The topic of home care and support has been very popular among our participants, generating much discussion around sustainability and the future of caring for seniors and those with mental and physical disabilities. The importance of addressing issues related to accessibility, service delivery and safety, funding and costs, caregiver support and health human resources were highlighted in many discussions and submissions. Here is a selection of what British Columbians had to say on the subject of home care and support.

Accessibility of Home Care

Participants have a number of concerns with the lack of home care services, both for the disabled and the elderly, which they suggest increases hospital admissions and costs. Many describe barriers to accessing home care including: a shortage of information available pertaining to types of services available and how they are delivered; people being intimidated by the criteria that have been set out for accessing home support programs; and a lack of transportation in rural areas to help patients attend to personal needs. Many emphasize that isolated rural retirement communities in the province often do not have access to services.

Participants have several suggestions to improve the accessibility of home care. They suggest creating a policy that clearly defines the eligibility requirements for home care benefits to ensure that the elderly get appropriate care. A number of participants focus on the need for long-term planning around home and community care and recommended providing patient advocates and public education on home support options. Many suggest expanding mobile health services to serve seniors in their local community, as well as increasing transportation options and support for community programs. Some emphasize the need for the integration of home care, hospice, community and hospital services. Others encourage multi-generational living to reduce the isolation of seniors while also strengthening families.

Delivery of Services & Patient Safety

Despite suggestions that there has been a gradual recognition of the growing need to provide services to the aging at home, many participants voice concerns about cuts and restrictions placed on the delivery of home care services. Many believe these cuts, including cuts to personal care time and services such as light housekeeping, meal
preparation and driving, negatively impact the safety of many home care recipients. Participants suggest expanding the flexibility of personal care services to respond to fluctuating or emergency needs and assigning regular clients to individual home support workers. For many, making care available 24/7, expanding the eligibility criteria for subsidized services, and increasing the speed and frequency of assessments was also important. Several participants mention that patients with mental illness need home support. Some suggest that the lack of discharge planning in the current system exacerbates gaps in service delivery. They feel this planning should take a team approach, with home care providers having the authority to decide when discharge is inappropriate or not enough in-home support is available. Participants also recommend supporting home adaptations and modifications that would allow seniors to stay at home safely, rather than moving to facilities.

*Increase home support so that people who need it, but cannot afford it, will have help with cleaning of home, cooking, shopping etc this would help prevent falls, eating unhealthily, thereby cutting down on visits to emergency*

- Regional Public Forum, Castlegar

A number of recommendations involve delivering home care services through cluster care and providing coordinated services to all seniors living in one apartment building to increase the time available to the home care workers. Other suggestions encourage individuals to place caregivers in homes that would work like a co-operative, with two or three seniors living together. While some believe that the distinction between home and in-place care has to be better defined, many support increasing supportive housing and support programs to allow people to live independently for as long as possible.

**Funding and Costs**

Due to lack of funding, many participants are concerned that home care can result in a considerable financial burden for the patient and their families. Many believe there is not enough funding for home care workers and that services that allow aging-in-place should receive more funding. Participants recommend stable government funding to provide 24/7 community and home support based on individual patient needs. Some believe home support needs funding on a program by program basis. This would ensure longer term planning, while supporting regular scheduling for workers and ensuring the targeted delivery of health care services when and where they are needed. Many suggest the Government needs to follow through with the data already
collected, which demonstrates the cost effectiveness of keeping seniors in their own homes. Although statistics may be showing an increase in the cost of home support, they feel this is balanced by the high cost of having these patients in the hospital.

Participants suggest new funding and delivery models for home care. These include: placing the home support system outside of the Ministry of Health; making social housing programs the responsibility of municipalities; supporting home care through both federal and provincial funding; supporting more collaboration between private and public service providers and, separating home support for seniors from other parts of home care. Others suggest that money would be better invested in supporting families who care for their elderly as opposed to building additional seniors housing.

Another viable option for home care is the expansion of… program[s] that provide[s] funding directly to home support clients and gives them the flexibility to purchase their own services. Under this program, family members who do not live with the client may be eligible to be paid for providing services to them
- Submission, British Columbia Medical Association

Caregivers and Support

There is widespread recognition that caregivers play an important role in our health care system and that they need to be provided with adequate supports. Participants feel that providing resources to support caregivers would result in an economic burden and an emotional and physical strain on them. Many recognize the importance of respite and suggested that counting on families, friends and volunteers to provide for complex medical needs can be unrealistic. Some suggest that not all caregivers are aware of the resources, supports and services available to help them.

Recommendations to increase caregiver supports include providing mentoring and a communication plan and creating financial support or tax credits for caregivers. Others are concerned that these supports may be of limited benefit to low income families. Recognizing that all families have unique needs, participants suggest providing various supports to families providing care and being flexible in service delivery.
Support must be provided to this group of people that save the taxpayers so much money and provide the care and supports needed by their loved ones. We must learn to care for the caregiver. …Respite care can be considered a health promotion and protective factor for caregivers, potentially leading to better care and reduced institutionalization

- Victoria Order of Nurses, Submission

Health Human Resources

Many participants indicate that there are shortages of trained home care providers, particularly in rural communities. As travel between clients can take a significant amount of time, many explain the difficulties of organizing schedules and the resulting lack of continuity of care for the client. Although participants acknowledge that home support workers can be very helpful, they describe the amount of time workers are allocated for an individual as insufficient. Many emphasize the strength of the voluntary sector in some communities. However, they suggest volunteers are not coordinated and, in many areas, there is no awareness of what services are actually available.

