

Social Task Shifting: What's different about directly-funded home care?

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Many individuals who need help in daily life, as well as organizations like Seniors for Social Action Ontario, have been advocating for directly-funded home care as an empowering and responsive service option. Directly-funded home care provides funds or a budget to individuals or families to arrange their own support services. Depending on the province, this may be called self-managed care, family-managed care, or self-directed care.¹

In places where directly-funded home care is an option, families and individuals consistently report they are more satisfied with directly-funded home care arrangements over other options.²⁻⁴ High satisfaction is a persistent finding in research studies across time and geography, including those in Canada.^{5,6} Why do individuals and families prefer directly-funded home care so much more than regular home care? And why is this the case when it comes with significant administrative responsibilities that can be daunting to set up?

Through research interviews with clients, families, and workers in a directly-funded home care program, we suggest it is the “social task shifting” that makes these programs so appealing.⁷ This refers to the array of tasks done by workers.⁷ In addition to typical home care tasks such as help with personal care, meals, and light cleaning, workers in directly-funded programs generally have more flexibility. Directly-funded home care often help with tasks like errands, pet care,

and support to attend social events. Directly-funded home care workers can even provide help in places that are physically not “at home.”

The term social task shifting is in response to other home care research where there is concern about the increase of *medical task shifting*.⁸ That is, when the types of tasks that home care workers do become specialized and can even require training from a regulated medical professional. Medical task shifting is happening due to the increased acuity of those living longer at home with complex conditions.⁹ Some medical task shifting also happens in directly-funded home care, but in our research, we more frequently observe practices in a direction which is more holistic. Both are important depending on the context and needs of the person.

Arguably, social task shifting epitomizes the World Health Organization’s definition of health, where health is defined holistically as “a state of complete physical, mental and social well-being **and not merely the absence of disease or infirmity.**”¹⁰ (our emphasis) With social task shifting, home care workers are able to support clients in all areas of life. This approach to care is essential for enacting person-centered support that truly values the physical, mental, and social needs of clients and families. It contrasts with a more limited and task-based approach to care found in other home care models.

Unlike those using the services, workers report mixed experiences with social task shifting.⁷ Many workers appreciate the ability to help in a responsive way, while others struggle to set boundaries with their role. The mixed experiences shared by workers is an area that community organizations can address. They can help clients balance social task shifting with a respectful and comprehensive job description to establish what is and is not expected from their home care worker. They can also provide training and support for these expanded functions.

Social task shifting in directly-funded home care is a profound lesson that can be brought to all home care settings. Allowing workers the flexibility to help with non-medical tasks enables people not only to stay at home when they need help, but also to thrive.

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End Notes

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