

Home Support Workers: Human Resource Strategies to Meet Chronic Care Needs of Canadians: Final Report

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EXECUTIVE SUMMARY

Home support is typically defined as non-professional services involving personal assistance with daily activities, such as bathing, dressing, grooming, and light household tasks. While home support services differ from other clinically-oriented home care services, they are considered to be paramount both to preventing health decline, and to supporting individuals to stay in their homes as they age (Sharman, McLaren, Cohen, & Ostry, 2008). This project, *Human Resource Strategies for Home Support Worker Recruitment and Retention*, took place in the face of an increasing demand for home support services among Canada's aging population, and an inadequate supply of Home Support Workers (HSWs) to address the country's growing need in this area.

It is estimated that 1.2 million people in Canada use home care services annually (Carrière, 2006), the majority of whom are aged 65 and older. The demand for these services is projected to increase not only as a result of the aging population, but also due to the fact that fewer adult children will be available (and have the capacity) to provide informal support to their older parents (Home Care Sector Study Corporation, 2003; Keefe & Fancey, 1998; Keefe, Légaré, & Carrière, 2007). Research funded by the Canadian Institutes of Health Research (CIHR) (Keefe & Légaré, 2006-2010) is helping to improve the accuracy of projections of home care demand through current information on needs and supports. Already, these improved projections tell us that demand for formal support will increase rapidly in the next two decades (Keefe, et al., 2008). Therefore, the availability of human resources to meet the growing demand for home care services is of increasing concern to both health care planners and human resource policymakers.

To address this concern, Dr. Janice Keefe (Mount Saint Vincent University), with co-investigators Anne Martin-Matthews (University of British Columbia) and Jacques Légaré (Université de Montreal), engaged in a two year research project (2008-2010) funded by Health Canada. The overall goal of the project was to examine human resource strategies for home support workers (HSWs) in order to improve Canada's ability to meet the future demand for formal home care services. The research was carried out in two phases and included the following activities:

- Pilot consultation in British Columbia;
- Provincial consultations in Nova Scotia (included participants from New Brunswick and Prince Edward Island), Ontario, Saskatchewan, and Quebec.
- Analysis of data from other projects/sources: HSW interview data from the 'Nexus Study', and analysis of survey data from Statistics Canada on the demographic and job characteristics of HSWs;
- Comprehensive literature review of peer-reviewed articles, and documents from government and other sources; and
- Analysis of the documentation of Provincial/Territorial (P/T) and international HSW recruitment and retention strategies.

This report focuses primarily on the results of the consultations, supplemented by information from the literature and examples of known strategies.

The main purpose of the consultations was to engage stakeholders in the home care sector in discussions of the priority issues impacting HSWs, and strategies (known or envisioned) that could help improve recruitment and retention. Discussions were based around four key issue areas of home support work identified from the literature (Keefe & Fancey, 1998): compensation, education and training, quality assurance, and working conditions. Human resource issues related to compensation

include low wages, lack of wage parity with counterparts in institutional settings and/or HSWs in other provinces, and uncertainty of hours, all of which may act as disincentives for entering the occupation (Home Care Sector Study Corporation, 2003). Education and training issues include course lengths and content, on-the-job training and mentoring, as well as overlapping issues like financial assistance for training and opportunities for skills upgrading. Quality assurance refers to maintaining high standards for the delivery of home care, high standards for worker performance, consistent and rigorous entry-to-practice standards, and awareness of continuity of care for the client. Working conditions in home support are characterized by both positive and negative aspects. Positive aspects include the relationships HSWs build with clients and the opportunity to help clients and families and work as part of a team (Sims-Gould & Martin-Matthews, 2010). However, key issues include scheduling and workloads; job insecurity; safety transportation issues, including travel reimbursement and travel to rural/remote areas; and feeling undervalued (Denton, Zeytinoglu, Davies, & Lian, 2002; Fleming & Taylor, 2007; Nugent, 2007; Stacey, 2005; Zeytinoglu, Denton, Webb, & Lian, 2000). These issues are closely linked to job insecurity, a significant predictor of worker turnover (Aronson, Denton, & Zeytinoglu, 2004; Denton et al., 2007; Zeytinoglu & Denton, 2006).

As expected, the issues identified as priorities varied by province. For instance, lack of wage parity (within and across provinces and sectors) was raised as a priority issue in British Columbia and Quebec (where wage parity legislation has yet to be implemented), but was less of a concern in Nova Scotia and Saskatchewan, where both have instituted legislation that governs wages for HSWs. As another example, guaranteed hours (which provides income stability) was raised as a priority concern in Nova Scotia, Saskatchewan and British Columbia, but was only touched on in Ontario and Quebec, where other issues took precedence. Similarly, standardization of education/training was considered a priority in several provinces, with the exception of Nova Scotia, perhaps because of its provincially standardized curriculum. For the Nova Scotia participants, national education/training standards were seen as a possible goal.

Overall, the consultation participants revealed that addressing wages and scheduling (e.g., guaranteed hours or salaries to support regular incomes, or wage parity with other long-term care employees) and standards (e.g., implementing provincial standards for scope of practice/role, or provincially standardized curricula for HSW training) would be beneficial for improving recruitment and retention of HSWs in their jurisdictions. These findings are consistent with other research on HSWs in Canada. Many participants also felt that enhancing the profile of home support as a career option would be necessary and suggested that media awareness campaigns could be used. Participants also identified information needs (e.g., specific areas for further research) and identified barriers to implementing proposed strategies, such as collective agreements, legislation, budget constraints, human resource capacity issues, and 'political will'. In many cases, participants spoke of the lack of common standards and regulation of the home care industry as a challenge for broad or uniform change.

Despite the challenges brought forth, the project also identified examples of initiatives across the country and internationally that are having a positive impact on recruitment and retention. For example, agencies in the Fraser Health Authority of British Columbia have formed a Home Support Council that allows them to share ideas and work towards common goals. By working together, the Council implemented standardized home support guidelines for their Health Authority. Elsewhere, Nova Scotia is serving as an example with its provincially standardized curriculum for Continuing Care Assistants and advertising campaigns to highlight the career and the bursaries available for students. Looking internationally, Australia introduced the Community Aged Care Workforce Development Program in 2006-2007; an extensive training program with spots reserved for Aboriginal and Torres Strait Island individuals. While the first two of the three examples may not be direct strategies to boost

recruitment and retention, they provide important contributions towards “professionalizing” the industry, which in turn raises the profile of the HSW occupation.

Clearly, there is much that can be done to improve HSW recruitment and retention in a country with as much variability in the field as Canada. However, there is also much that can be learned from sharing practices and ideas, and it is with this in mind that this Final Report has been prepared.

Sommaire

On définit généralement le soutien à domicile comme la prestation de services non professionnels qui impliquent l'aide personnelle pour des activités quotidiennes telles que prendre un bain, s'habiller, faire sa toilette, ainsi que l'accomplissement de quelques petites tâches ménagères. Bien que les services de soutien à domicile diffèrent des autres services de soins à domicile de nature clinique, ils sont considérés comme étant essentiels pour prévenir le déclin de la santé et pour aider les personnes à rester chez elles au fur et à mesure qu'elles vieillissent (Sharman, McLaren, Cohen & Ostry, 2008). Ce projet, intitulé *Stratégies en matière de ressources humaines pour le recrutement et la rétention du personnel de soutien à domicile*, s'est déroulé alors que la demande de services de soutien à domicile de la part des personnes âgées au Canada était en augmentation et que le nombre de préposés d'aide à domicile était inadéquat pour répondre aux besoins grandissants dans ce domaine, au Canada.

On estime qu'environ 1,2 million de personnes par an, au Canada, font appel à des services de soutien à domicile (Carrière, 2006), dont la majorité est âgée de 65 ans et plus. On prévoit que la demande pour de tels services va augmenter non seulement parce qu'il y a davantage de personnes âgées, mais aussi parce qu'il y aura moins d'enfants adultes disponibles pour fournir un soutien informel à leurs parents âgés et capables de le faire (Société d'étude du secteur des soins à domicile, 2003; Keefe & Fancey, 1998; Keefe, Légaré & Carrière, 2007). La recherche subventionnée par les Instituts de recherche en santé du Canada (IRSC) (Keefe & Légaré, 2006-2010) permet de projeter de façon plus précise la demande de services de soutien à domicile en fonction des données actuelles sur les besoins et les services de soutien. Ces projections améliorées nous indiquent que la demande de services formels de soutien à domicile va augmenter rapidement au cours des deux décennies à venir (Keefe et al, 2008). Par conséquent, la disponibilité des ressources humaines pour répondre à cette demande grandissante de services de soutien à domicile préoccupe de plus en plus les planificateurs de soins à domicile et les responsables de l'élaboration des politiques en ressources humaines.

Pour répondre à ces préoccupations, la professeure Janice Keefe (Université Mount Saint Vincent) et les co-enquêteurs Anne Martin-Matthews (Université de la Colombie-Britannique) et Jacques Légaré (Université de Montréal) ont travaillé pendant deux ans (2008-2010) sur un projet de recherche subventionné par Santé Canada. L'objectif global du projet était d'examiner les stratégies en matière de ressources humaines relatives aux préposés d'aide à domicile afin d'améliorer l'aptitude du Canada à répondre à la demande future de services formels de soutien à domicile. La recherche s'est déroulée en deux étapes et a inclus les activités suivantes :

- Consultation pilote en Colombie-Britannique
- Consultations provinciales en Nouvelle-Écosse (y compris avec des participants du Nouveau-Brunswick et de l'Île-du-Prince-Édouard), en Ontario, en Saskatchewan et au Québec.
- Analyse de données recueillies dans le cadre d'autres projets et d'autres sources : données relatives à des entrevues de préposés d'aide à domicile dans le cadre de l'étude « Nexus » et analyse des données d'enquête de Statistique Canada sur la démographie et les caractéristiques d'emploi des préposés d'aide à domicile.

- Étude détaillée et complète d'articles évalués par les pairs et de documents publiés par le gouvernement et d'autres sources.
- Analyse de la documentation des stratégies de recrutement et de rétention des préposés d'aide à domicile dans les provinces et les territoires du Canada, ainsi qu'à l'étranger.

Le présent rapport porte principalement sur les résultats des consultations, sur les renseignements recueillis dans les publications consultées ainsi que sur des exemples de stratégies connues.

L'objectif principal des consultations était d'engager les parties prenantes du secteur des soins à domicile dans des discussions sur les problèmes principaux qui affectent les préposés d'aide à domicile, ainsi que sur les stratégies (connues ou envisagées) qui pourraient améliorer le recrutement et la rétention de ces préposés. Les discussions étaient centrées autour des quatre domaines principaux du soutien à domicile, tels qu'identifiés à partir des publications consultées (Keefe & Fancey, 1998) : la compensation, l'éducation et la formation, l'assurance de la qualité et les conditions de travail. Les problèmes de ressources humaines relatifs à la compensation comprennent : de maigres salaires, l'absence d'équité salariale avec les homologues qui travaillent en milieu institutionnel et/ou les préposés d'aide à domicile dans les autres provinces, ainsi que des horaires incertains. Tous ces problèmes ont pour effet de décourager les gens à entrer dans la profession (Société d'étude du secteur des soins à domicile, 2003). Les problèmes d'éducation et de formation comprennent la longueur et le contenu des cours, la formation en milieu de travail et le mentorat, ainsi que des questions qui se chevauchent telles que l'aide financière pour la formation et les occasions d'améliorer les compétences. L'assurance de la qualité se rapporte au fait de maintenir des normes élevées dans la prestation des services de soins à domicile et dans la performance des travailleurs, des normes uniformes et rigoureuses pour l'entrée dans la pratique et une prise de conscience de la continuité des soins pour les clients. Les conditions de travail dans le domaine du soutien à domicile sont caractérisées à la fois par des aspects positifs et par des aspects négatifs. Parmi les aspects positifs, on peut mentionner les relations que les préposés d'aide à domicile forment avec leurs clients et l'occasion qu'ils ont d'aider ces clients et leurs familles et de travailler au sein d'une équipe (Sims-Gould & Martin-Matthews, 2010). Toutefois, les problèmes principaux comprennent les horaires de travail et la charge de travail, l'insécurité d'emploi, les problèmes de transport sécuritaire, y compris le remboursement des frais de transport et le déplacement jusqu'à des régions rurales et éloignées, ainsi que le sentiment de ne pas être apprécié (Denton, Zeytinoglu, Davies & Lian, 2002; Fleming & Taylor, 2007; Nugent, 2007; Stacey, 2005; Zeytinoglu, Denton, Webb & Lian, 2000). Ces questions sont étroitement liées à l'insécurité d'emploi, un prédicteur significatif de rotation de personnel.