Working conditions for home support workers are also a focus in the Conversation on Health. Participants recommend making home support shifts a set number of hours, rather than sporadic time blocks over the course of a day and enticing new home support workers with increased compensation. Recommendations also include: providing education for home care support workers on diverse cultures; and changing job description to allow workers to provide housekeeping services as a form of preventative care. Many also discuss the importance of physician support and expanded roles for registered nurses in home care.

Conclusion

Many participants believe there is a need for a broader, more accessible home support system with increased hours per client. Participants identify increasing supportive housing and home care programs and the availability of community options as important areas for improvement. These steps would allow people to live independently for as long as possible and ensure caregivers receive the supports they need. Many believe improving homecare will also decrease costs and demands in the acute and long term care sectors.
Home Care and Support

This chapter includes the following topics:

- Health Human Resources
- Care Giver Support
- Funding and Costs
- Accessibility
- Service Delivery
- Safety

Related Electronic Written Submissions

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Related Chapters

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including: Seniors; Community-Based Care and Wait-Lists and Wait-Times.

Health Human Resources

Comments and Concerns

Hours and Salaries of Home Care Workers
Accreditation and Training
Demands and Shortages
The Voluntary Sector

• Comments on hours, contracts and salaries home care workers:
  
  • For many home care professionals there is a disparity in the hours worked and hours paid. Staff members get paid for eight hour days when they are in fact working many extra hours.
  
  • In many cases a care worker is only allowed 15 minutes with each client.
  
  • Home support workers can be very helpful, however the amount of time that is allowed to an individual can amount to as little as 15 to 20 minutes. Workers are no longer expected to prepare meals from scratch, only reheat food in the microwave.
  
  • Community care is limited in how many hours a day can be spent in a person’s home, and by how many registered nurses or other practitioners may attend to patients. The visits are further limited by the skills of the registered nurse and the orders obtained from the doctors, so that the registered nurse is unable to carry out effective symptom or issue management.
  
  • Travel between clients can take a significant amount of time. Therefore it is difficult regulating the schedules and the client often does not know when the worker is going to arrive.
  
  • The number of hours allotted to home care providers per week is too low.
  
  • Home support should include assistance with personal care, cooking, cleaning, medication management, social and recreational activities. Currently this is not happening.
The contracts of home support workers are inefficient and do not meet the needs of the clients or the workers.

The hourly wage rate for Independent Living staff is below the agency rate, making staffing difficult. Independent Living is being used as a cost-saving mechanism for the Vancouver Island Health Authority which is not how it was intended to be used.

There is a shortage of hours for home support workers, especially those workers who help elders and chronically ill people within the First Nations community.

There is a lack of continuity in home care providers; patients often do not know who is coming and when.

Comments on accreditation and training of home care workers:

- There is little regulation of private home care providers. Operators meet minimum criteria and there are currently no controls on who can operate in this field.
- There are not enough paid support workers to enable seniors to stay in their homes.

Comments on demands on and shortages of home care workers:

- Working with seniors is not always easy; there can be fights and arguments along with a lack of respect and care from family members.
- Care to seniors should be available 24 hours, 7 days a week if needed. A shortage of home support workers and funding means that there are not enough resources available to provide the appropriate care.
- There is a shortage of home care workers in Barriere, and in most small communities.
- Many home care services are contracted out to agencies that are short staffed.
- There are many staffing issues in home care, with staff performing at low standards, for example: not completing duties required for the client, missed appointments, and a lack of clarity in the roles and responsibilities of staff, from management to front-line workers.
- Maternity Community Nurses do not have adequate resources for home visits.
- There is increased pressure and demand on home care nurses, physiotherapists, and occupational therapists as patients are more ill due to early discharge from hospital. Early discharge results in a lack of early interventions and prevention oriented care.
• The home support workers are dealing with many chronic disease issues, but all the funding for chronic disease management and prevention is currently going to physicians.

• Home care practitioners perform an amazing role in providing care in difficult situations.

• The fundamental decision that needs to be made related to home care is who is going to manage the care? Who is going to be the coordinator and the facilitator and the negotiator? The question is, does the public want to go to a physician driven system where they coordinate or run everything, or do people want to have a system that recognizes that there are some professional services needed and some non-professional services, where a case manager could actively coordinate with a physician?

• Many home care providers are motivated, caring and want to help.

• The infrastructure is there to support an effective home care system and it will work well after certain issues are addressed.

• The lack of trust that Aboriginal Elders have for home support workers can be a barrier to treatment.

• Comments on the involvement of the voluntary sector:

• Some services are provided by volunteers, however these volunteers are seniors themselves and the next decade may experience an overtaxed volunteer system.

• The voluntary sector is very strong in some communities and can provide excellent services to the elderly. However, it is not coordinated and in many areas there is no awareness of what services are actually available.

Ideas and Suggestions

Hours and Salaries of Home Care Workers
Accreditation and Training
Demands and Shortages
The Voluntary Sector

• Ideas about hours, contracts and salaries of home care workers:

• There is a need to support consistent home care services, with care scheduled on a regular basis and provided consistently by the same caregiver.

• More time is needed for the home care workers to be in the home.
• Alter job descriptions to allow for flexibility of service delivery within the boundary of common sense.

• Remuneration of home support workers should be increased to a rate that would allow them to live comfortably; the current rates are shockingly low.

• Improve working conditions so that home support shifts are a set number of hours, rather than sporadic time blocks over the course of a day.

• Efforts should be made to entice new home support workers with increased compensation.

• Increase salary and permanent positions in home support. Focus on retention and resources.

