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FROM SUPPORT TO ISOLATION

THE HIGH COST OF BC'S DECLINING HOME SUPPORT SERVICES

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SUMMARY

Home support is part of a continuum of community- and home-based health services known as continuing care. Home support can include housekeeping, meal preparation, bathing, grooming, and basic medical care functions such as help with medications, catheterization, changing wound dressings, etc.

In addition to providing basic care for people with chronic ailments or disabilities, or those recovering from serious illnesses, home support is a form of preventative health care. Home support functions as an early warning system, helping to identify more serious problems as they emerge, ensuring good nutrition and hygiene, and providing essential social support and contact. Such supports can save the overall health care system a great deal of money by staving off more expensive emergencies and delaying the need for institutional care (i.e. hospital or residential care).

"I feel that it's not right for all these cutbacks because your mental health is as important as your physical health… This is gonna be your home to the day you die. And you have to feel comfortable in the surroundings."
— Home support client

Home support, then, represents the basic supports people need in order to stay at home, but which thousands of frail seniors and people with disabilities cannot afford on their own. In BC, eligibility for publicly-funded home support is income-tested and based on a restrictive definition of individual need. It is not universally available and free to all British Columbians.

Access to publicly-funded home support services for frail seniors and people with disabilities has been decreasing in BC since the mid-1990s. This study examines the decline in the context of wider cuts and restructuring in the province's health care system since 2001. As was documented in the 2005 CCPA study *Continuing Care Renewal or Retreat?*, this restructuring involved reducing access to residential care and home health services at the same time that hospital beds were cut.

The BC Ministry of Health reports that since 2001 it has enhanced both home support (personal care and daily living assistance) and home care (professional nursing). However, the Ministry's own statistics tell a different story. This study analyzes health ministry statistical data for the entire province, and draws on evidence collected by the research team using in-depth interviews with home support clients, workers, and informal caregivers (family members and friends) in the Greater Vancouver area.

Key Findings

Reduced access to publicly-funded home support means frail seniors and people with disabilities are being left without the basic supports needed to monitor their health and postpone or even avoid the need for residential or hospital care.

- Home support is increasingly being used to backstop pressures in acute and residential care, with more medically-oriented services being delivered at home to a smaller number of higher-needs clients.
- Instead of expanding home support services to meet growing demand, the preventive and maintenance functions of home support have been significantly reduced. Fewer seniors are able to access services, and the focus on higher levels of care means fewer and fewer daily living supports (such as meal preparation, housekeeping and social contact) are being provided.

"When I first came in, if somebody was palliative we did the [direct] care but we had a whole team behind us to come in and help with it. Now we don't have that team at all."
— Community health worker

- High demand, inadequate funding, and the shift to higher-needs clients have led to a deterioration in working conditions for home support workers, which in turn has a negative impact on the quality and efficiency of care that clients receive.
- The combination of significant cuts to hospital and residential care beds and reduced access to home support since 2001 contributes to a downward cycle in BC's health care system.

Cuts to Home Support

- The number of clients receiving home support dropped by 24 per cent between 2000/01 and 2004/05; the number of total home support hours dropped by 12 per cent.
- When the growing population of seniors is taken into account, the drop in home support services is even steeper. This occurred even as hospital stays shortened.
- In 1996/97, BC was 17 per cent above the national average in access to home health services (home support and home care combined). By 2002/03, BC had fallen to third lowest in the country, 24 per cent below the national average. Nova Scotia is the only other province that reduced access to home health services during this period.

Two European Examples

Researchers examining the Danish and Swedish eldercare systems found that investing in home support not only improves health status and quality of life for seniors, it is a more efficient way to allocate health care dollars.

Denmark provides a wide range of free, universally available, 24-hour home support services for seniors, including those with limited needs. These services are nationally mandated and administered by municipalities. Municipalities are legally obligated to offer a home visit twice a year to all citizens 75 years and older, in order to find out about potentially unmet care needs in the population and to make sure seniors know about the services available to them.

The Danes were more concerned with the additional costs that would result if seniors did not get help early on than they were with limiting access to home support resources. In contrast, Sweden charges user fees for home support and provides fewer services concentrated at higher care levels. Yet overall eldercare costs are lower in Denmark than they are in Sweden.

The Danish model points to the type of reforms that could be very effective in enhancing the health of BC seniors and people with disabilities while also controlling cost increases in the health care system as a whole.