Comme on pouvait s'y attendre, les problèmes identifiés en tant que priorités varient d'une province à l'autre. Par exemple, l'absence de parité salariale (au sein d'une même province ainsi que d'une province à l'autre et d'un secteur à l'autre) a été mentionnée comme étant une question prioritaire en Colombie-Britannique et au Québec (où il n'y a pas encore de loi sur l'équité salariale) mais cette question préoccupait moins les participants de Nouvelle-Écosse et de Saskatchewan, où il existe des lois en vigueur qui gouvernent les salaires des préposés d'aide à domicile. Comme autre exemple, mentionnons la question du nombre d'heures de travail garanti (ce qui donne une stabilité de revenus) qui a été considérée comme une préoccupation prioritaire en Nouvelle-Écosse, en Saskatchewan et en Colombie-Britannique, mais qui a été à peine abordée en Ontario et au Québec, où d'autres problèmes ont été jugés plus importants. De même, la normalisation de l'éducation et de la formation a été considérée comme une priorité dans plusieurs provinces mais pas en Nouvelle-Écosse, possiblement à cause de son programme uniformisé au niveau de la province. Pour les participants de Nouvelle-Écosse, les normes nationales d'éducation et de formation ont été considérées comme un objectif possible.

Dans l'ensemble, les personnes qui ont participé aux consultations ont révélé qu'il serait avantageux, pour améliorer le recrutement et la rétention du personnel de soutien à domicile dans les diverses juridictions, de résoudre les problèmes relatifs aux salaires et aux heures de travail (par ex. un nombre d'heures de travail garanti ou des salaires qui assurent des revenus réguliers, ou encore la parité salariale avec d'autres employés de soutien à long-terme) et aux normes (par ex. des normes provinciales pour l'ensemble de la pratique et des programmes de cours provinciaux standardisés pour la formation du personnel de soutien à domicile). Ces résultats correspondent à ceux présentés dans d'autres rapports nationaux sur les travailleurs de soutien à domicile au Canada. De nombreux participants ont également indiqué qu'il faudrait rehausser le profil du travail d'aide à domicile en tant qu'option de carrière et ils ont suggéré d'organiser des campagnes de sensibilisation dans les médias. Les participants ont également mentionné des besoins en matière d'information (par ex. dans des domaines particuliers pour des recherches supplémentaires) et ils ont identifié des barrières à la mise en oeuvre de certaines stratégies proposées, tels que les accords collectifs, la législation, les contraintes budgétaires, les problèmes de capacité en matière de ressources humaines, ainsi que la « volonté politique ». Dans de nombreux cas, les participants ont parlé de l'absence de normes communes et de la régulation de l'industrie du soutien à domicile en tant que défis à relever pour en arriver à un important changement uniformisé.

Malgré les défis mentionnés, le projet a également permis d'identifier des exemples d'initiatives d'un bout à l'autre du pays et à l'étranger qui ont un effet positif sur le recrutement et la rétention. Par exemple, les agences du Fraser Health Authority de Colombie-Britannique ont formé un Conseil de soutien à domicile qui permet de partager les idées et d'oeuvrer pour atteindre des buts communs. En travaillant ensemble, les membres du Conseil ont mis en application des directives standardisées d'aide à domicile pour leur autorité sanitaire. Ailleurs, la Nouvelle-Écosse est montrée en exemple pour son programme d'études standardisé destiné aux assistants en soins continus et pour ses campagnes publicitaires qui visent à mettre en valeur la carrière, ainsi que pour les bourses d'études mises à la disposition des étudiants. À l'étranger, l'Australie a introduit en 2006-2007 le Community Aged Care Workforce Development Program. Il s'agit d'un programme de formation intensive où des places sont réservées aux aborigènes et aux ressortissants des îles du détroit de Torres. Bien que ces deux exemples ne soient pas des stratégies directes pour améliorer le recrutement et la rétention, ce sont des contributions importantes vers la « professionnalisation » de l'industrie, ce qui à son tour relève le profil de la profession de préposé d'aide à domicile.

Il est clair qu'il y a beaucoup à faire pour améliorer le recrutement et la rétention du personnel d'aide à domicile dans un pays comme le Canada, où il existe tant de variantes dans ce domaine. Toutefois, on peut également beaucoup apprendre en partageant les pratiques et les idées et c'est dans cet esprit que ce rapport final a été préparé.

1.0 Introduction

1.1 Project Overview

This project took place within the context of increasing demand for chronic home care services among the older population and an inadequate supply of HSWs in many jurisdictions of Canada. The rapid growth of the older population reflects the aging of the Baby Boomer cohort and improved life expectancy well into old age. Even if many older people remain in good health until quite advanced ages, the risk of becoming disabled significantly increases with age. Moreover, recent trends indicate an increasing client preference for ‘aging in place’, and a shift away from hospital-based services to community care (Health Professions Regulatory Advisory Council, 2006). These factors have important implications for chronic home support.

The project was conducted in two phases, with the provincial consultations being the major component of both. In Phase 1, a half-day pilot consultation was held in British Columbia with members of Fraser Health Authority, where stakeholders in the home care sector were engaged to discuss and help define the key human resource issues in the recruitment and retention of HSWs. Additionally, key informants from three other BC health authorities were engaged in discussing key issues, in person and over the phone. Phase 1 also included a literature review and an environmental scan of human resources strategies, with input from project partner the Canadian Home Care Association (CHCA). This information, along with the consultation results, laid the groundwork for moving forward with Phase 2. In Phase 2, additional consultations were held in Nova Scotia, Ontario, Saskatchewan, and Quebec between September 2009 and May 2010.

Project Goal

To identify and analyze human resources strategies for HSWs among public and private sector agencies, in order to improve Canada’s ability to meet the projected demand for formal home care services for older adults.

The purpose of the consultations was three-fold: 1) to bring together stakeholders in each province to confirm the relevancy of four key issue areas in the recruitment and retention of home support workers (HSWs)¹ (Keefe & Fancey, 1998); 2) to assess current human resource strategies in each key issue area; and 3) to discuss future goals for the envisioned improvement of recruitment and retention within the home support workforce. A discussion of the key recruitment and retention issues is presented below, with examples of strategies that address these issues in Canada and internationally, as well as the visions for the future improvement of HSW recruitment and retention in the provinces. Appendix A provides a snapshot of existing policies as of spring 2010.

Additional components of this project included analysis of in-depth interviews with home support workers (from a related research project, the Nexus Study)²; analysis of survey data from a large

¹ In Canada, the job titles of individuals who perform home support vary across jurisdictions, with more than 17 different job titles being used to describe persons working in the role. Job titles not only vary in Canada, but internationally, and include *Community Care Worker* (Australia), *Direct Care Worker* (United States), and *Social Carer* or *Domiciliary Care Worker* (United Kingdom). For the purpose of clarity in this document, the term “home support worker (HSW)” will be used to describe individuals who perform home support in Canada.

² Results of this analysis are published in: Sims-Gould, J., Byrne, K., Craven, C., Martin-Matthews, A., & Keefe, J. (2010). Why I became a home support worker: recruitment in the home health sector. *Home Health Care*

Statistics Canada database, including the Census and Labour Force Survey on characteristics of home support workers; a comprehensive review of peer-reviewed, government, and other documents about recruitment and retention of home support workers; and documentation and analysis of provincial/territorial and international strategies. These activities are shown in Figure 1.

Figure 1. Project Activities



The CIHR-funded research initiative entitled, *Home Care in Canada: Working at the Nexus of the Public and Private Spheres ('Nexus Project')* (Martin-Matthews, 2005-2010) complements the work of the current study. The purpose of the Nexus Project is to better understand the key issues in the delivery and receipt of home support services. Face-to-face interviews were conducted with three groups of participants in British Columbia: HSWs; elderly clients; and family members of elderly clients. To understand key issues across the provinces, HSWs employed in both Ontario and Nova Scotia were also interviewed. The Nexus Project explores the working relationships between participant groups and investigates the experiences of the interface between formal and informal caregiving in the home setting. Preliminary findings of one component of the Nexus study related to the recruitment of home support workers indicates that there are three major themes of reasons for entering the field of home support: a desire to work directly with people; past experience providing care, either formal or informal; and financial incentives related to training, wages, and benefits in the field (Sims-Gould, Byrne, Craven, Martin-Matthews, & Keefe, 2010).

Another activity of the project was utilizing Statistics Canada's Census and Labour Force surveys to identify the number of Canadian home support workers and characteristics of their employment. From

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the Census, just over 150,000 workers were identified as being employed in home support industries (NAICS [North American Industry Classification System] codes 6216 and 6241) and more than 90,000 were identified in the category of homemakers (NOC-S [National Occupational Classification for Statistics] code G811). Characteristics of their employment were obtained through customized tables from the Labour Force Survey. In order to achieve an adequate sample size, data for HSWs was combined into two five-year groups (1999-2003 and 2004-2008). Details on the analysis of these data are available from the authors.

These components support the goal of the overall project—to identify and analyze human resources strategies for HSWs among public and private sector agencies in order to improve Canada's ability to meet the projected demand for formal home care services for older adults.

The home care sector in Canada is ever-evolving; thus, this report contains information accurate for provinces as of the date of the consultations. Some updates have been made where information was available to the researchers, however, this report is not able to capture all policy and practice changes that may have occurred in the provinces since the project ended in May 2010.

2.0 Context

2.1 Trends affecting the Demand for Home Care

Home support is one component of the service we commonly call *home care* in Canada. Home care encompasses all of the health and social services that allow an individual with a need to remain in his or her home and community. Home care can include professional services such as nursing, occupation or physical therapy. *Home support* is typically defined as non-professional services involving personal assistance with daily activities, such as bathing, dressing, grooming and light household tasks. While home support services differ from other clinically-oriented home care services, they are considered to be paramount both to preventing health decline, and to supporting individuals to stay in their homes as they age (Sharman, McLaren, Cohen, & Ostry, 2008). In 2001, an estimated 32,000 HSWs provided 70-80 percent of the home care needs for Canadian home care recipients. This included both personal care (e.g., bathing, toileting, grooming, etc.) and work related to instrumental needs (e.g., food preparation, cleaning, laundry, etc.) (Home Care Sector Study Corporation, 2003). The average age of HSWs in Canada is 40, with retirement around age 60 (Lapointe, Dunn, Tremblay-Côté, Bergeron, & Ignaczak, 2006). It is estimated that 1.2 million people in Canada use home care services annually (Carrière, 2006), and although services are generally available to persons across the lifespan, the vast majority of clients are 65 and older (Canadian Home Care Association, 2008a). It is important to note that in every province, family and friends (informal supports) play a significant role in providing support (CIHI, 2010).

Recent research in Canada has indicated that home care for older people can be cost effective when compared to institutional care and acute care (Hollander, Miller, MacAdam, Chappell, & Pedler, 2009). A study of home care, supportive housing, and facility services provided by Veterans Affairs Canada, found that costs for providing home care were significantly less than costs for facility care among clients with similar care needs (Hollander et al., 2009). Hollander et al. (2009) argue that there is a strong case to push for policies that support the integration of home care and support into a broader integrated system of care in which home care and support can substitute for facility and acute care.

With the exception of Federal home care programs serving Veterans and First Nations communities, home care programs fall under provincial/territorial jurisdiction and generally provide services to

citizens across the life course. The demand for these services is projected to increase due to the aging of the population and fewer adult children available (and with the capacity) to provide informal support (Home Care Sector Study Corporation, 2003; Keefe & Fancey, 1998; Keefe, Légaré, & Carrière, 2007). Research funded by the Canadian Institutes of Health Research (CIHR) (Keefe & Légaré, 2006-2010) is helping to improve the accuracy of projections of home care demand through current information on needs and supports. Already, these improved projections tell us that demand for formal support will increase rapidly in the next two decades (Keefe, Vézina, Busque, Décarie, Légaré, & Charbonneau, 2008).