• Job descriptions for home support workers should be changed to allow workers to provide housekeeping services as a form of preventative care.

• Provide full-time employment versus part-time for home care workers.

• **Ideas about accreditation and training of home care workers:**
  
  • Provide education for home care support workers on diverse cultures. Caretakers must respect elders and adapt and be flexible to cultural needs.

  • Enhance the available education for home support workers, for example, range of motion.

  • Retiring professionals could be retrained to join community and help with home care.

  • Encourage staff to work cohesively; carry out team building activities and have some funding attached to this.

  • Home care workers should be bonded and regulated.

  • To alleviate harassment claims from staff a management course should be provided for supervisors to allow them to focus on capacity building and their ability to deal with staff issues effectively.

• **Ideas about demands on and shortages of home care workers:**

  • Stop cutting home support workers from the system.

  • Hire more home care nurses and home support workers.

  • After-care teams, early psychosis teams and behavioural teams are needed in home care.

  • More home support workers are needed and they should be given flexible hours. More incentives are needed for people to go into the field.
• Establish an online network to support home care workers and families in need of home care. A registered care aide job exchange on a web site would be useful.

• Action oriented discharge planning is needed with enough staff support to carry it out.

• There is a need for more community based registered nurses, licensed practical nurses, and other support workers to help people stay longer in their own homes.

• Geriatricians should be included in home care teams.

• Physician support is the key to successful home care as are expanded roles for Registered Nurses.

• Coordinators should be hired for home care in all communities.

• More integration of home support and community health workers with other health services and within the health care team.

• Ideas about the involvement of the voluntary sector:

  • The voluntary sector is a cornerstone of the home care support system and methods should be explored to assist these organizations.

  • Non-profit societies could hire, screen, and administer criminal record checks to ensure that workers are safe to go into seniors’ homes, to clean, cook, and do laundry services.

**Care-givers and Support**

**Comments and Concerns**

[Financial Support for Care giving](#)
[Family Caregivers](#)
[Respite and Support](#)

• Comments on financial support for care giving:

  • The economic burden of care-giving can be considerable.

  • There is a lack of financial support for family caregivers.

  • Paid caregivers or respite services are lacking in many communities.

  • When you talk about home care and so on, one vehicle that governments have looked at and are doing to some degree, is to provide tax credits for stay at home caregivers, but by providing tax credits instead of money they are only providing
tax relief to people who have enough income to be taxed, leaving lower income families in financial difficulty.

- The system is biased towards paying care workers rather than family members who care for long term care patients.
- In the United Kingdom people receive care allowances and there is an increased awareness of employers with regard to seniors' care; for example, employees can take a two-hour lunch hour to go home and care for senior family members.
- In Germany, if someone gives up a full-time job to look after somebody who needs full-time care, they receive an ongoing tax incentive for as long as the patient at home is alive.

- **Comments on family caregivers:**
  - Families are sometimes intimidated into performing services for patients.
  - Family members are needed to care for elders in the home. This can place a lot of strain on family members when there are few resources or supports available to help them.
  - Caring for a family member can be hard physically and emotionally.
  - The burden of care giving can be heavy, especially for those who become serial caregivers: caring for children, then parents, then a spouse, over a period of many years.
  - It is unrealistic to count on families, friends and volunteers to provide for complex medical needs. With families dispersed across the country it can become even more difficult to care for the elderly. If someone is taking care of a young family as well as aging parents it can be impossible to keep a full-time job.
  - High expectations can be placed on families and their ability to provide care and assistance. These expectations can lead to burnout.
  - If the caregiver of a family member with a chronic illness gets sick and is hospitalized, there is no one left to look after the ill person at home.
  - When somebody has a diagnosis of dementia, all the aspects of care are discussed: the care givers, home care resources, mental health supports and other assistance, that allow families to deal with issues. However, there are often people who don’t receive early diagnoses, resulting in sudden crises that can leave the family unsupported and without the necessary knowledge.
  - As home support has been cut back, the pressure on the family members of people with chronic diseases increases. There are few respite options for patients wanting to give their families a break without taking up a long term care bed.
Support systems stabilize living situations.

We know that seniors who are discharged from hospital have better rates of improvement if they have access to community, family, and friend support systems.

The home care system in Victoria actually functions brilliantly, but only in the presence of an existing stable family structure. If you do not have that, it can be very difficult.

Comments on respite and support for caregivers and patients:

The need for respite is a key issue, as caregivers need a period of rest or relief on occasion if they are to continue in that role.

The church used to be a good source of networks and support. Now churches are disappearing, although there are still some who are very active.

Not all care-givers are aware of the resources, supports and services that do exist and are available to help them.

Care-givers are often expected to come up with solutions to medical problems without any consultation with medical professionals.

There are some caregiver support groups, but being able to find the time to attend them is challenging.

According to Statistics Canada, there are an estimated 3 million care-givers in Canada who day in and day out provide care and support ranging from: arranging resources and community supports, meal preparation, transportation, medicine administration, dressing changes, and emotional and social support.

Using any outside help can make seniors too dependent on aids instead of retaining their independence.

Did you know that after diagnosis, people with dementia and their caregivers are left on their own to cope, and commonly, for many years, it is only when a crisis occurs that they get back in touch with the system.
Ideas and Suggestions

Financial Support for Care giving
Family Caregivers
Respite and Support

• Ideas about financial support for care giving:
  
  • In addition to the impact they make on the quality of a care recipient’s life, caregivers provide more than 2 billion hours of care giving, saving the Canadian health care system about $5 billion each year. Simply put, from both a quality and financial perspective, caregivers are vital to ensuring a sustainable health care system.
  
