



Enhancing HomeCare: Enabling a Full Life in Community

Linda Till, Policy Advisor, Seniors for Social Action

There has been a tragedy unfolding in Long Term Care for many years. The recent Covid-19 pandemic has only exacerbated the crisis and caused an exponential amount of suffering and death. A thoughtful contemplation is required of the systemic flaws in the way our society responds to the reality of the increasing care requirements that many people develop due to aging and/or disability.

Change is needed immediately. This must start with a shift in direction from the current pervasive practice of institutionalizing people who require care.

As renowned poet Maya Angelou reflected,

“History, despite its wrenching pain
Cannot be unlived, but if faced
With courage, need not be lived again”.

Several other countries have seen the necessity of changing course and implementing creative and progressive alternatives. They are succeeding in their endeavours, much to the satisfaction of the very people who require support, as well as that of their families and society more broadly. (Drummond et al; Seniors for Social Action - Denmark)

Repeatedly, the primary lesson from these other countries is the need to establish a policy shift in elder care to enable people to be supported in their own homes or in small, shared homes within their familiar communities. (Canadian Home Care Association; Covenant Health; Drummond et al; Johnson et al; Lord; National Institute on Aging; Ontario Medical Association). Essentially, every source that critically examines the problems endemic to the practice of institutionalizing people in Long Term Care recommends a policy shift towards enhancing HomeCare and away from institutional settings. Our own provincial government in Ontario has repeatedly acknowledged the appropriateness of such initiatives and have made commitments but have consistently failed to deliver. (Ministry of Health, Aging at Home; Ministry of Health, Bringing Care Home; Ministry of Health, Innovative Home and Community Care). Implementation requires a meaningful commitment to developing comprehensive and enhanced HomeCare supports in such a way as to ensure that the needs of all who require care are met where they choose to live.

People overwhelmingly state that they want to remain in their own homes, with holistic and appropriate supports when they require care. Many people have had experiences with the

current Home Care provisions available in this province, and often express significant dissatisfaction with their experiences. The problems are well known and reflective of several factors, not the least of which are a narrow concept of what HomeCare can or will provide, a broadly held conviction that there are always some people who require care in an institution, and chronic underfunding of the sector. (Seniors for Social Action: HomeCare Crisis).

Addressing each of these briefly, it can strongly be asserted that supports in the community can and should provide whatever care an individual requires in order to live a dignified and full life; that no-one needs an institution in order to receive the care they require; and that a commitment to significant and reliable funding would enable a much different in-home care experience for those who want to remain in their own homes and communities. Expanding and enhancing HomeCare supports would transform the experiences of people who require care, and enable them to live with dignity, holistically supported to live a full life in the home and community of their choice. (Lord; Till; Wigle and Till; Johnson et al; Covenant Health; Seniors for Social Action, A Dignified Old Age; Vanderbent).

Very often there exists a challenge in envisioning just what enhanced Home Care supports would look like, what these supports could actually do, and how they could function. To assist in clarifying just what could be offered, it is necessary to start with some straightforward basics.

Enhanced Home Care can and should:

- Start with the premise that everyone can be supported in the community, and no-one needs an institution in order to receive care. This encompasses everyone in need of support, including those whose needs are referred to as High Risk, High Acuity, Complex Needs, High Intensity, Dementia-related, and Developmental or Physical disability.
- Be structured on the basis of a commitment to listening to what people and their families want and how they perceive their needs could best be met, enabling them to direct their own care
- Operate on a not-for-profit basis, acknowledging the substantial risks inherent in the for-profit models of human services
- Ensure the utilization of established Standards of Care based on Best Practices for all disciplines involved in the provision of Enhanced Home Care supports
- Enable Direct Funding to individuals requiring care and/or their families as an option, with access to facilitation/navigation for those who are self-directing. This support would provide planning and assistance with staff hiring and management, as well as addressing financial obligations.
- Ensure a person's needs and concerns are met holistically, encompassing all aspects of the person's needs rather than only offering a select and narrow range of supports.
- Broaden eligibility criteria, flexibly individualize, and comprehensively coordinate the supports provided to an individual.