Larger societal trends also influence the capacity of the home care sector to move forward on human resources planning. At play are larger economic forces, including recessionary cycles affecting people's earnings and retirement income, and home care budgets to support recruitment efforts; demographic trends, including fewer youth entering the labour force and, as mentioned previously, more older people in need of care. Shifting policy directions in continuing care include restructuring of health and home support systems (e.g., restructuring to five RHAs in British Columbia and one in Alberta; and creation of 14 Local Health Integration Networks (LHINs) and realignment of Community Care Access Centres in Ontario) in recent years; increased focus on acute home care rather than chronic support services; and immigration policies encouraging non-resident or new immigrants into programs (e.g., Federal Live-in Caregiver Program). Advances in technology may contribute to improved recruitment of workers and better communication among existing staff and their employers or managers. Many of these trends are also being experienced in other developed countries (Fujisawa & Columbo, 2009).

2.2 Trends affecting Human Resources in Home Care

The availability of human resources to meet the growing demand for care services is of increasing concern to both health care planners and human resource policymakers. Many jurisdictions in Canada are currently facing shortages or anticipating shortages of home care workers (Canadian Home Care Association, 2008a). Alberta, for example, is projected to need an additional 5,000 Health Care Aides (who work in private homes and institutions) by 2016 (Alberta Health and Wellness, 2007). In a study of human resource challenges in the long-term care (LTC) sector of Organization for Economic Cooperation and Development (OECD) countries, Fujisawa & Colombo (2009) found that several factors are contributing to a growing demand for workers. These factors include aging populations and, within them, trends in severe disability; societal changes, including growing numbers of women working outside the home and trends towards smaller families; pressures on health and social service systems; and difficulty attracting people to long term care work.

Societal trends affecting Home Care

- Increasing demand for home care services from the aging population,
- Decreasing capacity of family/friend caregivers to provide care,
- Provincial restructuring of health/home support systems and delivery of services,
- Increased reliance on non-resident workers or recent immigrants in urban areas,
- Limited budgets for recruitment and retention efforts,
- Movement of workers across Provinces/Territories affecting credentialing,
- Technological advances to enhance recruitment, and enable communication to improve safety and connectivity among workers.

The majority of studies on home support services have focused on the organizational aspects of home care service delivery with emphasis on working conditions and the associated stress and strain involved in providing care. A number of recent studies underscore poor pay, lack of benefits, inconsistent work hours, and limited opportunities for advancement as key issues for HSWs (Denton, Zeytinoglu, Davies, & Hunter, 2006; Fleming & Taylor, 2007; Martin-Matthews & Sims-Gould, 2008a; Sharman et al., 2008; Yamada, 2002). These same factors have been found to impact job satisfaction with resultant negative effects on both recruitment and retention of workers (Denton et al., 2006; Denton, Zeytinoglu, Kush, & Davies, 2007; Feldman, 1993; Nugent, 2007; Zeytinoglu & Denton, 2006). Many of the challenges of working in home and long term-care such as long hours, limited advancement opportunities, and stress and strain, are common internationally (Fujisawa & Colombo, 2009).

There is wide consensus in the literature that recruitment and retention of adequate staffing is a key problem facing home care in Canada that needs to be addressed (Canadian Home Care Association, 2008a; Cote & Fox, 2007; Leipert et al., 2007). According to the Canadian Home Care Association (2008a), “the number one challenge concerning home care that provinces face is health human resources—recruitment, ongoing education and retention of trained staff” (p.xix). To date, health human resources planning in Canada has tended to focus on strategies to meet the demand for professionals (e.g., doctors and nurses) (see, for example: Health Canada: The Pan-Canadian Health Human Resource Strategy, 2006), despite the significant role and number of HSWs in the health system and government commitments to advancing home care (Carstairs & Keon, 2009; MacAdam, 2007).

An international review of strategies to address workforce shortages (Hussein & Manthorpe, 2005) concludes that policy makers need to think about recruitment and retention strategies in two ways: “one to improve direct care workers’ job conditions and the other to explore and evaluate the creation of new pools of supply” (p.90). The authors suggest that ‘high quality workers’ can be attracted to care jobs and retained if the attractiveness and working conditions of the job are improved.

The literature on recruitment and retention of HSWs contains many suggestions to help employers attract and retain workers. These include information sessions (Anglely & Newman, 2002); staff referrals (Dill, 2008); opportunities to “try out” the job first (VON Canada, 2008 [study of community care nurses]); fostering a good work environment through work-life balance policies (Saunders & Spiegel, 2008); promoting the positive aspects of working one-on-one with clients (Zeytinoglu & Denton, 2006); recruiting from under-represented populations (Fujisawa & Colombo, 2009); and providing on-going feedback to employees. Implementation challenges might include type of home care system and resources available for human resources planning. A review of strategies among OECD countries concluded that using a mix of strategies may be most beneficial (Fujisawa & Colombo, 2009).

Understanding what workers value and what attracts them to home support in the first place may help employers target recruitment campaigns. For example, Yamada (2002) found that younger workers may be attracted to opportunities for career advancement (Dill, 2008). VanderBent (1999) found that over-qualified workers may experience lower job satisfaction and may desire to move to an acute or long-term care setting. Those who derive satisfaction from the emotional and caring nature of home support are apt to be more satisfied (Denton, Zeytinoglu, Davies, & Lian, 2002).

As in Canada, other OECD member countries are considering possible strategies to address human resource challenges. Fujisawa & Colombo’s (2009) recent report emphasizes three main responses:

- *increase the long term care workforce* (e.g., through training programs and recruitment efforts targeting specific populations);

- *create policies that capitalize on existing workforce capacity* (e.g., improved wages and benefits, supports for family/friend caregivers, and service coordination); and
- *minimize the need for LTC workers, while maximizing their skill delivery* (e.g., through technological opportunities, promoting healthy aging, and assigning care work differently).

3.0 Provincial Consultations

3.1 Rationale and Objectives of the Consultations

The literature review undertaken in Phase 1 identified human resources challenges for the recruitment and retention of HSWs in four main areas: compensation ('fair' wages and access to benefits); education and training (access and availability of education programs and skills upgrading); quality assurance (maintaining high standards for home care programs and workers); and working conditions (scheduling, safety, job insecurity). Like the pilot consultation in British Columbia, the Phase 2 consultations were designed not only to help the researchers in gathering province-specific information in these four key issue areas, but more importantly, to engage stakeholders in an exchange of information, discussion of priorities, and to brainstorm about the types of strategies that need to be put in place to improve the future recruitment and retention of HSWs in their jurisdiction. It is further hoped that the outcome of these meetings will be continued communication and networking amongst the various participating organizations, so that strategies can be prioritized and moved forward in a collaborative manner.

The specific **objectives** of the consultations were:

- 1) To provide background and rationale for the project, including information on future needs for home support for older persons.
- 2) To discuss priority issues affecting the recruitment and retention of HSWs in that particular province.
- 3) To identify human resource strategies underway in the province, as well as other jurisdictions where strategies have been initiated.
- 4) To identify strategies that could be undertaken in each province, both existing and new ideas for the future.

In preparation for the consultations and to increase the consultation group's ability to achieve the objectives listed above, the most up-to-date version of a Background Document was sent to all participants for review prior to the meeting. This allowed participants to familiarize themselves with the issues affecting HSW recruitment and retention across Canada.

3.2 Consultation Participants

Prior to proceeding with engaging key informants and stakeholders in the project, an ethics application was submitted and approved by Mount Saint Vincent University's Research Ethics Board to allow the researchers to conduct the consultations and telephone interviews with key persons in the home care field (See Ethics Certificate, Appendix D). Potential participants were identified with the assistance of key informants in each province. Those selected for participation were representatives of organizations that have a senior/management role in the delivery of home care, including provincial government departments; home support agencies and associations; local and regional health district

networks and authorities; unions; community care centres; and, in Quebec, a group representing a First Nations community health centre. In Nova Scotia, it was thought that the diversity of representation would be enhanced by including participants from the other Maritime Provinces; therefore, the Nova Scotia consultation included attendees from organizations in New Brunswick (4) and Prince Edward Island (1). In Saskatchewan, all participants represented organizations from within the Saskatchewan provincial system, as all home care services in Saskatchewan are administered through Regional Health Authorities (RHAs), and all of these RHAs are funded by Saskatchewan Health. The number of participants that attended the consultations ranged from 17 in British Columbia to 28 in Ontario, along with one to two representatives from Health Canada, the project funder, attending as observers at each meeting (See Table 1).

Table 1. Number of participants, including participant affiliation, by province.

Project Phase	Province & Date	Number of Participants	Participant affiliation
P H A S E 1	BC March 25, 2009	17 (Half-day consultation)	<ul style="list-style-type: none"> • Fraser Health Authority Home Support Council
		Approximately 10 (subsequent discussions) ³	<ul style="list-style-type: none"> • Vancouver Coastal Health Authority Home Support Task Group • 2 other Health Authorities
P H A S E 2	NS September 23, 2009	25	<ul style="list-style-type: none"> • District Health Authorities • Union • Educational Institutions • Provincial Government (NS, PE, and NB) • Home Support Agencies and Associations
	ON November 30, 2009	28	<ul style="list-style-type: none"> • Home Support Agencies • Ministry of Health and Long-Term Care • Ministry of Training, Colleges and Universities • Community Care Access Centres and Local Health Integration Networks • Union • Educational Institutions • Home Support/Community Associations • Other stakeholder associations
	SK January 12, 2010	18	<ul style="list-style-type: none"> • Regional Health Authorities (including home care programs) • Ministry of Health • Educational Institutions
	QC	26	<ul style="list-style-type: none"> • Home Care Providers

³ This report discusses findings from the half-day consultation with the Fraser Health Authority Home Support Council. More detail, as well as information provided by key informants in the other three health authorities of BC who participated in this research can be found in: Keefe, J., Knight, L., Martin-Matthews, A., Sims-Gould, J., Byrne, K., & Légaré, J. (2009). *Home support workers: Human resource strategies to meet future projected chronic care needs of older persons in Canada. Phase 1 Final Report*. Halifax: Mount Saint Vincent University. Report available upon request.

	<p>May 4, 2010</p>		<ul style="list-style-type: none"> • Provincial Government • ESSADs/SEEDHs • CLSCs/CSSSs • Home Support Associations • Educational Institutions • Union • First Nations Community Health Center • Private Agencies
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3.3 Consultation Process and Outcomes

The framework used to investigate recruitment and retention challenges in the home support workforce is based on earlier work by Keefe and Fancey (1998). The four key issue areas identified by these researchers include: compensation, education and training, quality assurance, and working conditions. These four themes are explored further in this document, although it should be noted here that there is some overlap between themes, as many strategies address multiple recruitment and retention challenges.

All of the meetings opened with introductions of the research team and participants, followed by a presentation by the project investigators that provided an overview of the project and consultation objectives, current research initiatives, and the key issue areas. This presentation set the stage for the remainder of the day—the small group discussions.

In Phase 1, the British Columbia consultation was held for one half-day and included one breakout session. The consultation concluded with identification of the following priorities:

- 1) Dedicated resources to do recruitment and retention at the Health Authority level are needed;
- 2) Address negative issues/ perceptions of the occupation in order to improve retention;
- 3) Salaries and guaranteed hours are key to retention;
- 4) Address accreditation and regulation;
- 5) Address benefits.

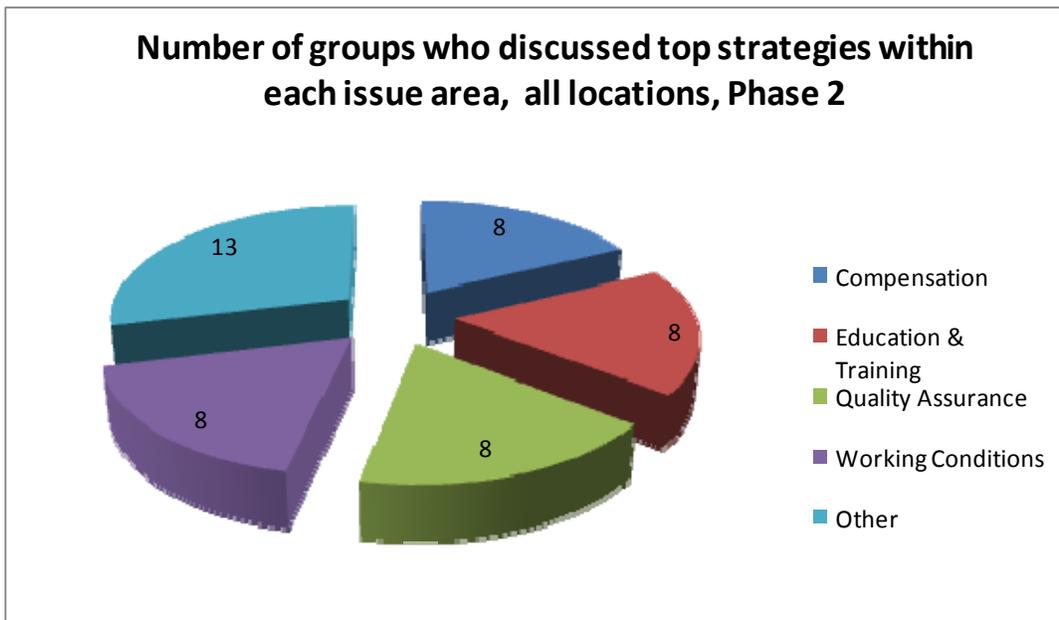
Based on feedback from the British Columbia participants, however, it was decided that the provincial consultations in Phase 2 would be extended to day-long events to allow for additional discussion time. Both the Phase 1 and Phase 2 consultations addressed the relevance of the key issue areas, priority strategies in each jurisdiction, and the barriers and enablers to implementing these strategies.