  • Institute a senior’s allowance, like child allowance, for a family with a dependant elderly member.
  
  • Tax incentives or payment should be provided to family caregivers. Home care equipment and supplies necessary for providing home care should be funded.
  
  • Instead of subsidizing elderly Canadians to live in institutionalized homes, our tax dollars can be better spent subsidizing families who live with a senior. This system is successful in Hong Kong, where the government gives mortgage subsidies to families living with at least one grandparent. As elderly care is becoming more costly to Canadians and reservations about the quality of care in facilities have been raised, this solution is clearly advantageous. Moreover, many minority Canadians, such as the Chinese, would support this act.
  
  • When family or friends opt to care for a family member and enable the patient to stay out of hospital, they should be given tax credits and Canada Pension Plan credits for pension income later in life.
  
  • Provide leave to look after an elderly member of the family similar to maternity leave.
  
  • There are a number of published reports on 10 European Countries that have experimented over the last number of years with direct payment to families as opposed to paying agencies for the care of elderly dependents. The results are actually quite impressive. It isn’t without challenges, but the notion of giving families the option and support to provide care to their elderly may be a framework for a solution.
  
• Ideas about family caregivers:
  
  • If needs are met at the community level, the family doesn’t have to run around to get the necessary supports.
• Families need to advocate and care for their elders.
• Bring in adequate government funded home support to help with the constant stress of care giving on families.
• Provide day care programs for disabled seniors and seniors living with working families
• Instil family values that encourage looking after one another and providing care to elders.
• Provide various supports to families providing care, and be flexible in service delivery. Recognize that all families have unique needs,
• Mentoring and guidance should be available to caregivers and family so that everyone has access to the resources and knowledge needed to assist the elderly.
• Involve families more in care giving teams.
• Involve the whole family in caring for the elderly and have someone available to monitor the care that the elderly are receiving.

• Ideas about respite and support for caregivers:
  • Provide respite options for caregivers, including in-home respite.
  • Create an environment that welcomes health care providers into the home.
  • Establish a membership driven provincial health association for smaller care providers and purchases of services. Provide a voice for these people in the system. Smaller care facilities are needed.
  • Develop communication plans that reach caregivers of seniors regarding information on services and care-giving supports.
  • Reintroduce the revised Guardianship Act.
  • The Government of British Columbia should undertake pilot studies to support informal caregivers and long-term care patients, including those that: explore tax credits and/or direct compensation to informal caregivers for their work; and, expand province-wide respite relief programs for informal caregivers that provide guaranteed access to respite services in emergency situations.
Funding and Costs

Comments and Concerns

Costs to Families and Patients
Funding
Cost Effectiveness

• Comments on costs to families and patients:
  
  • Home care can result in a considerable financial burden for the patient and their families.
  
  • The family of individuals with chronic diseases, like multiple sclerosis, sometimes have to pay for many necessary aides such as scooters, hospital beds etcetera that allow patients to remain as independent as possible. These expenses can be very difficult on a reduced income or on disability.
  
  • Medical Services Plan premiums should be eliminated for seniors who fall under a certain income bracket.
  
  • There is more room for federal assistance through tax incentives and benefits to encourage people to care for their family at home. The current tax benefit and the compassion care rates are inadequate.
  
  • Right now a lot of the home support is only available if you can pay. There are many economic barriers to receiving sufficient home care.
  
  • Home support requires some private spending and many seniors cannot afford it.
  
  • People are saying that families should provide care and should pay for that themselves. The issue is that clients involved have medically necessary care requirements, as described by the Canada Health Act.
  
  • Many seniors feel that they cannot afford food delivery services.

• Comments on funding:
  
  • There is a lack of funding for home care for seniors.
  
  • Although we are starting to see examples of being able to age in place, there is a need for programs to have proper funding.
  
  • Care home living/assisted living could be more cost effective. The current system is very fragmented between Health Authorities and the private sector.
  
  • In an effort to reduce health care costs, the Health Authority eliminated funding for housekeeping services by the home support workers, which had a negative effect on clients physically and mentally who were unable to keep up with
minimal hygiene and unable to pay for private help. This resulted in steadily deteriorating health, depression, increased confusion and misery for many seniors.

- There is not enough funding for home care workers.
- Home support is recognized as being important but as of yet no money has been there to support it.
- There are concerns as to how available funding for senior home support is used.

- **Comments on cost effectiveness:**
  - A shortage of home care results in increased costs of hospital stays and admissions.
  - Home care represents more of a quality versus cost issue. The cost of home care can eventually be more than facility-based care and also contribute to increasing the acuity and complexity of care needed for patients by the time they end up in long-term care and hospital care.
  - Hospital beds can be blocked by patients not requiring hospital stays but unable to return home due to insufficient home care options.
  - The Premier’s Council on Aging and Seniors’ Issues published its final report, *Aging Well in British Columbia*, December 1, 2006. The chapter entitled *Supporting Independence* put forward a new vision for home support services, focused on prevention, maintaining quality of life, and avoiding the high cost - financial and human - of institutional care. The report recommended more government assistance for home support services and claimed it would also reduce total eldercare costs.
  - Denmark has one of the best systems in the world for seniors care, one of the most cost effective and one that is used world wide as an example of how to keep seniors in their home longer with proper home support care and with support from municipalities. Their system is supported by both the federal and provincial governments.
  - Home care is the most cost effective way to provide good and preventative care for people.
Ideas and Suggestions

Costs to Families and Patients

Funding

Cost Effectiveness

• Ideas about costs to families and patients:

  • Seniors who chose to stay in their own homes in rural areas should have to supply and pay for their own care.
  