- Ensure that social needs related to risks of isolation and loneliness are incorporated into all planning and supports provided
- Ensure specific capacity to include and support those diagnosed with Dementia, and establish Dementia-specific supports and training to all caregivers
- Use a Core Team concept to ensure maximum consistency of care provision and to minimize number of care personnel for any individual
- Ensure that all supports encompass medical, social, therapeutic, personal, and ancillary care, and that these are provided via mobile teams wherever warranted
- Facilitate the acquisition of care related supplies equitably to those provided in institutional or hospital settings.
- Include 24/7 crisis intervention and meaningful access to non-institutional Respite Care
- Ensure equitable access across the province, for all of the supports required, including ensuring that all people marginalized for any reason are responded to with regard to their needs in this regard.
- Ensure a central access point that coordinates connections to the full range of supports needed by an individual, and ensure that such access and coordination includes a social lens as well as a health care lens.
- Ensure that physical spaces are made accessible, and safety requirements are addressed with the view to enabling the possibility of remaining in the home of choice, or moving to an alternate home of choice
- Ensure that there is equity in remuneration and support to all personnel who work with this population, regardless of where they live
- Ensure that the use of technology supports are utilized creatively and expansively
- Ensure that Palliative Care is included as needed, in order to support people to remain in their own homes at end-of-life if they so wish
- Provide meaningful support to family and non-family caregivers, including extensive care-related knowledge sharing, participation in all planning and inclusion in care team initiatives. Provide offers of financial aid such as Paid Family Caregiver programs, Money Follows the Person initiatives, tax relief supports and equal access to government financial subsidy across all settings, equivalent to that provided for those living in Long Term Care facilities.
- Ensure coordinated integration with existing or newly developed community resources such as Community Paramedicine Program, Meals-on-Wheels/other nutrition services, Elder Care Active Living Centres/Day Programs, Telemedicine, accessible transportation, friendly visiting programs, etc
- Provide Escort support for individuals requiring assistance/guidance/supervision when using transportation services to essential off-site services.
- Commit to enabling transitions from acute medical care settings to appropriately supported Home settings rather than defaulting to institutional/Long Term Care facilities

- Establish a commitment to supporting the development of creative living alternatives for those who choose not to remain in their own homes, including but not limited to small shared homes within the individual's own community; clustering care such as Hub and Spoke models; assisting with the procurement of Live-in help where needed; enabling Intergenerational living initiatives and Home and/or care-sharing initiatives; staffed supported housing; supporting the development of Naturally Occurring Retirement Communities (NORC), Cooperative Housing and Intentional Communities.
- Ensure an Outcome-based model of assessment of system efficacy and success, and integrate on-going modifications and enhancements as warranted by that assessment.
- Ensure meaningful enforcement of all standards of care, and consequences for failure to meet those standards

While the list of supports for inclusion may seem daunting, it should be noted that some of these services are already in existence in some communities. Unfortunately, their provision is fragmented and access to them is seldom coordinated, leaving individuals to find their way through the maze with little guidance (Peckham et al; Picard). Ensuring that HomeCare is enhanced in a comprehensive way and is meaningfully coordinated from one central point of access, would substantially assist in the effective provision of all resources.

Of most importance is establishing that it is essential to develop this direction within our system of response to the needs of people requiring care.

Achieving this vision would ensure that whenever a person requires care, the first question asked and answered will be "What will it take to support this person where he/she wants to live?" Building a robust and enhanced care-in-home approach will enable us to take our place amongst the world-wide initiatives currently underway to enable people to be supported to live dignified and normalized lives in their own homes and communities. It's what we all want, for our loved ones and for ourselves. And we all deserve it.

References

Angelou, M. On the Pulse of Morning. 1993. <https://poets.org/poem/pulse-morning>

Canadian Home Care Association. (2016). Better home care in Canada: A National Plan. Available from, <http://www.thehomecareplan.ca/wp-content/uploads/2016/10/Better-Home-Care-Report-Oct-web.pdf>.