Phase 2 consisted of two small breakout sessions- one session held in the morning (Session A) and another in the afternoon (Session B). For Session A, participants were broken into the first four⁴ small groups, with each assigned to focus their discussion on one of the four key issue areas. Groups were asked to identify strategies and initiatives already underway in their province and/or strategies from other jurisdictions, as well as the barriers and enablers to implementing these strategies. Each small group recorded its list of strategies on flip chart paper and, upon reconvening, presented them to the larger group. Group facilitators then consolidated the strategies across all groups into one list of ‘Top Strategies’.

⁴ In Ontario, the participants identified a fifth key issue area, which they believed to stand alone in importance - value and recognition of the Personal Support Worker (PSW). While value and recognition remained an important part of the discussion throughout the consultation, the six resulting ‘Top Strategies’ from Ontario fell within the original four issue areas.

Next, through a democratic voting process, each individual participant was asked to select what s/he viewed as the top strategy(ies) from the collective list. As a result of this vote, the ‘Top Strategies’ were revealed (i.e., strategies that the participants believed to be priority for addressing HSW recruitment and retention in their province). The strategies that garnered a sizable number of votes in this process were included in the ‘Top Strategies’ list for that province, while those with a more modest number of votes were not included. For this reason, the number of Top Strategies varied across the four consultation provinces in Phase 2. Figure two below groups the results from Phase 2 and provides an overview of the emphasis placed on each of the four key issue areas. As this figure demonstrates, participants valued strategies in the four issue areas equally, but also identified a number of other strategies that were not easily classifiable into one of the issue areas.

Figure 2. Strategies discussion, emphasis by key issue area, Phase 2



* Note: Each group identified between three and six top strategies for discussion; these top strategies were given equal importance. The category ‘other’ includes strategies at a broader level with indirect impact on HSWs, or strategies that were not easily classifiable. Some strategies have been counted towards more than one issue area. See Appendix B for further analysis.

For the afternoon breakout session (Session B), participants were once again split into four groups, each of which was asked to choose two or three of the top strategies for discussion. Session B discussions focused on the feasibility of moving forward with these top strategies, the potential impacts of doing so, and what would need to happen in order for the strategy to be successful. The Session B groups then reconvened and reported the results of their discussions to the full group. The day ended with a summary of the outcomes of the Session B discussions, questions and comments from the participants, and brainstorming on the necessary next steps regarding the future direction of HR strategies for the recruitment and retention of HSWs in each province.

4.0 Project Results: Recruitment and Retention of HSWs

4.1 Identification of Human Resource Strategies and Key Issues

The following section is organized by key issue area- compensation, education and training, quality assurance, and working conditions, as well as the additional category of 'other'. Within these issue areas, sub-issues are discussed, drawing on information from the literature and results of the consultations. These areas contain considerable overlap, but are helpful for grouping issues. Broad goals to strive for are presented for each issue area and examples of Canadian and international strategies and actions towards change are highlighted where appropriate.

4.2 Compensation

Human resource issues related to compensation include low wages, lack of wage parity with counterparts in institutional settings and/or HSWs in other provinces, and uncertainty of hours, all of which may act as disincentives for entering the occupation (Home Care Sector Study Corporation, 2003). Wages are inconsistent across Canada, ranging from a high of \$24 in Nunavut's public system to minimum wage or just above in New Brunswick (New Brunswick Home Support Association, 2008). There may be significant variation within a province as well. For example, in Ontario, workers may earn between \$14–\$20, depending upon experience and employer type (G. Acton, Personal communication, September 1, 2009). Benefits also vary across Canada in terms of what is provided and the limits of these provisions. The Canadian Home Care Human Resources Study (Home Care Sector Study Corporation, 2003) found that approximately one-third of HSWs received paid sick leave, a similar percentage had a pension plan, and less than 40 percent were eligible for job-protected maternity leave. In Ontario, nearly 60 percent of HSWs reported that they did not have benefits at their job. When asked how important benefits were to them, HSWs rated benefits as very important (Pollara Strategic Public Opinion Market Research, 2005). In some cases, HSWs who do not receive paid sick time may go to work sick, putting their clients at risk in the process (Nugent, 2007).

Canadian Highlight: Nova Scotia & Saskatchewan

Competition from other health care sector jobs for limited human resources is increasing and lower wages place the home care sector at a disadvantage. To counteract this across continuing care sectors, wage parity is legislated in Nova Scotia and Saskatchewan.

Other compensation issues include whether employees receive paid breaks, are paid to attend meetings and for their preparation time (Home Care Sector Study Corporation, 2003), and are compensated for time and mileage during travel between clients (Home Support Worker Labour Force Adjustment Committee, 2006). An issue raised in the Nova Scotia consultation was that there are major inconsistencies in benefits offered to HSWs in the Atlantic provinces. In Nova Scotia, for instance, travel costs are reimbursed; whereas, in New Brunswick, although a limited transportation allowance is offered (and was increased by 1 percent in the Fall of 2009), travel costs are not fully reimbursed (Communications New Brunswick, 2009).

An important compensation issue is wage parity for similar job responsibilities across the health care sector and even between facility-based long-term care and home care. For example, despite completing a common curriculum, Lilly (2008) reported that home-based PSWs in Ontario receive lower pay than PSWs in hospitals and long-term care facilities. Participants of the Quebec consultation discussed the HSW wage differences between public and private providers. There was a strong belief that wage parity across all sectors—public and private—needs to be instituted, and that salaries need to be improved if people are to be attracted into the occupation. In Quebec, HSWs in the public sector, a network that is comprised of local community health centres (CLSCs), are required to hold a diploma from a vocational program in personal home care, and are paid at a higher hourly rate than those working in the private sector, which is comprised of private agencies and the Social Economy Enterprises in Domestic Help (SEEDHs/EESADs, which include not-for-profit agencies and cooperatives). The group believed that a strategy designed to overcome this inequity would involve conducting a province-wide evaluation of tasks and wages in all sectors of home care, so that wage rates could be equated with specific tasks. It was suggested that for such a strategy to be successful, intervention and funding from the government would be necessary.

Wage parity concerns are not unique to Quebec (this issue was also raised at the Ontario and British Columbia consultations), although provinces such as Saskatchewan have already addressed this issue, achieving wage parity across sectors (this occurred in 1997 through union negotiations). The New Brunswick Executive Council and the New Brunswick Department of Social Development have worked together to launch a strategy to reduce the gender wage gap between the most common jobs performed by men in the province, and most common jobs performed by women in the province, entitled the Wage Gap Reduction Initiative. Home support workers employed by government agencies are included under this initiative and, in 2008, the province conducted a project to compare wages across the province and set an appropriate pay level for HSWs (Government of New Brunswick, 2009).

Home care agencies also face competition from nursing homes where hours are guaranteed. One consequence of the inability to guarantee hours is that some workers try to increase their hours by seeking employment from multiple providers. HSWs in New Brunswick have expressed that without regular or guaranteed hours, a second job is often necessary (Nugent, 2007). It is interesting to note, however, that many consultation attendees did not think that standardization was a realistic goal, due to daily fluctuations in the client base, such as number needing care, type of care, geography, and change in client health status/needs (e.g., client moves to acute care or dies). Therefore, it is a challenging task to ask employers to agree to plan the unknown and to make guarantees for work hours that may not come to fruition.

Participants in the British Columbia consultation expressed frustration with scheduling practices that limit the hours a HSW can work (Keefe et al., 2009). Many HSWs are employed on a casual basis and must work within ‘windows’ of availability, which can be disruptive to their home lives and limit their income. In Saskatchewan, there was no definitive solution to the issue of guaranteeing hours. Attendees spoke about the differences in guaranteed hours within their province, as different unions have been able to achieve different things—some provide guaranteed work shifts; others do not. Some participants felt that HSWs should have a full-time designation, and believed that this would have the added benefits of improving job security and of heightening respect for the profession. Others disagreed, saying that many HSWs do not want to work full time. Citing inconsistencies across the Maritime provinces in how HSWs are paid, participants of the Nova Scotia consultation suggested guaranteeing a minimum number of hours to employees, or implementing a salary approach to pay. However, they acknowledged that this may be difficult due to geography, waitlists, union agreements and provincial funding models. Furthermore, guaranteeing hours may be more costly for agencies if they then have to pay employees for hours during which there may not have been work available.

International Highlight: Compensation Reform in California

In California, the In-Home Support Services (IHSS) program funds Direct Care Workers (DCWs) both through agencies and as family/friend caregivers to provide care in the home. Until 1996 DCWs were paid the state minimum wage of \$4.25. In 1997, providers won the right to unionize and the local union was involved in activity to pass a Living Wage Ordinance in San Francisco two years later. Home care worker wages nearly doubled between 1997 and 2001, and workers meeting a minimum threshold of hours were offered health, dental and vision insurance. These reforms meant that direct care work became “one of the very best jobs available to low skill workers, especially those who did not have English-language skills” (p.17). Analysis indicated that these measures did in fact increase the number of DCWs- by 54% between November 1997 and February 2002- and decreased turnover (Howes, 2002).

Visions for the Future- Compensation

Participants identified several areas for improvement, including:

- 1) Reimbursement models (e.g., salary vs. hourly wage; guaranteed hours)
- 2) Benefits (consistency)
- 3) Reimbursement for transportation
- 4) Wage parity

4.3 Education and Training

Today, most jurisdictions in Canada require formal training for new HSWs entering the field, and this is usually completed at the college level, with varying entry requirements, course length, and content. Six provinces and territories provide official curricula: Alberta (as of 2010), British Columbia and Yukon (shared), Newfoundland and Labrador, Nova Scotia, Ontario and Quebec (current as of 2011). Across jurisdictions, the National Association of Career Colleges is responsible for overseeing its own curriculum in a number of private career colleges (mostly in Ontario) mandated to teach it. However, many HSWs who are already practicing in Canada do not have formal training (Alberta Health and Wellness, 2007; Nugent, 2009), creating a disparity in skill sets within the home care workforce. Further, the Home Care Sector Study Corporation (2003) noted that a lack of national training standards gives way to difficulties in transferring skills between jurisdictions, and raises concerns about inadequate training to meet the changing demands of home support work in the future.

Nova Scotia is one of the provinces that has a standardized training program in place for HSWs in the public system. This may explain why it was also the one province in the Phase 2 consultations that noted the development of national standards (including educational and quality assurance components) as a priority for the future of HSW recruitment and retention, where most other provinces were focused on achieving standardization within their own jurisdiction. On the other hand, Nova Scotia participants also realized that a national-level undertaking may be a tall order, given that several provinces have yet to implement standardized training programs. Participants suggested that establishing consistent standards at the provincial level would be a great start. For instance, Nova Scotia currently requires all persons wanting to work as HSWs for agencies that contract with the Nova Scotia Department of Health to enrol in its Continuing Care Assistant (CCA) Program (Nova Scotia Association of Health Organizations, 2009). However, this requirement is not necessarily a condition for HSWs employed by private agencies.