  • Seniors who chose to live independently should do so at their own expense.
  
  • Education and instruction on lifestyles should be supplied. Patients and their families should be responsible for day to day care.
  
  • Follow Germany's' example, subsidize children to look after their parents, it is cheaper and better for the family. The same policy is followed in Switzerland and in Holland.
  
  • A viable option for home care is the expansion of the Choice in Supports for Independent Living (CSIL) program that provides funding directly to home support clients and gives them the flexibility to purchase their own services. Under this program, family members who do not live with the client may be eligible to be paid for providing services to them.
  
  • Money would be better invested in families caring for their elderly rather than spending more money on seniors housing.
  
  • Create a policy that clearly defines the eligibility requirements for home care benefits.

• Ideas about funding:

  • There is a need for more funding to support aging in place for an increasingly aging population.
  
  • Sliding scale to subsidize care for clients to fund home care. Fund the system to allow family and professional care providers to provide a better service.
  
  • Stable government funding is needed to provide twenty-four hour/seven days a week community and home support based on individual patient need rather than formulas.
  
  • More funding is needed to provide residents accessing home care with assistance for taking medication.
  
  • Any funding that goes into home support saves dollars in the health care system (for example, reduces use of emergency room, acute care, and long-term care).
- Home support needs to be funded on a program by program basis rather than on a client by client basis to stabilize the programs and ensure longer term planning while supporting regular scheduling for workers and ensuring the targeted delivery of health care services when and where they are needed.

- Improve the funding for drugs and medical supplies for patients cared for at home.

- Group homes need funding.

- Implement the recommendations from the Romanow Report related to federal support (national funding) for home care diagnostics.

- Provide funding for non-profit and volunteer agencies that support family members and caregivers.

- More funding is needed to allow social workers to deal with problems as they arise.

- Improve home support services. Restore home support daily living services to focus on prevention and maintenance. Increase funding for home support and develop a global funding formula.

- Expand home care nursing and ensure that it is all publicly funded and delivered.

- Lobby the federal government to transfer payment for community home services under the Canada Health Act.

- The funding model for home care also needs to reflect demand. Currently funding is provided on an hourly basis for specified services, resulting in fragmentation. Changing to a global, core funding model will increase flexibility and stability.

**Ideas about cost effectiveness:**

- Ignoring the preventive aspects of home care may not only lead to increased costs in the overall health system, but may also lead to suffering and emotional distress for individuals.

- Home support costs significantly less than long term care. Although some people need long term care, in many cases, the entry into the long term care system could be delayed by providing soft supports, such as gardening, shopping and housekeeping. Plan for the future, regardless if current numbers support government funding.

- Edmonton took the home care and split it into acuity, low acuity, medium acuity and high acuity. They then determined how they were spending time and what the actual costs of care were to ensure that everything was being done as efficiently as possible.
• When planning care, be aware of population shifts, such as the movement of elderly people from the lower mainland to smaller communities.

• Statistics may be showing an increase in the cost of home support, but this is balanced by the high cost of having these patients in the hospital.

• Providing acute care in the patients’ home does not require the construction of new facilities and can be expanded or collapsed quickly as requirements change.

• Government needs to follow through with the data they have already collected that demonstrates the cost effectiveness of keeping seniors in their own homes.

• Support more collaboration between private and public service providers to increase the quality of home care for seniors. The possible solutions will be cheaper than the status quo.

• Minimize costs associated with readmission to hospital and admission to long term care facilities from home care.

**Accessibility**

**Comments and Concerns**

**Assessment and Public Education**

**Housing Option and Support Services**

• **Comments on assessment and public education:**

  • People needing care in their homes are intimidated by the criteria that have been set out for accessing home support programs. All home support is determined by income and people resist sharing their personal income info.

  • There is currently too much bureaucracy and levels of administration that do not communicate in the home care system.

  • Home care is not provided until crisis hits.

  • Many seniors are falling through the cracks; people are not aware of the services that are available to them and are therefore not assessed.

  • There is little information available pertaining to types of services available and how they are delivered.

  • When a terminally ill person or someone at the end-of-life experiences a crisis in symptom control (respiratory, pain, nausea, weakness, mental deterioration, caregiver burnout or anxiety), there is a window of opportunity to address the issue so that the person is stabilised and able to stay at home, while time is
bought so that the person can become a direct admit from home rather than
going through the emergency room; thus freeing beds.

• Right now, the criteria for home support assessment is flawed.
• No in-home assistance is provided if there are psychological needs that are misdiagnosed.
• There is a shortage of resources allocated to assessment for home care.

- Comments on housing/support options and transportation:
  • There is not enough home support to help our disabled stay in their homes, leading to increased hospital admissions and costs.
  • There is a lack of transportation in rural areas to help patients attend to personal needs.
  • There are not enough government subsidised private care homes.
  • Due to the push for home care and aging in place, elders are remaining in their homes, but are not getting the right care.
  • As Aboriginal people age there is a desire to go home, but there is a lack of accessible housing to accommodate elders on reserve land.
  • The aging in place model provides more home support to people, realizing that people are often more comfortable managing diseases in their homes surrounded by their social support networks.
  • The Choice in Supports for Independent Living program funded by the Vancouver Island Health Authority to encourage adults with disabilities to live independently in the community instead of in a facility is exemplary.

Ideas and Solutions

Assessment and Public Education
Housing Options and Transportation
Models of Service Delivery

• Ideas about assessment and public education:
  • There is a need for a system of assessing how treatment (or delay of treatment) affects quality of life and the overall home care system.
  • Educating people on home support options will save money and free up hospital and long term care beds.
More co-ordination between jurisdictions is needed.