Fewer Clients, Higher Needs

- Since the late 1990s, and in particular since 2000/01, home support services have shifted dramatically to clients with higher needs, and services have become more narrowly focused on medical tasks. The public system provides less and less daily living services such as meal preparation, shopping, housekeeping, and social contact.
- Between 2000/01 and 2004/05, the number of clients categorized as needing Personal and Intermediate Care 1 (lower needs) dropped by 67 per cent. At the same time, the number of Intermediate Care 3 and Extended Care clients (higher needs) increased by 29 per cent and 22 per cent respectively.
- These changes should have resulted in increased support from nursing professionals. However, between 2000/01 and 2004/05, the number of clients receiving home nursing care decreased by 8 per cent (as a share of the population 75 and older).

> *"I get a homemaker once a week but…I'm on a very limited budget…I have had to take from my grocery money and either live in the dirt or pay somebody to do it."*
> *— Home support client*

Impacts on Working Conditions and Quality of Care

Community health workers (CHWs)—those who provide home support—in the Greater Vancouver area who were interviewed for this study report a serious deterioration in working conditions and the quality of care they are able to deliver. Clients interviewed described similar trends.

- Discontinuity of care: An increased reliance on casual (i.e. non-permanent) staff and irregular and split-shift scheduling mean clients no longer receive care from the same person on a regular basis. This limits the capacity of workers to get to know their clients, monitor changes in their health status, and prevent crises from occurring.

> *"They are taking away any basic humanity from one person to another."*
> *— Community health worker*

- Increased complexity, inadequate support: Increasingly complex and medically-oriented tasks are being delegated to CHWs, but without a corresponding increase in training, professional support, or pay. College training programs for CHWs only minimally cover many of the skills that are now being assigned or delegated to CHWs. Home support agencies that deliver publicly-funded services receive a per diem hourly payment that does not recognize the need for ongoing training and staff development.
- Less time, more medicalized care: CHWs must now deliver more complex care with less time allotted per visit. Many clients and workers report on the perfunctory nature of home support visits and the loss of time for social contact. Many workers report being hard-pressed to complete care in the allotted time.

> *"They have said they have to cut hours and services and you get afraid. How are you going to manage?"*
> *— Home support client*

- Lack of communication and professional coordination: CHWs' first-hand experiences provide them with an understanding of their clients' conditions and situations, yet they have few opportunities to inform their agency of clients' needs. The increased pressure in both home support and home care means supervisors and nurses have less time to provide professional backup and support to CHWs.
- Prevention and maintenance undermined: In reducing access to basic services and cutting hours, the home support system has redefined housekeeping, social visits, emotional support, physical exercise, and nutrition as unrelated to health outcomes, despite the evidence to the contrary.

Vulnerable Clients, Vulnerable Workers

In addition to health policy, the study's findings relate to the economic security of home support workers, clients, and their families.

- Both the people who rely on public home support and the workers who provide it are mostly low-income, economically-vulnerable individuals, mainly women.

"They give you 15 minutes—30 minutes but you actually stay there for 15 minutes—the other 15 minutes is travel time. You know, you come in—'Mrs. So and So—here take your medication' and then 'bye.' That's it."
— Community health worker

- In 2003, 82 per cent of home support clients had pre-tax incomes of less than $15,000 per year. Eighty per cent are 75 or older; 10 per cent are people under 65 with disabilities; 70 per cent are women, most of whom live alone.
- Changing working and employment conditions for CHWs have had a severe impact on their economic security. In 2004, they faced a 4 per cent wage rollback, and agencies have laid off regular staff in favour of hiring casual workers with fewer benefits and fewer hours. Most of the CHWs interviewed were visible minority immigrant women.
- Lack of adequate home support has placed additional pressures on clients' families and friends, some of whom are forced to forgo employment income in order to provide care themselves.

Recommendations for the Provincial Government

- Increase funding for home support to ensure that individuals who require only prevention and maintenance supports (i.e. meal preparation, cleaning, shopping, etc.) to remain in their own homes receive the services they require, and that these services are part of the care provided to all home support clients.
- Increase integration of home support with other health services, including the provision of core funding to home support programs/agencies and better co-ordination with home care and other community health and primary care services.
- Improve working conditions for community health workers and provide more opportunities for CHWs to have input into care planning, and develop a mechanism to support continuing education.
- Prioritize research on innovative models for home support delivery (both local and international) that are comprehensive, prevention-oriented, and effective in controlling costs within the broader health system.
- Increase transparency and accountability in health care by requiring health authorities to report their continuing care expenditures by category. (Health authorities are currently not required to report this breakdown, making it impossible for the public to know how much is being spent on various services, such as residential care, home support, home care, etc.)
- Establish an independent external review of the full range of continuing care services, with the goal of developing a new plan and approach to the delivery of these services.

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