Ontario also has a training program in place—the Personal Support Worker (PSW) Certification Program. A PSW Certification is required for HSWs working in agencies that are funded through public home care. This training is available through Boards of Education, Ontario Community Colleges, Registered Private Career Colleges and not-for-profit organizations, and is approved by the Ministry of Training, Colleges and Universities. However, at the time of this report, Ontario does not have an organization to oversee all programs in the province and thus there are many private providers and unrecognized schools offering training that does not meet these same standards. The concern is that these providers will be used increasingly in the future. Unlike Nova Scotia, however, the Ontario program is not standardized, with variability existing in program length and course content. In the Ontario consultation, participants expressed concern that not having such provincial standards in place has limited workers' opportunities for advancement in the field of home care. In turn, this has

International Highlight: Australia's Community Aged Care Workforce Program

To support the recruitment of Aboriginals and Torres Strait Islanders into home support work, Australia created the Community Aged Care Workforce Program, with a Specialized Training component. The program, which began in 2008, helps to financially support the training of 8700 Community Care Workers, with 2000 'Specialized Training' positions being reserved for Aboriginal or Torres Strait Islanders. The program not only encourages the recruitment of under-represented populations, but also ensures that both culturally and linguistically diverse individuals can obtain culturally sensitive care from individuals in their communities (Aged & Community Services Australia, 2009).

led to issues of retention when workers educate themselves out of the home care support role in order to move on to higher paying, better recognized health care positions, such as that of a Licensed Practical Nurse. In the Ontario consultation, participants believed that a provincial level education and training strategy would begin with an examination of the fit between the responsibilities that HSWs are required to perform and what is being taught through existing programs.

Both Ontario and Nova Scotia favoured approaches that build in opportunities for career laddering and bridging (for example, segmenting training into levels or tailoring training such that students can easily 'bridge' to a related program). Career advancement would then be based on the level of training obtained. This would also allow for the achievement of advanced position titles, which would give way to higher salaries being paid to those who achieve higher levels of training. The results of the discussions at the Consultation in British Columbia were similar, with participants suggesting that certification processes for specific tasks be initiated, and that such program design be based on a career laddering approach.

In contrast to Nova Scotia and Ontario where training programs are in place for those HSWs working for government-funded agencies, New Brunswick HSWs are often trained directly by their employers, and it is unknown how or if these employer-provided programs meet the provincial home support standards (L. Nugent, personal communication, June 17, 2009). To address this concern, the province is moving toward educational redesign, using a tiered model of training. Similarly, in Quebec, not all HSWs are required to complete an official training program, as each agency tends to have its own requirements, as well as training program. Although the government does offer certification programs, such as the *programme d'apprentissage en milieu de travail (PAMT)*, it is up to each individual agency as to whether or not to require such certification for its employees. During the Quebec consultation, participants from all sectors agreed that the current workforce of HSWs be enabled to access accreditation through a uniform training program that is required by all, eliminating agency-specific trainings. Quebec participants said that for such a program to work, however, the Ministry of Education would need to be involved to help establish a provincially standardized curriculum that would be accessible to everyone and include government-subsidized training hours. Likewise, in British Columbia, although a Resident Care Attendant (RCA)/Community Health Worker (CHW) credentialing program is offered at some colleges, the requirements differ between the public and private institutions, resulting in different levels of job preparation, even though 'on paper' skill level appears comparable.

Canadian Highlights: Increases Aboriginal Participation in Home Support- British Columbia & Saskatchewan

In one program, British Columbia invested over \$600,000 to train 82 rural community care workers. Aboriginal students were offered 34 of the 84 six-month training positions at six public post-secondary institutions (British Columbia Ministry of Advanced Education and Labour Market Development, 2009). Saskatchewan also endeavoured to help increase the representation of aboriginal persons in home health by offering the Home Health Aide and Special Care Aide programs at the Saskatchewan Indian Institute of Technology in 2008 (The Star Phoenix, 2008).

Many provinces have attempted to attract recruits into education and training programs for HSWs by offering incentives. In Nova Scotia, the Continuing Care Assistant Bursary Program offers recruitment and retention bursaries to a maximum of \$4,000 per student to help recruit certified staff (Nova Scotia Continuing Care Assistant Bursary Program, 2008). In British Columbia, students enrolled in a full-time Resident Care Attendant or HSW program between August 2007 and July 2009 were eligible for a student loan reduction up to \$2,500 upon successful completion of the program (British Columbia

Ministry of Advanced Education and Labour Market Development, n.d.). In Ontario, *The Training Fund*, funded by the Ontario Ministry of Health at \$10 million per annum, has been assisting PSW students in training with related costs, such as tuition, books, and travel expenses since 1998 (D. Bell, personal communication, 2009). In Saskatoon, Saskatchewan the *Saskatoon Health Region Special Care Aide/Home Health Aide Training Program* ran from 2008–2010 to bring additional home care workers into the labour market. Students were required to have a grade ten education before beginning the eight week training program, and to continue classes two days per week while working in the field. The Health Region offered payroll dedication to cover tuition costs, bursaries in the amount of \$1000, and job placements. The program was successful in increasing the SCA/HHA workforce (Thompson & Korol, 2009). Recognition of cultural issues in service delivery was also raised as a part of the education and training discussions during the consultations in Saskatchewan and Quebec, and was thought to be an important element to include in the training of HSWs. Some provinces, such as British Columbia and Saskatchewan, are actively recruiting from underrepresented populations to improve efforts to increase and diversify the HSW workforce, and enhance the cultural component of the work.

Visions for the Future - Education & Training

Participants identified several areas for improvement, including:

- 1) Standardize minimal training within provinces.*
- 2) Enhance existing education and training programs.
- 3) Incorporate quality assurance as a subject matter in curricula.
- 4) Examine opportunities for bridging and laddering.
- 5) Offer bursaries for new students and for practicing HSWs to upgrade skills.

*Parallel to this research is an initiative of the Association of Canadian Community Colleges to develop standards for unregulated personal care providers in Canada (further information is expected in 2011).

4.4 Quality Assurance

Quality assurance refers to maintaining high standards for the delivery of home care, high standards for worker performance, consistent and rigorous entry-to-practice standards, and ensuring continuity of care for the client⁵. Essential to maintaining these standards is clear accountability (Keefe & Fancey, 1998), both on the part of agencies and the employees who deliver the services. In Canada, home care is under provincial jurisdiction, and within provinces clients may access services publicly or privately. Additionally, HSWs are not regulated by any professional, regulatory, or governmental body (Pan-Canadian Planning Committee on Unregulated Health Workers, 2008) and provinces historically have not maintained registries of HSWs, although work is beginning in some provinces. These factors may create confusion as to the HSW's role (both by other health system employees and the public)

⁵ Continuity of care can refer to both continuity of service provider and continuity of care plan, which may not go hand-in-hand.

and mean that scopes of practice and occupation entry requirements differ from one province to another. Furthermore, provincial planning related to HSWs is hindered by a lack of data (Pan-Canadian Planning Committee on Unregulated Health Workers, 2008). These challenges present potential barriers to developing or applying any national policies or regulations to support quality assurance.

A desire for overall improvement of quality assurance practices was evident at all provincial consultations. Participants in Ontario emphasized the need to standardize entry-to-practice standards and to clearly define the scope of role/practice for the province's Personal Support Workers (PSWs). Participants at the Quebec consultation had a similar ambition, wanting to implement standard minimal training to ensure consistent entry-to-practice standards across the public and private sectors in their province.

The discussion among participants of the Nova Scotia consultation took a broader perspective, due to the fact that Nova Scotia already has its own provincially defined scope of practice, and standardized training and certification program for its HSWs. Two groups selected national standards legislation as a top strategy, looking at national quality assurance standards as the desired goal. Creating national consistency in these areas, initially through the development of standardized entry to practice competencies (induction standards), could support the development of a national HSW registry list, which would lend itself to enhancing employment mobility, client safety, and recognition associated with the job.

Participants also discussed regulation, a salient issue given increasing attention on HSWs as part of the growing unregulated health workforce in Canada (Pan-Canadian Planning Committee on Unregulated Health Workers, 2005). Provider registries, a less rigorous form of regulation useful for tracking an occupation's membership, were mentioned. British Columbia's Department of Health Services began the registration of its publicly funded home care workforce⁶ in January 2010 (British Columbia Ministry of Health, 2010). Now, both New Brunswick's

Home Support Association and a working group in Nova Scotia are in the process of determining how to initialize and maintain a registry for the HSW workforce in their provinces (D. Dill, personal communication, 2010; B. Price, personal communication, 2010).

Canadian Highlight: British Columbia's Provider Registry

British Columbia's Department of Health Services began the registration of its publicly funded care aides and CHWs in January 2010, with all workers registered by April 2010. The registration of the workers is intended to provide security to the older adults who receive care and to provide a support system to the care workers themselves (British Columbia Ministry of Health, 2010).

⁶ Public employees must be registered; private employees can voluntarily include themselves in the same register.

In general, consultation participants argued that improving quality assurance measures would lead to the delivery of a better and more consistent level of home care to clients, and raise the profile of HSWs. Participants of the Ontario consultation felt that by instituting uniform training and practice standards (at least within provinces), recruitment of workers would be less challenging, because employers could be assured that their new hires possessed specific competencies. Finally, with roles clarified, both employers and clients would benefit, with employers having the ability to find the best match between worker and client, based on the worker's level of training/certification and the client's needs. This, in turn, would reduce job turnover due to poorness of fit or lack of worker skill to perform the required tasks. Home support workers would understand their roles and job expectations and be empowered to work within them. The Quebec group also pointed out that an increase in worker salaries would be the natural result of standardization, given education as a requirement. The consultations further revealed that collaboration between employers and provincial health ministries would be essential to achieving such uniformity within the profession.

Visions for the Future - Quality Assurance

Participants identified several areas for improvement, including:

- 1) Standardize entry-to-practice requirements.
- 2) Define scope/role of practice.
- 3) Consider regulation or accreditation for provider agencies.
- 4) Improve continuity of care- focus on clients' needs.

4.5 Working Conditions

Working conditions in home care are characterized by both positive and negative aspects. Positive aspects include the relationships HSWs build with clients and the opportunity to help clients. However, key issues include scheduling and workloads; job insecurity; safety; transportation issues, including travel reimbursement and travel to rural/remote areas; and feeling undervalued (Denton, Zeytinoglu, Davies, & Lian, 2002; Fleming & Taylor, 2007; Nugent, 2007; Stacey, 2005; Zeytinoglu, Denton, Webb, & Lian, 2000). These issues are closely linked to job insecurity, a significant predictor of worker turnover (Aronson, Denton, & Zeytinoglu, 2004; Denton et al., 2007; Zeytinoglu & Denton, 2006). Many of the issues and strategies discussed at the provincial consultations have implications for HSW working conditions.

Primary and related issues are scheduling and the casual nature of home support work. In many Canadian provinces, home support work is highly casualized, meaning that the work is characterized by irregular and unpredictable hours. In British Columbia, for instance, where HSWs are unionized and schedules are set by a collective agreement, participants estimated that 30-40 percent of workers are casual and, therefore, do not receive the 40 hours of work per week guaranteed to regular full-time Community Health Workers (CHWs). Participants in British Columbia noted that the scheduling practices in their province are a disincentive for employment. CHWs work within "windows of availability," which means that they must be available to work for a block of hours, but might only be called to work for a couple of hours in a day. To make a living, many casuals, and even some regular permanent staff, must hold a second job. For some, this means working with a private agency or in a

long-term care facility. Holding a second job contributes to reduced availability to work extra hours. Sharman et al. (2008), argue that increased casualization of home care work in British Columbia has also negatively impacted quality of care and continuity of care. For example, scheduling also affects clients who must orient themselves to each new worker and adjust their own schedules (Martin-Matthews & Sims-Gould, 2008a; Sharman et al., 2008). In Nova Scotia, concerns were expressed about HSWs having feelings of instability within their positions, stemming from not having a steady paycheque. Participants also stated that there are inconsistencies within and across the Maritime Provinces with regard to how many hours HSWs work (including the number of hours that define a minimum shift), and that, perhaps, a move forward would include addressing this issue.

In Ontario, Community Care Access Centres (CCACs) contract with service delivery agencies in a competitive bidding process. Contracts are granted for one to four years, further contributing to an unstable employment situation for workers, who risk losing their jobs when contracts expire. This problem extends to the profession as a whole, with a lack of interest among potential new workers, given the unpredictable hours and rate of pay. Accordingly, some participants felt strongly that future recruitment and retention strategies need to address the casual workforce. They suggested that broadening the definition of home care to include a greater emphasis on non-medical home support (assistance with walking, meal preparation, and cleaning) would be beneficial to clients, provide added hours for casual workers, and potentially save money within the acute care system.