Monthly evaluations of home care needs must be accessible to community care centers. Changes and improvements need to be considered and followed up on.

Ensure that the information available to the public is reflective of what is available and affordable.

Expand the eligibility criteria for subsidized home support services so that seniors requiring low levels of help can access these services.

**Ideas about housing options/support and transportation:**

- More resources are needed for transportation to and from appointments or services.
- Increase the use of home care and home support to reduce the need for hospital beds.
- The active aging plan has five key areas of support for active aging: healthy eating, physical activity, tobacco cessation, injury prevention, in particular falls prevention, and social connections. Social connections are one of those things that will permeate every one of those other areas and should be considered when planning for accessible home care services.
- Support for seniors that allows aging in the community should be strengthened.
- Provide a bus service to get seniors out for meals and entertainment.
- Government funding is needed for volunteers driving home care clients to appointments.
- Home care needs to be available in smaller centres.
- Expand home care services.
- Provide nursing services and home care nurses to First Nations communities.
- A lot of the responsibility for maintaining seniors in their home is dependent on the available community services and effective urban planning. We need intergenerational homes and higher density living to ensure there is appropriate housing available for seniors.
- People have to be able to stay in their communities.
- Home care services are needed in senior complexes.
- Housing for caregivers and their charges needs to be larger.
• **Ideas about models of home care delivery to increase accessibility:**
  
  - Develop and/or expand mobile health services and/or clinics that provide health services to seniors in their local community.
  - Remote care could be provided via the web.
  - We need to look at providing health care services in more appropriate places and using better models, such as step down units or apartments for weak and frail elderly who are too weak to go home but are otherwise stable.
  - There is a need for the integration of services, home care, hospice, hospital as well as a stepped care approach. Stepped care supports taking the least invasive and most cost effective approach which is often collaborative home care to start.
  - Community based programs and hospitals should be integrated to streamline the care and movement of patients.
  - Provide incentives to encourage family members to look after each other, change cultural values and encourage co-habitation with parents/grand parents. Make it affordable to have families live together. Encourage multi-generational living and work to reduce the isolation of seniors while strengthening families.
  - Mobile clinics should be available to come to homes to assess needs.
  - Streamline access to equipment and streamline support, home care, medication management.
  - Support the recommendations in the *Aging Well in British Columbia* Final Report, which calls for:
    
    a. a new, broader and more available home support system, increases to the number of hours of home support per client;
    
    b. increased supportive housing and support programs to allow people to live independently for as long as possible; and,
    
    c. an increase in the availability of community based options to ensure caregivers receive the supports they need.

• The Ministry of Health should provide a mediation service to advocate for elderly patients or residents to make the system easier to navigate.
Delivery of Services

Comments and Concerns

Systemic Changes
Delivery and Demands
Dementia

• Comments on systemic changes:
  • The current home care services are inflexible.
  • It is difficult to integrate work when there are two different ministries involved in the delivery of home care services.
  • The home care system in the Interior Health Authority needs to be re-structured and all the associated systems need to be integrated. Currently there is no shared accountability for the delivery of services.
  • Care is more "medicalised" and social living supports are in decline.
  • There is a gray area that has to be defined between home and in-place care.
  • There is too much bureaucracy and too much rigidity in what home support can and cannot do.
  • Changes in policies have created a moving target with regards to what government and home and community care, will pay for (no meal preparation, laundry etcetera). With the current restrictions, home support workers go in to set out meals and then have to leave as opposed to having the time to assess how their client is managing while checking on health care issues.
  • Societal expectations are that chronic care patients go into facilities rather than staying home.
  • Seniors are encouraged to stay at home and use home care but that can shut them out of the rest of the system.
  • The British Columbia Government and Service Employees’ Union (BCGEU) does not agree with the Council’s recommendation to move non-nursing/ non-medical home support services out of the Ministry of Health as this would further reduce the overall integration of home support services.

• Comments on the delivery of home care services and demands:
  • Discharge planning is lacking in the current system, leading to gaps in service delivery.
• There is a general lack of home care services in communities.

• People are not getting to choose between receiving services in hospital or at home.

• Community home support is not available 24/7, so clients end up in the hospital or in a facility.

• With the number of hours that food delivery programs works with, there is only so much the coordinators and supervisors can do.

• There have been cuts to personal care time, as well as the elimination of services such as light housekeeping, meal preparation, and driving.

• Patients who are supposed to have home visits where a physiotherapist comes to check in do not always receive the hands on treatment they need, instead one patient received only two 15 minute visits post-operation.

• There is no longer any time for nutritional monitoring or time allotted for meal preparation.

• There has been a gradual recognition of the growing need to service the aging at home.

• To include travel time in the time allotted for service delivery is unacceptable.

• The Danish model of community and home care should be examined, there, all seniors over 75 receive yearly visits from community health workers.

• Duncan Manor provides great personal care, with the same people visiting every day to give baths and medicine and they provide help with going to doctors’ appointments.

• The Provincial Government should look at the model that Veterans Affairs provides for support services (like meals, housekeeping, etcetera).

• Home support is provided directly by Vancouver Coastal Health on the Sunshine Coast, enabling fixed hours, increased flexibility and responsiveness to client needs, and better integration of all members of the health care team, including community health workers. There are other fixed-hour pilot projects in both the Interior and Northern Health Authorities that offer positive and effective innovations.

• Over the last decade, more older people are continuing to live independently and the common myth that most older people are in care homes is just not true.

