providing prescribed equipment, supplies or other goods.
6. Services prescribed as personal support services.

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