Many provinces face recruitment and retention challenges in their rural and remote areas. Limited amenities, social isolation, and long distances between clients are disincentives to attracting workers to these regions. A scan of rural and remote home care programs in Alberta, Ontario, and Newfoundland and Labrador by the Canadian Home Care Association found that programs are challenged by a lack of human resources (Canadian Home Care Association, 2008b). Saskatchewan and British Columbia have also experienced challenges in this area (Hollander Analytical Services Ltd., 2006; Keefe et al., 2009). Manitoba has been recruiting from its rural northern region by offering assistance to students to finish Grade 12 and attend a health care aide certification program at a local college (Government of Manitoba, 2008).

Safety issues of home care include occupational injury, aggressive clients or family members, discrimination, racism, and unsafe conditions in the client's home (including lack of cleanliness, smoking, and pets) (Martin-Matthews & Sims-Gould, 2008b; Sims-Gould, Byrne, Beck & Martin-Matthews, 2011). Harassment, discrimination, and racism have been experienced by visible minority immigrant women working in home support (Meintel, Fortin, & Cagnet, 2006; Neysmith & Aronson, 1997). Poor working conditions can also impact workers' physical health, including the incidence of

Canadian Highlight: Manitoba and British Columbia

The Winnipeg Regional Health Authority Home Care Program in Manitoba has enhanced its orientation program by expanding the hours available to work and has expanded staff development opportunities. A pilot project was launched in 2008 to transition staff from casual to permanent, equivalent full-time positions, with the goal of improving recruitment and retention.

Regional health authorities in British Columbia have initiated system redesign pilot projects among their home support programs that have demonstrated positive results. These projects provide regular shifts for workers, thereby giving predictability of hours and pay. Initial evaluations suggest these initiatives are improving satisfaction among both workers and clients (Ivanova, 2009).

musculoskeletal disorders (Zeytinoglu, et al., 2000). Two groups at the Nova Scotia consultation identified worker safety, health and wellbeing as a top strategy for further discussion. Participants' concerns were centered on worker safety in clients' homes, particularly since older persons often live in older homes that may be in poor repair. It was pointed out that by law, HSWs are empowered to refuse work in an unsafe environment. However, this can lead to a reduction in the quality of care a client receives. The Nova Scotia group believed that there is a need to establish mechanisms and/or safeguards to protect workers from entering into unsafe conditions. These might include home checks, home adaptation programs, and worker education in identifying potential structural/environmental dangers. In 2009, AWARE-NS was created to act as an educator, advocate, and promoter of safety issues for persons working in health and community care in Nova Scotia (Nova Scotia Health and Community Service Safety Association, 2010). Participants voiced a desire to support the work and mandate of this organization.

The literature and our consultations suggest that HSWs deal with feelings that their work is undervalued, especially by other health care professionals. HSWs have reported that they feel they deserve more recognition and respect and a greater role in health care planning for clients (Nugent, 2007; Stacey, 2005). In some areas, home support work is not well understood and is equated with traditional 'women's work' (Home Support Worker Labour Force Adjustment Committee, 2006). Opportunities for engagement with peers and as part of a health care team can help address feelings of low value (Keefe et al., 2009). Brannon, Barry, Kemper, Schreiner, and Vasey (2007) suggest encouraging relationships among co-workers, providing rewards and recognition to staff, taking care to match staff with clients, and offering opportunities for staff to participate in care planning, as ways to encourage the value of care work. HSWs also derive value from opportunities to form relationships with clients (Stacey, 2005). In the British Columbia consultation, engagement with peers and supervisors was deemed important by all participants. They talked about the feelings voiced by CHWs of being disconnected to their peers, and not feeling valued as members of a care team because they generally work alone. This is problematic given that, according to one participant, the CHW has more to contribute to care planning than does anyone on a care team, given the CHW's close association with the client. One health authority in the province is trying to address these issues through the application of primary health care teams that bring together health workers responsible for caring in the community, including CHWs. Another district in British Columbia reported that there are pockets within the health authority where CHW engagement and incorporation into the team concept are working well.

Closely related to the issue of feeling valued on the job, is the HSW's satisfaction with the job. It is interesting to note that, despite the challenges of working in home care, researchers have found that HSWs express relatively high levels of job satisfaction, with older workers reporting greater job satisfaction than younger workers (Delp, 2006; Denton et al., 2007; Feldman, Sapienza, & Kane, 1990). Type of agency may also play a role in job satisfaction. A study in Israel found that not-for-profit organizations received higher employee evaluations than for-profit organizations (Schmid & Hasenfeld, 1993). In contrast, a survey of formal workers in Canada found that HSWs' satisfaction levels with salaries were higher in for-profit agencies than not-for-profit agencies (Home Care Sector Study Corporation, 2003). In a US study, job satisfaction varied by type of worker. Consumer-directed workers reported less stress and greater satisfaction than agency workers (Benjamin & Matthias, 2004). Despite the well documented shortcomings of working in home support, HSWs find ways to personalize their work activities (Aronson & Neysmith, 1996) and find dignity and reward in their caring labour (Stacey, 2005).

Some believe that job satisfaction may also be impacted by the level of care HSWs are able to provide to their clients. When asked to identify the negative aspects of the PSW job, 11 percent of HSWs in one study stated that, "clients not receiving good quality of care" was a major concern (Pollara

Strategic Public Opinion Market Research, 2005). In both British Columbia and Saskatchewan, consultation participants saw client continuity of care as a priority. British Columbia participants discussed the fact that the relationships that develop between workers and clients and their families are viewed as an important aspect of the job. Unfortunately, the current practice of 1-hour care blocks in British Columbia may limit the opportunities for CHWs to build relationships with clients. In Saskatchewan, participants felt that the HSW who stays with a particular client knows this client better and is more sensitive to his or her care needs. They believe that ensuring continuity of care fosters not only higher levels of job valuing, but also improved client outcomes (therefore, fewer admissions to acute care), earlier discharge of some clients from home care, and improved client satisfaction.

To increase job satisfaction, it was clear to participants in several provinces that job valuing must be addressed, and that priority strategies must include active promotion of the HSW as a long-term career choice. In the provinces of Ontario, Quebec, British Columbia, and Nova Scotia it was advised that job valuing could be improved by using the media to promote the occupation. Participants believed that this would further increase public awareness of the profession, as well as its legitimacy as a long-term career choice without the need for years of post-secondary education. However, participants also agreed that standardization of training and uniform requirements would need to be put in place to stabilize the workforce before promotion could be effective. In Ontario, it was also believed that the marketing of home support work is essential to increasing the profile of the profession and to increasing the HSW workforce. Like Quebec, however, Ontario participants agreed that standardization is needed first, believing that defining the scope/role of practice is at the forefront. Both Ontario and Quebec participants expressed concerns about the expense of advertising, and the need for funding in order to undertake such endeavours. Participants in Nova Scotia suggested coordinating promotional efforts at a district or regional level.

Visions for the Future - Working Conditions

Participants identified several areas for improvement, including:

- Provide greater shift certainty.
- Harmonize working conditions between public and private sectors.
- Focus on the client's needs.
- Support occupational health, safety and wellbeing, including guidelines to ensure safety.
- Implement team-building strategies that include HSWs as a part of the larger health care team and utilize the media to promote the occupation.

4.6 Other areas

In addition to the four key areas for discussion, consultation participants identified some other strategic areas. These tended to focus on HSWs broadly, and included media and awareness campaigns to promote the occupation to potential HSWs and to clarify the roles and responsibilities of HSWs to families and policy-makers. Other suggestions included more research on PSWs to examine their contributions and impacts to caregiving. This is pertinent given a lack of data on HSWs in Canada. Participants in Quebec identified a need to promote partnerships (and therefore service coordination and reduction of competition) between the public and private home care systems in that province;

participants in Ontario suggested that positive change requires a broad policy direction from the relevant ministerial departments.

5.0 Where do we go from here?

This research project was undertaken within a climate of growing interest in health human resources in Canada. Health Canada launched a Health Human Resource Strategy in 2004/2005, building on the work of Commissioner Roy J. Romanow (2002) and Senator Michael Kirby (2003). Since then, there is evidence of increased attention to home care and the need to improve planning for human resources. The Special Senate Committee on Aging recommends that health human resources planning in Canada must include home care and support, and the provinces, territories, and federal government must work together in this endeavour (Carstairs & Keon, 2009). Previous national-level reports have made recommendations for human resources in home care, as have many provincial reports (see Appendix C for a sampling). The Canadian Healthcare Association (2009) recommends implementing wage parity, decreasing the casual workforce, career path development and improved benefits, standardizing education outcomes, and employer involvement in curriculum development. *Home care in Canada: From the margins to the mainstream*, a report dedicated exclusively to home care, recommends “targeted recruitment and retention, and education and training opportunities” (Canadian Healthcare Association, 2009, p.12). The Home Care Sector Study Corporation put forth ten recommendations, including in the areas of promotion (of the sector), compensation, working conditions, management and practice, education and training, use of technologies, and research (2003). Regarding unregulated health workers in general, the Pan-Canadian Planning Committee on Unregulated Health Workers identified five priority areas according to stakeholders: clarity of roles and responsibilities; competencies and work standards; education; delegation, liability and accountability; and staff mix and outcomes. Specific actions underscore a desire for commonality- in job titles, responsibilities and education curricula, across Canada (2009).

Overall, these findings are generally consistent with what stakeholders told us in the consultations, and speak to the need to enhance the occupation in several areas in order to attract new HSWs and retain them in a job in which they will want to stay. So, where do we go from here? Some strategies are of course easier to implement than others. For example, home care agencies can begin right away to look at opportunities to enhance training or to formally recognize their employees for outstanding work. However, compensation strategies require high-level coordination between employers, unions (in some provinces) and government officials, and require budgetary commitments on the part of government. The lack of common standards and regulation in the home care industry across Canada stood out as a fundamental challenge for broad, national change. To help identify ways forward, we asked consultation participants to identify information needs. Their ideas included:

- **More data and evidence.** Participants want data on HSW demand and need in the future, client expectations, and continuity of care, and evidence as to effectiveness. They want to better understand who is working in this role, what change might look like and a clear rationale for why changes to home care in Canada are needed.
- **Clear definitions.** Participants want clear definitions of continuity of care, guaranteed hours, roles, and tasks.
- **Assessment of education and training.** Participants want courses reviewed or audited (including looking at options like web-based learning) and an examination of what is taught versus what is actually required.

- **Champions for the cause.** Participants want to see stakeholders mobilize around the issue of HSW recruitment and retention and show how and why their work is important, both to the clients served and to the provinces. Key stakeholders, including home and caregiver associations, health professional associations, unions, and the Canadian Association of Retired Persons, were suggested as appropriate champions.

Despite the challenges for recruitment and retention raised by consultation participants and in the literature, opportunities exist to mitigate the effects of future HSW shortages. This research project identified several interesting initiatives happening across the country. In the area of ‘champions’ the Personal Support Network of Ontario and the New Brunswick Home Support Association were noted as groups advocating for change on behalf of HSWs. Certainly, there are more. In British Columbia, the Fraser Health Authority Home Support Council was cited as an example of how agencies can mobilize to make change happen. The Council includes owner-operated and contracted agencies within one Health Authority and was able to accomplish standardized home health support guidelines for their Health Authority, by working together. A desire for change, coordination through the Council, having the right stakeholders involved and the chance for “everyone’s voices (to be) heard” were given as enablers. The Province of Nova Scotia was identified as a leader in the area of education and training and wage parity and a case for which other provinces might look to enact similar changes. In fact, concurrent to this project is a project of the Association of Canadian Community Colleges (ACCC) to identify a common educational standard for HSWs in Canada. Participants in Saskatchewan shared that retention has improved among HSWs governed by a collective agreement that was able to secure guaranteed hours.

It is our hope that this report will offer guidance to those who are in the positions to enact change on how best to address challenges with the recruitment and retention of HSWs in their jurisdiction. In a country such as Canada, where home care is a provincial responsibility, the ‘way forward’ will vary based on specific needs. Real change is likely to happen slowly overtime and in a piecemeal fashion. We hope that this document will create a dialogue between jurisdictions so that successes and lessons learned may be shared and utilized by others across Canada.

APPENDIX A: SUPPLEMENTAL INFORMATION, CONSULTATION PROVINCES

**Information current as of the consultation date.*

NOVA SCOTIA

September 23, 2009, Dartmouth

Overview: Jurisdictional Context:

The transition of continuing care service delivery (including home care and support) from the Nova Scotia Department of Health to the nine district health authorities began in the spring of 2009 (Health Transformation Update, 2009). Since 2000, persons who complete standardized training and deliver Department of Health home support services are called Continuing Care Assistants (CCAs).