• The number of publicly-covered home care clients has been declining although the acuity of home care clients is rising.
Sometimes patients lack willingness to receive help from outside of the family.

The shortage of nursing, physiotherapy, and occupational therapy sessions in home care can result in institutionalization.

- **Comments on dementia:**
  - 1 in 13 Canadians over 65 has Alzheimer's or a related dementia: of particular interest is that over age 74, the prevalence is 1 in 9, and over 85, 1 in 3. The yearly incidence rate (how many people develop the disease in a given year) for B.C. is about 13,640, expected to be over 16,320 by 2011. Currently, at least 63,480 people have dementia in B.C. Each health authority has estimated a growing senior population and has acknowledged being unprepared for the expected care needs.
  - Alzheimer's disease and related dementias are devastating conditions creating huge emotional, financial, and physical challenges for the person, their family and caregiver. But BC is not prepared for the reality of dementia.
  - There are risk factors for dementia, and armed with that knowledge there are risk avoidance activities all of us can utilize. However, with all of the attention on healthy aging and healthy living in B.C., no provincial messaging includes this critically important information. The current focus on self-care is not a real option for most people affected by dementia, which means it is even more important to get this information to people before dementia even develops.

### Ideas and Suggestions

#### Systemic Changes

#### Delivery and Demands

#### Dementia

- **Ideas about systemic changes:**
  - Increase the scope of services for home care workers to reduce the need for acute care services.
  - Integrate home support into health units.
  - Encourage individuals to set up homes with caregivers that would work like a co-operative, with two or three seniors living together to facilitate the delivery of home care services and allow for longer visits.
In Gibsons, the home support workers or community health workers, are directly employed by the Health Authority. This makes integration easy as they are already part of the system. In this model the Registered Nurse in the home support agency, meets with care givers in the hospital every morning to determine who’s getting discharged and what type of support they’re going to need on discharge.

Expand the flexibility of personal care services to respond to fluctuating and/or emergency needs.

Develop quality service measures that promote proactive preventive service delivery and ensure that seniors are accessing and utilizing needed services.

Incorporate social work and case management into home and community care.

Assign regular clients to each home support worker so system becomes client based.

Re-establish homes for senior care that function as a small home based business.

Support more co-operative government and non-profit activities and facilities for seniors.

Provide increased home support to seniors to decrease the number of seniors in assisted living care or extended care.

Reinstate home support to the levels that existed in 1994, including personal care, light housekeeping, shopping and transportation to appointments within the duties that can be performed by home care workers.

The home support system should be outside of the Ministry of Health. Social housing programs should be the responsibility of municipalities.

Remove home care from the mandate of health authorities and establish a separate organization.

Separate home support for seniors from other parts of home care.

Increase the number of hours of home support per client to appropriately respond to the current need.

Given the intricacies of home support and continuing care services, the British Columbia Government Service Employees’ Union (BCGEU) recommends that an independent review be undertaken as part of the development of a new plan and approach to home support. This review must include the viewpoints of front-line workers, including community health workers, schedulers and other members of the home support and continuing care team.
Home support services should be amalgamated within all of B.C.’s health authorities. Currently, the delivery of home support is done directly by some health authorities (Northern and Interior) and by contracted affiliated agencies in others (Vancouver Coastal, Fraser and Vancouver Island, although some of these have a mix of direct and affiliated delivery). Amalgamating home support reduces costs and better integrates home support with other community and acute care services. It also provides stability for workers and increased continuity of care for clients.

**Ideas about the delivery of home care services and demands:**

- Utilizing out-post medical stations and holding regular weekly clinics could be an efficient way to deliver services to seniors in rural communities.
- There is a need for more programs like adult day care and meal delivery as well as general home support with time for relationship-building and the completion of household tasks.
- Home support should be available twenty-four hours, seven days a week with qualified staff.
- Bring dentists, hairdressers, and other service providers into care homes.
- Home care should be expanded to include the delivery or expansion of many other services such as:
  a. the delivery of IV antibiotics;
  b. nutrition programs for in-home care;
  c. household and home maintenance programs offering affordable home and yard cleaning, maintenance and repair services;
  d. home adaptation programs so that more seniors can access the installation of home aides;
  e. a referral service to give seniors information on reliable, trustworthy, affordable providers of home maintenance, cleaning etc;
  f. enhanced shopping assistance programs;
  g. assisted bathing more than once a week;
  h. personal accompaniment for seniors who need personal support to attend medical appointments;
  i. physician home visits and general checkups; and
  j. interim home support for patients waiting for placement in other facilities.
- Provide home care and home support for patients with mental illness. Follow up on necessary medication.
• Provide annual home visits to everyone over 75.
• Hold discharge planning team meetings that include a hospital liaison and home care worker.
• Develop and implement an action plan which provides for care of acute care patients in a home environment thus creating an alternative to in-hospital beds.
• Provide care through mobile home care teams that include doctors and nurses.
• Provide home care for post operative care and follow-up in general.
• Support the development of personal support centres and social network plans.
• Deliver home care services through cluster care, providing coordinated services to all seniors living in one apartment building or block to increase the time available to the home care workers as well as the efficiency of service delivery.
• Make home care activities more individualized and client centered.
• Reduce hospital services to increase/promote home care.
• Provide more home care in First Nation communities, so that our elders can stay home.