Covenant Health. Courage: Action for Better Aging. 2021. <https://static1.squarespace.com/static/606db9dc8598955ee8f51afc/t/6156082c17743c62c1fb52f4/1633028382548/CourAGE%3A+Action+for+Better+Aging+Discussion+Paper.pdf>

Drummond, D, Sinclair, D, Bergen R. Ageing Well. 2020. Queen's University <https://www.queensu.ca/sps/sites/webpublish.queensu.ca.spswww/files/files/Publications/Ageing%20Well%20Report%20-%20November%202020.pdf>

Johnson, C.S., Bacsu, J., McIntosh, T., Jeffery, B., & Novik, N. Home care in Canada: An Environmental Scan. Supporting Healthy Aging in Place. Regina, SK: Saskatchewan Population Health and Evaluation Research Unit, University of Regina and University of Saskatchewan. 2017. https://spheru.ca/publications/files/HomeCare_complexCare_environmental%20Scan18Oct2017.pdf

Lord, J. Enhanced Home Care: One Important Alternative to Institutionalization. SENIORS FOR SOCIAL ACTION, https://1drv.ms/b/s!AokgC5Z103y0gox9jGE8ip_YXCZR7w

Ministry of Health and Long Term Care, Ontario. Aging At Home Strategy. <https://news.ontario.ca/en/backgrounder/14133/aging-at-home-strategy>

Ministry of Health and Long Term Care, Ontario.. Bringing CARE HOME. Report of the Expert Group on Home & Community Care. 2015 https://health.gov.on.ca/en/public/programs/lhin/docs/hcc_report.pdf

Ministry of Health and Long Term Care, Province of Ontario. INNOVATIVE HOME AND COMMUNITY CARE SERVICES AND EXPANDING VIRTUAL CARE OPTIONS. December 03, 2020 https://www.christineelliottmpp.ca/innovative_home_and_community_care_services_and_expanding_virtual_care_options

National Institute on Aging. Bringing Long-Term Care Home. 2020. https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/5fd10658e9ed0b03e36cde7b/1607534169740/BringLTCHome_V2.11.17%284%29pdf.pdf

Ontario Medical Association. Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care. Oct 2021. <https://www.oma.org/uploadedfiles/oma/media/public/prescription-for-ontario-doctors-5-point-plan-for-better-health-care.pdf>

Peckham, A., Morton-Chang, F., Williams, A.P. Reform but no change: The case of aging at home policy in Ontario, Canada. International Journal Of Integrated Care. <https://www.ijic.org/articles/abstract/10.5334/ijic.3169/>

Picard, A. In the stay-at-home era, why have we so sorely neglected home care? Globe and Mail, June 15, 2020 <https://1drv.ms/w/s!AokgC5Z103y0goNgD-MqUktnOSEmtQ>

Seniors for Social Action. A Dignified Old Age: Care in The Community. 2021. <https://1drv.ms/b/s!AokgC5Z103y0gopDIclnOgJH8pzaEQ>

Seniors for Social Action. Denmark: The Gold standard in Long Term Care. https://d5bb3c6f-31a3-47ef-a85b-5c06ab03f844.filesusr.com/ugd/50033d_d612afead4c041fcaa092cc240a8c141.pdf

Seniors for Social Action. HomeCare Crisis in Ontario. [50033d_347135a22ab24d289537687d6610b1a4.pdf \(seniorsactionontario.com\)](https://1drv.ms/b/s!AokgC5Z103y0gopDIclnOgJH8pzaEQ)

Till, L. Envisioning a New Future for Vulnerable Elderly Citizens. Seniors for Social Action.2020. <https://www.seniorsactionontario.com/policyandresearch>

Till, L., Homes for Life. 2020. Seniors for Social Action. https://www.seniorsactionontario.com/files/ugd/c73539_e491f26e34dd4baa99956a9a30700bdf.pdf

Vanderbent, S. More public funds needed so seniors can age at home. <https://1drv.ms/w/s!AokgC5Z103y0gpc4h2TOHV112OpUdw> Waterloo Record Wed., May 26, 2021

Wigle, K., and Till, L. Independent Living Programs: Options to Keep Seniors at Home. Seniors for Social Action. 2020. https://www.seniorsactionontario.com/files/ugd/c73539_09505a174bce49bea02f6e8ccdbe9a7c.pdf