The CCA certification has been an entry-to-practice requirement since 2006, although those previously employed as HSWs, personal care workers, or home health providers are exempt (Nova Scotia Association of Health Organizations, 2009). While the exact number of CCAs and HSWs in Nova Scotia is not known, past estimates have varied from over 2,600⁷ in 2001 (Health Care Human Resource Sector Council, 2003) to approximately 1,526⁸ in 2005 (NSAHO Entry to Practice Steering Group, & Nestman, 2005).

Common Job Titles:

- Continuing Care Assistant
- Home Support Worker
- Personal Care Worker
- Home Health Provider
- Home Health Aide

Recruitment and Retention Challenges:

The CCA Entry to Practice Steering Group identified three pressures on CCA recruitment and retention in NS: *societal barriers* (including poor image and difficulty expanding the target market for workers); *competitive forces* (from acute care, other continuing care settings, and outside the health sector); and *quality of work-life issues* (including compensation, workload, regularity of hours, advancement opportunities, and limited recognition) (NSAHO Entry to Practice Steering Group, & Nestman, 2005).

Recruitment and Retention Opportunities:

- CCA Bursary Program (Health Team Nova Scotia, 2009)
- CCA Equivalency available (upon completion of certain requirements) to HSWs, personal care workers, and home health provider/home health care workers (NSAHO, 2009)
- Course recognition process recognizes training completed in other provinces
- Prior Learning and Assessment Process gives credit for past relevant experience
- Equitable wages between home-based CCAs and institution-based CCAs (Greenwood, 2006)
- Provincial marketing and recruitment strategy

Wages:

Effective April 1, 2009, the regular rate of pay for a CCA in Nova Scotia is \$16.07, with evening and weekend premiums and travel compensation defined in collective agreements between individual agencies and the unions representing HSWs.

⁷ Data for this study were gathered from Victorian Order of Nurses and 17 home support agencies in N.S. From this, the HCHRSC estimated approximately 2,300 workers employed in home care/support with 84% employed in direct care positions (p.55).

⁸ This estimate is drawn from a survey conducted by the Home Support Association of Nova Scotia (now called Home Support Nova Scotia Association) and does not include private home support providers.

ONTARIO

November 30, 2009, Toronto

Overview: Jurisdictional Context:

Provision of publicly-funded services is managed by 14 Community Care Access Centres (CCACs), aligned with 14 Local Health Integration Network (LHINs), under the direction of the Ministry of Health and Long-Term Care. Home support services are contracted by the CCACs to agencies through a competitive bidding process. There are an estimated 34,000 home-based Personal Support Workers operating in Ontario (HPRAC, 2006, as cited in Lilly, 2008).

Common Job Titles:

- Personal Support Worker
- Personal Attendant

Since 1997, those working in the public system must obtain Personal Support Worker Certification, which is offered through courses at community colleges, private vocational schools, by Boards of Education, and not-for-profit organizations. Courses provide students with two options: Personal Attendant (students may exit after seven modules) or Personal Support Worker (PSW), consisting of 14 modules (Ontario Community Support Association, 2009a). Private career colleges also offer the PSW courses and are not required to meet the same standards (HPRAC, 2006, as cited in Lilly, 2008).

Recruitment and Retention Challenges:

Home care in Ontario is being impacted by a shortage of health human resources (Canadian Home Care Association, 2008a). Home care also faces competition from hospitals and institutions for the same workers (Zeytinoglu, Denton, Davies, & Plenderleith, 2009). A survey of home care workers found that the negative aspects of the work include lack of hours, lack of job security, and being overworked (Ontario Ministry of Health and Long-Term Care, 2004). A review of the competitive bidding system used to contract home care work in Ontario recommended establishing a Centre for Quality and Research in Home Care to encourage research on, and use of best practices in the delivery of home care in the province (Caplan, 2005).

Wages:

Wages start at around \$14.00/hour but can go up to \$18.00-\$20.00/hour depending on skills and experience. PSWs working privately or for community organizations may make more than this (G. Acton, personal communication, September 1, 2009).

Recruitment and Retention Opportunities:

Professional organizations exist, such as the Personal Support Network of Ontario and the Ontario Community Support Organization to support both employers and employees in the home support field (Personal Support Network of Ontario, 2009a; Ontario Community Support Association, 2009b). The Personal Support Network of Ontario offers both in-person and internet-based supplementary training courses to PSWs on topics ranging from oral health to improving communication skills (Personal Support Network of Ontario, 2009b).

SASKATCHEWAN

January 12, 2010, Regina

Overview: Jurisdictional Context:

In Saskatchewan, home care services have been administered through 12 Regional Health Authorities (RHAs) since 2002, when the Regional Health Services Act was enacted. The 12 RHAs are centrally funded by Saskatchewan Health (Canadian Home Care Association, 2008a). Recipients of home care in Saskatchewan have two options for delivery: they can receive services directly from the RHA or they can receive funding from the RHA (Individualized Funding), allowing them to acquire supportive services of their choice privately. Professional nursing is provided by the RHA. (Government of Saskatchewan, 2009). This means there are both public and private employment opportunities for individuals working in home support. There is no consistent job title used in home support training programs throughout the province. However, all graduates of approved programs are competent and fully utilized in the province.

Common Job Titles:

- Home Care Aide
- Special Care Aide
- Home Health Aide
- Personal Care Aide

All individuals working in the public home care system in Saskatchewan must complete a recognized certification program within 2 years of employment, and must have the personal care course portion of training completed before they begin work. The onus is on the RHAs to ensure that all home care staff have the required certifications, and that the staff are working within the scope of practice for their position (Saskatchewan Ministry of Health, 2006).

Recruitment and Retention Challenges:

Both Saskatchewan Health and officials with the RHAs agree that recruitment and retention of home care staff are challenges in Saskatchewan (Hollander Analytical Services Inc., 2006). The rural nature of much of the province, and the travel associated with the geography, makes meeting the demand for home care services difficult (Canadian Home Care Association, 2008a).

Wages:

Current wages range from \$17.64- \$18.89 per hour. However, negotiations are taking place as of December 2009 (E. Patterson, personal communication, December 3, 2009).

Recruitment and Retention Opportunities:

- Opportunities exist for individuals from varying educational backgrounds. Minimum entrance requirements vary between training institutions from Grade 10 to Grade 12 (Sawchuk, 2007).
- PLAR Learning and Assessment Process gives credit for past relevant experience.
- There is a formal reporting system in place to report on-the-job safety concerns (mobility, travel, disease transmission) for HSWs in Saskatchewan, helping to create a safer work environment (Canadian Home Care Association, 2008a).

QUEBEC

May 4th 2010, Montreal

Overview: Jurisdictional Context:

In Quebec, home care includes activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The majority of ADLs, such as bathing and personal care, are provided by the public service network, which is comprised of local community health centers (CLSCs) and overseen by health and social services centres (CSSS). IADLs, such as meal preparation and housecleaning, are provided by private agencies and Social Economy Enterprises in Domestic

Help (SEEDHs) that are composed of not-for-profits and

cooperatives. Public regional agencies are responsible for planning and organizing home care services for their territory, and each CLSC coordinates the home care services particulars through collaborative agreements with private agencies and SEEDHs (Ministère de la Santé et des Services sociaux, 2003).

Common Job Titles:

- Health and Social Assistant (HSA)/Auxiliaire en santé et services sociaux (ASSS)
- Home Support Worker (HSW)/Préposé(e) d'aide à domicile (PAD)
- Préposé(e) au maintien à domicile
- Préposé(e) au soutien à domicile

Job titles of home care workers differ according to the sector; Health and Social Assistant (HSA) (Auxiliaire en santé et services sociaux (ASSS)) is the term used in the public sector, while Home Support Worker (HSW) (Préposé d'aide à domicile (PAD)) is used in SEEDHs and private agencies. A diploma from a vocational education program in personal home care is required to work in the public sector. This is not always the case in the other sectors, which at the very least, require experience in personal care and domestic help (Service Canada, 2009). However, more and more agencies require some type of formal training, as well as a certificate in *Principes pour le déplacement sécuritaire des bénéficiaires (PDSB)* (David, Cloutier, et La Tour, 2003).

The CLSCs maintain a central role in home care services and work in partnership with SEEDHs and private agencies to respond to the demand. Originally, CLSCs and SEEDHs divided their scope of service delivery based on ADLs and IADLs—the CLSCs offered ADLs, while SEEDHs offered only IADLs. However, since 2007, they now divide service provision based on the health condition of the client, with SEEDHs offering ADLs to clients who are in a stable health condition, so that the growing need for such services can be met. The CLSCs focus on the more difficult cases where the clients are in an unstable health condition (Ministère de la Santé et des Services sociaux, 2003).

To reduce their costs, the CLSCs finance ADLs services provided by private agencies and SEEDHs—HSWs are less expensive than HSAs (David, Cloutier et La Tour, 2003). Moreover, CLSCs often use SEEDHs for ADLs services outside of the regular work hours of HSAs (David, Cloutier, et La Tour, 2003).

Close to 80% of SEEDHs offer home care services in the context of the Financial Assistance Program for Domestic Help Services (FAPDHS) (Binha, 2005). This program aims to encourage the creation and development of SEEDHs and to respond to the increasing demand for home care services. The program directly funds SEEDHs through the Régie de l'assurance maladie du Québec (RAMQ). The FAPDHS does not cover the total cost incurred by the recipient; therefore, the services provided to eligible clients are subsidized for certain income groups at \$4 an hour with the possibility of an additional \$0.42 to \$7 per hour depending on revenue (Régie de l'assurance maladie du Québec, 2003). In some cases for clients with low income, the CLSC will cover the total cost of IADLs provided

by SEEDHs (Ministère de la Santé et des Services sociaux, 2003). In comparison, services provided by the public sector are provided at no cost to the care recipient (Vaillancourt et Jetté, 2009).

Recruitment and Retention Challenges:

- Home Support Workers in SEEDHs and private agencies work in difficult conditions: low revenue, unpaid transport, minimal training, low clinical support, unstable schedules, changing clients, and little opportunity for continuous training. In addition, even if half of the workers work full time, their schedules are not regular 9 to 5 schedules; they can have one client early in the morning and another late at night (David, Cloutier, et La Tour, 2003). These factors contribute to the high turnover rate and the difficulties in recruitment (Service Canada, 2009).
- A lack of recognition for the relational dimension of the profession: home care workers often develop a social and personal link with their clients, mostly isolated older persons, which takes time that is unaccounted for in terms of time allocated to service provision (Vaillancourt et Jetté, 2009).
- The public sector offers a better work environment in terms of salary, but also in terms of working conditions. However, this sector also faces retention and recruitment challenges. The lack of staff, difficulties in recruitment, and budgetary constraints force CLSCs to outsource some of their services to SEEDHs and private agencies to respond to the demand (David, Cloutier, et La Tour, 2003).
- The specialization of CLSCs in home care services to difficult and unstable cases makes the tasks of HSAs more difficult, and reduces the time that they can spend with their clients; this, in turn, reduces the development of relationships (David, Cloutier et La Tour, 2003).

Wages:

In 2007, the average wage of Home Support Workers in SEEDHs was between \$12 and \$13 per hour (Vaillancourt et Jetté, 2009).

Since April 1st 2009, the average wage of Health and Social Assistants is between \$17.53 and \$19.25 per hour (Vaillancourt et Jetté, 2009).

Recruitment and Retention Opportunities:

- In January 2009, the profession of home support worker was officially recognized by the government of Quebec and is included in the National Occupational Classification, as well as registered in the Credential Registry of Quebec (Coté et Gagnon, 2009).
- The Occupational Standard of the profession of home support worker includes the Workplace Apprenticeship Training Program, which allows participants to receive a certificate of qualification signed by the Ministry of Employment and Social Solidarity. The program recognizes past experiences of home support workers (Coté et Gagnon, 2009).