• **Comments on dementia:**
  • Cognitive Impairment Guidelines for BC physicians have been approved and are on the Ministry of Health web-site, but most family doctors do not know these are available, or do not find they have the time to study them and utilize them in their practice. Physicians need education about their use. It would also be advantageous if fee guidelines provided incentives to family physicians for early recognition, early diagnosis and provision of care to people affected by dementia. It is critical that the medical school curriculum include sufficient attention to health issues affecting the frail elderly, of which dementia is increasingly a major aspect.
  • Incorporate Healthy Brain messaging in Act Now, the Ministry of Health’s Active Aging strategy, BC Healthy Living Alliance, and Healthy Communities programming.
  • BC is experiencing a shortage of family physicians and the ones we do have, do not receive adequate training to recognize that dementia is not a normal part of aging, and that early, and proper diagnosis is critical to ensure positive health care outcomes. People are in a better position to take care of their own health care if they receive the proper diagnosis and health information in a timely way.
The current policy direction towards integrated health networks within the Primary Health Care System for targeted populations, particularly the frail elderly, has the potential to improve health care outcomes. But the Ministry's work need to ensure that dementia remains a focus. The Ministry is working on a Dementia Strategy, which needs to be funded and implemented if BC is to be in a position to respond appropriately to the increase in people impacted by dementia.

**Safety**

**Comments and Concerns**

**Technology and Home Modifications**

- **Comments on technology and home modifications to improve safety:**
  - There is a lack of support for home adaptations and modifications that would otherwise allow seniors to stay at home, in their communities rather than moving to facilities.
  - User activated personal emergency response systems and Telecare (automated personal emergency response systems) are noticeably absent from lists of available home care tools and resources and can be very valuable.

- Due to shortages of home care workers and restrictions placed on time allotted per caregiver per client, many seniors cannot shop for food, cannot get to appointments, and are forced to live in filthy houses, despite accessing home support.

- A lack of home care can lead to overuse of acute care and can increase the possibility of readmission after surgery.

- The criteria that clients need to meet to qualify for home care is currently too high.

- Many seniors suffer from social isolation.

- There are inconsistent standards of home care throughout the Province.

- The types of home care services offered are not sufficient and many essential services have been cut. As a result, many seniors are living at risk.

- Transitions between acute care and home care are happening too early. There is no smooth, planned transition of care for seniors or others who need housing support.
• Assessments for home care assistance take too long.

• Patients are often released from hospital without supports.

• Elderly people often suffer from malnutrition as they are not able to prepare meals on their own.

• Those with a good support system do better when travelling to urban centres.

**Ideas and Suggestions**

**Technology and Home Modifications**

• **Ideas on technology and home modifications to improve safety:**

  - Increased government funding for conventional home care and support services, together with safety-related home modifications and a range of stand-alone assistive devices is necessary. Often there is also eventually a need for adequate monitoring of the activities of daily living and home environment conditions to prevent accidents and respond to hazard or injury in a timely way.

  - The *Premier's Council on Aging and Seniors' Issues* new vision did not emphasize the significant contribution even low-tech assistive devices and home modifications can make to maintain the safety and quality of life of older people who desire to remain living at home. Home modifications for independent living support are available through the Canada Mortgage and Housing Corporation. Their 'Home Adaptations for Senior’s Independence (HASI) program provides forgivable loan assistance to eligible seniors.

  - Assistive technology has a burgeoning role in eldercare. In the United Kingdom, several controlled clinical trials and cost-benefit studies have demonstrated the cost effectiveness of pairing home care and support with assistive technology to help keep the elderly safe and well in their homes.

  - Wearable push-button and stationary pull-cord type communication devices already exist to alert an emergency response service. A Canadian study of Personal Emergency Response System(PERS) users found fewer hospital admissions and fewer hospital bed days per user were needed compared to a control group of non-users. Wearable fall-detectors also exist to automatically send an emergency signal should a fall occur.
• Continued, if not increased, support and more local delivery is needed for safety-related home modifications for the elderly including assistive technology, which the government should bulk purchase and make available to all persons over age 65 living alone.

• Regular home inspections should be carried out to ensure clients have access to good food, and are living in a clean house.

• Promote the electronic monitoring of elderly in their homes.

• Provide safety and risk assessments for patients.

• Provide assistance to upgrade bath tubs, making them safe for the elderly.

• Elders with short term memory problems shouldn’t use the stove.

• Informal caregivers cannot always be present and may not be available at all. Paid, full time, live-in caregivers are costly and unwelcome to elderly persons who are used to their independence.

• Don’t push the elderly out of hospitals on a Friday if there is no home support on the weekends.

• Clinics need to have full range of support and assign a post operative home care person to reduce re-admissions.

• Promote and support self-esteem for people in home care. Support people’s independence in their home.

• Standards for home care are needed.

• Increase home support so that people who need it, but cannot afford it, will have help with cleaning of home, cooking, shopping etc this would help prevent falls, eating unhealthily, thereby cutting down on visits to emergency.

• Home care providers should have the authority to say no when discharge is inappropriate or not enough in-home support is available. Discharge should involve a team approach.

• Recognise the limitations of home care and home support to provide adequate care to acutely ill or recent surgery patients.

• Enforce background checks for home support workers.
• After a major health issue patients need a psychological assessment and access to counsellors.

• Community based advocacy groups should be put in place to stand up for long term care and seniors rights.

• Private caregivers should have to be registered with the Province.

• Change the Residential Care Act, to increase the minimum standard of care.

• Assist aging people who want to stay fit, through providing access to specially designed exercises or other activities.

• Review health care service delivery programs to ensure that seniors who are isolated and at-risk in their community are identified and regularly assessed.

• Home support is also a form of preventative health care, with community health workers monitoring the health of their clients and providing a form of early warning system to identify and then deal with serious problems as they emerge.