



EXECUTIVE SUMMARY

IS HOME CARE WORKING IN ONTARIO?

A REVIEW OF HOME AND COMMUNITY CARE SUPPORT SERVICES

Rationale and Methodology for This Report

Seniors for Social Action Ontario (SSAO) members have increasingly been reporting that they are considering medical assistance in dying (MAiD) because of an inability to obtain adequate support and services in their homes and communities. For this reason SSAO undertook a review of Home and Community Care Support Services (HCCSS) by surveying its members, obtaining information from key informants, reviewing press reports, seeking information from organizations whose members have a direct interest in Home Care, and reviewing publicly available information on the HCCSS website and in its Business Plan.

HCCSS Declines to Participate

Senior management of HCCSS was provided with a list of questions related to the content of this report to give HCCSS an opportunity to provide relevant responses, however HCCSS responded that it was declining to participate.

HCCSS is the latest iteration in the Ontario government's attempts to provide comprehensive home care services in Ontario. HCCSS also has the dual and conflicting purpose of placing older adults and people with disabilities requiring care and support in long-term care institutions.

Elders Forcibly Institutionalized Through Lack of Choice

Inaction by both the Federal and Provincial governments in creating alternatives to institutions that Seniors for Social Action Ontario (SSAO) has outlined for three and a half years now, has resulted in the ageist practice of mass institutionalization – a policy that most progressive countries have abandoned. In the case of Ontario, six times as much new funding has been invested in institutions than in Home Care, so it should come as no surprise that elders are being forced into these facilities in large numbers because of a lack of choice. It should also not be surprising that medical assistance in dying (MAiD) has become the default “choice” for elders with no other option but an institution.

A Home Care System in Disarray

HCCSS is a system in disarray featured by:

- under-funding and under-resourcing by the provincial government;
- clumsy handover of responsibilities from CCAC's and LHINs to HCCSS;
- a service philosophy and culture that is staff-centered;
- a system of predominantly for-profit contractors who can only provide care about 50% of the time;
- a human resources system requiring minimal qualifications of staff who have considerable control over elders' lives;
- a lack of public accountability and transparency;
- low representation of service users and their advocates on its Board;
- a medical model community engagement strategy unaligned with the usual principles of community engagement, where advisor roles are restricted and largely controlled by staff;
- a complaints management system that is failing;
- a middle and senior management structure divorced from the client experience and lacking an effective management information system;
- a data gathering, analysis, and information system that, as of 2022, did not meet provincial requirements or adequately protect information held by the organization.

Elders have emphatically indicated their need and desire for in-home help, but most believe, for good reason, that it may not be available to them.

This report documents service users being faced with a convoluted, disempowering process when attempting to obtain Home Care. What care, how much, and when the care will be provided are controlled by staff. It is rationed care, often not based on service users' reported needs. It lacks an effective accountability structure, complaints process, and management understanding of the client experience. Its quality assurance and patient relations processes do not appear to be aligned with, or part of the complaints process.

Service rationing in this system appears to be in conflict with the 2015 decision by the Ontario Human Rights Commission that removed the cap on the amount of services individuals can receive.

System Modernization?

The Ministry's latest attempts at "system modernization" by folding some HCCSS functions into a Shared Service Organization and attaching care coordinators to Ontario Health Teams may actually create even more complications in an already chaotic system.

Recommendations

SSAO has included 17 actionable recommendations in this report dealing with the issues of:

- Funding and Resources;
- Philosophy and Culture;
- System Improvements;
- Service Contracting;
- Human Resources;
- Governance;
- Complaints Management.

The report challenges Home and Community Care Support Services, Ontario Health, and the Ministry of Health to work with Seniors for Social Action Ontario in a collaborative way to address the serious failings in this vital system in order to empower service users and those who support them.

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