APPENDIX B: TOP RECRUITMENT AND RETENTION STRATEGIES

Strategy	Province	No. of groups who selected this as a top strategy	Classification by key issue area
National standards legislation	NS	2	Quality Assurance
Reconsider direct service hour approach to funding	NS	1	Compensation AND Other
Broad awareness and education amongst government, employers, public, re: scope of practice and programs	NS	2	Education & Training
Consistent benefits	NS	1	Compensation
Supporting work/mandate of organizations like AWARE-NS (worker safety, health and well being)	NS	2	Working Conditions
Guaranteed hours, including changes to funding model	NS	3	Compensation
Entry to practice standards	ON	1	Quality Assurance
Define scope/role of practice	ON	1	Quality Assurance
Broad framework and policy direction within the Ministry of Health	ON	2	Other
Public relations and marketing efforts	ON	1	Other
Enhanced and more standard education and training	ON	1	Education & Training
Make PSWs a research priority. Measure PSW impact/include PSW contribution and role	ON	4	Other
Harmonize working conditions, especially salaries, between public and private sectors and EESADs (<i>improved salaries will lead to better working conditions</i>)	QC	1	Working Conditions, Compensation
Province-wide promotional campaign to increase awareness, and recognition and value of workers, as well as attracting people to the occupation	QC	3	Working Conditions, Other
Standardize minimal training for workers in all sectors without a diploma from a vocational education program, and include financial compensation to attend training	QC	3	Education & Training
Define needs of clients, workers, and enterprises to improve and standardize training	QC	0 ⁹	Quality Assurance
Promote partnership between EESADs and public and private agencies to circumvent any potential for job competition and promote	QC	2	Quality Assurance

⁹ Although this strategy emerged from the small group discussions as a top strategy, no one chose to include it in his/her top three.

the coordination of offered services			
Client/family/acute care education re: expectations of and responsibilities for home care service delivery	SK	2	Education & Training AND Other
Increase the proportion of guaranteed hours and provide greater shift certainty	SK	2	Compensation, Working Conditions
Improved continuity of care	SK	2	Quality Assurance

APPENDIX C: SUPPLEMENTAL READING BY PROVINCE

Report Title	Web-link	Highlights
Nova Scotia		
Nova Scotia Department of Health. (2006). <i>Continuing care strategy for Nova Scotia: Shaping the future of continuing care</i> . Halifax, NS: Author.	http://www.gov.ns.ca/health/ccs_strategy/	<ul style="list-style-type: none"> • 10 year strategy • Invest in providers by developing a continuing care human resources strategy • Expand home care
Nova Scotia Department of Health. (2005). <i>Health Human Resources Action Plan</i> . Halifax, NS: Author.	http://www.gov.ns.ca/health/reports/pubs/hhr_action_plan.pdf	<ul style="list-style-type: none"> • Overview of past achievements • Based on the four goals from the Canadian HHR Planning Framework
NSAHO Entry to Practice Steering Group, & Nestman, P. (2005). <i>CCA recruitment and retention action plan</i> . Prepared for CCA program advisory committee, the Department of Health. Halifax, NS: Nova Scotia Association of Health Organizations.	http://74.125.93.132/search?q=cache:1M1nCKB0PL0J:https://www.nsaoho.ns.ca/DocumentViewer.aspx%3FelementId%3D105857%26portalName%3Dbase+CCA+recruitment+and+retention+action+plan.&cd=1&hl=en&ct=clnk&gl=ca	<ul style="list-style-type: none"> • CCA graduate shortage exists • Shifts in policy will mean increased CCA demand • Gives an overview of CCA R&R challenges in Nova Scotia
Provincial Steering Committee. (2008). <i>Shaping the future of continuing care in Nova Scotia</i> . Halifax, NS: Province of Nova Scotia.	http://www.gov.ns.ca/health/ccs_strategy/SFP_Provincial_Steering_Committee_Report.pdf	<ul style="list-style-type: none"> • Recommendations for improvements in six key areas • Describes goal to strengthen, support, and invest
Speigel, L. (2006). <i>The Nova Scotia health recruitment and retention study</i> . Prepared for the centre for organizational research and development. Halifax, NS: Health Care Human Resources Sector Council	http://cord.acadiau.ca/R&R/documents/NovaScotiaRecruitmentandRetentionReport.pdf	<ul style="list-style-type: none"> • Development of a framework to recruit and retain health workers, including para-professionals • Policy and program development

Report Title	Web-link	Highlights
Ontario		
Caplan, E. (2005). Realizing the potential of home care: Competing for excellence by rewarding results. A review of the competitive bidding process used by Ontario's Community Care Access Centres. Toronto, ON: CCAC Procurement Review.	http://www.health.gov.on.ca/english/public/pub/ministry_reports/ccac_05/ccac_05.html	Includes 70 recommendations.
Ontario Association of Community Access Centres, Ontario Community Support Association, & Ontario Home Health Care Providers Association. (2000). <i>The role and value of homemakers/personal support workers in the health care system: A discussion paper</i> . Ontario: Author.	http://www.ocsa.on.ca/userfiles/HPSWintheHCS%5B1%5D.pdf	<ul style="list-style-type: none"> • Reviews the sociological aspects, education standards, economics, and policy issues related to personal support work
Ontario Ministry of Health and Long-Term Care. (2004). <i>Realizing the potential of home care: Competing for excellence by rewarding results</i> .	http://www.health.gov.on.ca/english/public/pub/ministry_reports/ccac_05/ccac_05.html	<ul style="list-style-type: none"> • Provides 70 recommendations in areas such as workforce satisfaction, use of technology in care, and making service delivery more cost effective to improve the home care system in Ontario
Ontario Community Support Association. (2009). <i>Ministry of Health and Long Term Care personal support worker training standards (1997)</i> . Government of Ontario.	http://www.ocsa.on.ca/userfiles/PSW_Training_Standards.pdf	<ul style="list-style-type: none"> • Provides an overview of role and responsibility expectations for those working in PSW in Ontario. First-hand accounts from clients are included
Ontario Community Support Association. (2009). <i>Personal support worker training backgrounder</i> . Government of Ontario	http://www.ocsa.on.ca/userfiles/PSW%20Backgrounder%20short%20version.pdf	<ul style="list-style-type: none"> • A brief explanation of the training system for PSWs in Ontario
Ontario Community Support Association. (2009). <i>Role of persons trained as personal attendants or personal support workers</i> . Government of Ontario.	http://www.ocsa.on.ca/userfiles/PSW_Roles.pdf	<ul style="list-style-type: none"> • An overview of the roles, accountability, values, and skills held by trained PSWs in Ontario

Report Title	Web-link	Highlights
Saskatchewan		
Sawchuk, R. (2007, May). <i>Comparison of curricula for training of home care/special care aides in Saskatchewan</i> . Final Report. Saskatchewan Association of Licensed Practical Nurses.	http://www.aeel.gov.sk.ca/adx/asp/adxGetMedia.aspx?DocID=887,195,178,169,94,88,Documents&MediaID=824&Filename=Final+HC-SC+Aide+Curricula+Report+May'07.pdf&I=English	<ul style="list-style-type: none"> • Provides a comparison of four institutions • Illustrates how the graduates are comparable and therefore have full mobility within the province
Saskatchewan Ministry of Health. (2006; updated 2007). <i>Saskatchewan home care policy manual</i> .	http://www.health.gov.sk.ca/homecare-manual	<ul style="list-style-type: none"> • Provides policy direction and guidelines for the RHAs to follow in the delivery of home care in their regions.
Hollander Analytical Services Ltd. (2006). <i>Home care program review (Executive Summary)</i> . Saskatchewan Health, Community Care Branch.	http://www.health.gov.sk.ca/homecare-review-2006-exec-summary	<ul style="list-style-type: none"> • An analysis of service use • Interviews with key informants at Saskatchewan Health and the Regional Health Authorities

Report Title	Web-link	Highlights
Quebec		
Service Canada. (2009). Aides familiaux/aides familiales, aides de maintien à domicile et personnel assimilé. Textes de la profession au Québec.	http://www.servicecanada.gc.ca/fra/qc/emploi_avenir/statistiques/6471.shtml	<ul style="list-style-type: none"> • Portrait of home care work in Quebec • Overview of the profession: salary, work conditions, training, statistics, etc
Binha, L. (2005). Diagnostic des besoins de formation dans le secteur de l'aide domestique. Comité sectoriel de la main-d'œuvre – Économie sociale et action communautaire.	www.csmoesac.qc.ca	<ul style="list-style-type: none"> • Principal goals of the research: (1) conditions to improve human resource competencies and (2) the development of a training program for future resources.
Coté, L. et Gagnon, D. (2009). <i>Norme professionnelle: préposé ou préposée d'aide a domicile</i> . Comité sectoriel de main-d'œuvre – Économie sociale et action communautaire.	http://emploiquebec.net/publications/Pages-statistiques/00_fnfmo_NP-prepose_aide_domicile.pdf	<ul style="list-style-type: none"> • In response to <i>Diagnostic des besoins de formation dans le secteur de l'aide domestique</i> (Binha, 2005) • This document presents the creation of the professional order; describes the context of the profession as well as the essential competencies
La Direction des communications du ministère de la Santé et des Services sociaux. (2003). <i>CHEZ SOI : LE PREMIER CHOIX - La politique de soutien à domicile</i> .	http://msssa4.msss.gouv.qc.ca/fr/document/publication.nsf/4b1768b3f849519c852568fd0061480d/a71804248795cb7c85256cd3000ec44f?OpenDocument	<ul style="list-style-type: none"> • Three general perspectives in politics of home care: <ol style="list-style-type: none"> 1. the expectations and needs of the population 2. the management of home care services within a system that has to constantly make room for more 3. collective action in favour of persons with a loss of autonomy and their informal care providers
David, H., Cloutier, E., et La Tour, S. (2003) Le recours aux agences privées d'aide à domicile et de soins infirmiers par les services de soutien à domicile des CLSC. l'Institut de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST).	http://www.irsst.qc.ca/fr/_publicationirsst_100007.html	<ul style="list-style-type: none"> • This study describes the use of private home and nursing care agencies by CLSC home support services in an urban area of Quebec • The relationship between public services (contractor) and the private agencies that do the work are the central aspect of the study

<p>Vaillancourt, Y., et Jetté, C. (2009). <i>Les arrangements institutionnels entre l'État québécois et les entreprises d'économie sociale en aide domestique</i>. Éditions Vie Économique (EVE).</p>	<p>http://www.eve.coop/mw-contenu/publications/depliant_Vaillancourt.pdf</p>	<ul style="list-style-type: none"> • Synthesis of recent research on the evolution of public policies of the Quebec government concerning EESADs • The goal of this research is to analyze the challenges and issues of the construction and evolution of the institutional arrangements that frame this relationship.
<p>Régie de l'assurance maladie du Québec. (2003). Financial Assistance for Domestic Help Services.</p>	<p>http://www.ramq.gouv.qc.ca/fr/citoyens/contributionetaidefinancieres/foction_programme.shtml</p>	<ul style="list-style-type: none"> • Description of the FADHS program

APPENDIX D: ETHICS CERTIFICATE



University Research Ethics Board

UNIVERSITY RESEARCH ETHICS BOARD

Certificate of Research Ethics Clearance

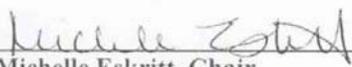
Title of project: *Home Support Workers: HR Strategies to Meet Future Projected Chronic Care Needs of Older Persons in Canada. (Phase 2: Pan Canadian Consultations)*

Researcher(s): **Dr. Janice Keefe**
Supervisor (if applicable): **n/a**
Co-Investigators: **n/a**

File #: 2009-011

The University Research Ethics Board (UREB) has reviewed the above named proposal and confirms that it respects the *Tri-Council Policy Statement* as outlined in the *MSVU Policies and Procedures: Ethics Review of Research Involving Humans* regarding the ethics of research involving human participants.

This certificate of ethics clearance is valid one year from the date of issue. A final report is required within 30 days of expiry. Researchers are reminded that any changes to approved protocol must be reviewed and approved by the UREB prior to their implementation.


Dr. Michelle Eskritt, Chair
University Research Ethics Board (UREB)

August 10, 2009
Effective Date

[Expires: August 09, 2010]

Renewal is contingent upon submission to the UREB of a written request for renewal accompanied by a satisfactory annual ethics report thirty days prior to expiry.

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www.msvu.ca

APPENDIX E: REPORT REFERENCE LIST

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APPENDIX F: FREQUENTLY USED ACRONYMS

CCA - Continuing Care Assistant

CCAC- Community Care Access Centre(s)

CHCA- Canadian Home Care Association

CHW - Community Health Worker

CIHR- Canadian Institutes of Health Research

CLSCs/CSSSs- Local community health centres/ health and social service centres

ESSADs/SEEDHs- Social Economy Enterprises in Domestic Help

HHA/SCA- Home Health Aide/ Special Care Aide

HSW(s)- Home Support Worker

LHINs- Local Health Integration Networks

LTC- Long term care

OECD- Organization for Economic Cooperation and Development

PSW- Personal Support Worker

RCA- Resident Care Attendant