Caring About Home Care:
A Framework for Improvement in Ontario
The report aims to add concrete advancements for the home care and personal support field. It draws on data collected through the collaborative research project at the Centre for Global Social Policy and specifically the Gender, Migration and the Work of Care project. The current major research project at the Centre investigates how the reorganization of care is influencing care workers’ international migration, and how this relates to gender equality and social development.

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EXECUTIVE SUMMARY

There is growing concern about the increasing demand for home care and personal support workers in Ontario. Wider discussions on the quality of care and the value of care are occurring in public spheres. Rising discontent over care in the healthcare system is leading to more calls for action. This briefing provides insight into the home care sector and personal support work with a focus on social and economic policy considerations, and concludes with sustainable policy recommendations.

The social and economic considerations for the home care sector are diverse. They include changing demographics within the population of seniors and high costs within the healthcare system. These costs are increasingly being offloaded to individual care recipients; despite this, recipients have little control over their care. Policy and funding has not succeeded in bridging the divide. This is placing strain on the home care system to foot the bill in both the management of care and the associated costs. This report will disentangle these trends to contextualize the implications for agencies, care providers and care recipients.

This briefing provides important insights into the policy field of home care. Some of these insights come from a jurisdictional comparison with the United States. Case examples from Oregon, Washington and California are used to demonstrate the successful implementation of self-directed care, a personal support worker registry, and better, standardized training. Analysis on this comparison and the value of care directly informs the recommendations made for Ontario’s home care sector. Ultimately, these recommendations aim to bring about higher quality and security in home care for workers and care recipients.
1 INTRODUCTION

Home care in Canada gives people the opportunity to receive care in the comfort of their own homes for as long as possible. It consists of medically-oriented and personal care services, such as bathing, feeding, dressing, toileting, walking, meal preparation and child care, delivered through a model that combines both public and private spending arrangements.\(^1\) It includes home health services such as physiotherapy, occupational therapy, speech therapy, nutrition, counselling, and social services. The combined spending on home and community care services supported an estimated 1.33 million Canadians who were home care recipients in 2010.\(^2\) This also supported between 76,000 and 99,000 full-time equivalent jobs for paid providers of home and community care services across the country.\(^3\)

Canada is increasingly relying on home care services as this sector grows.

Personal support workers (PSWs) play a major role in delivering home care as part of Ontario’s healthcare system. An estimated 57,000 PSWs worked in long-term care in Ontario in 2012, 26,000 of whom work through agencies, provided home care.\(^4\) They provide personal care for seniors, people with disabilities and other vulnerable populations. PSWs do everything from providing medication to personal care and home management. Most PSWs provide services in private residences, but some also work in long term care facilities or in their

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\(^2\) Conference Board of Canada (2012). "Home and Community Care has an Important and Growing Role in Canadians’ Health." m.


This is an occupation where the roles and responsibilities are constantly changing to meet the needs of care recipients.

The position of PSWs is expanding to meet demographic shifts in the population of seniors in Canada. According to the 2016 Census, the national population of seniors has reached nearly six million and the growth rate is four times that of the overall population. In 2011, the Canadian Institute for Health Information reported that “demand for home-care services increased across the country by 55% over the past five years and seniors represent 70% of that demand.” In Ontario, “the [number] of seniors aged 65 and over is projected to almost double from about 2.3 million, or 16.4 per cent of population in 2016, to over 4.6 million, or 25.0 per cent, by 2041”. This is due to the baby boomer population aging, but also due to the population as a whole growing larger through immigration and living longer thanks to new technologies. These trends create pressure to meet the needs of seniors as they age.

“Role of Persons Trained as Personal Attendants or Personal Support Workers.” Ontario Community Support Association (2009).
In addition, there are growing economic pressures to lower healthcare costs in Ontario. Health care costs for hospitals compared to home care are much more expensive. In a study done by the Wellesley Institute, “home care [in Ontario] costs approximately $45 per day, which is a contrast to the $450 cost of a hospital stay per day or $135 long-term care cost per day.”

These costs are getting larger as public funding for hospital care is gradually cut. The Globe and Mail estimates that, in Ontario, “the government has cut spending on acute-care hospital beds by 44 per cent over the last quarter century, from 33,403 in 1990 to 18,588 in 2014.”

These spending decisions illustrate the shift to home care for cost-effectiveness within the healthcare sector.

Wherever possible, the healthcare system has been offloading the role of care to individuals in home care. This is due to economic pressures and large demographic shifts in care for seniors. The next chapter describes these challenges with a focus on the impact on quality of care. The following chapters include a discussion of the provincial response since the 1980s with regard to home care policy, a jurisdictional analysis of Washington and Oregon State for insights into improving home care delivery, and recommendations for the home care sector in Ontario moving forward.

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2 CHALLENGES IN THE HOME CARE SECTOR

The demand for home care in Canada is growing quickly. Statistics Canada reports that approximately 2.2 million Canadians received government-funded home care in 2012. But, in the same year, nearly half a million Canadians had ‘unmet’ home care needs, referring to the fact that they did not receive care in the previous year that they needed. Among the Canadians who received home care in 2012, 15% did not receive all the help needed. Ontario has the same issues as many people are waiting to receive care; according to the Community Care Access Centre (CCAC) now Local Health Integration Network (LHIN), in Ontario, there are more than 4,500 people on their waitlist. The large demand for care has created an issue where care is not accessed, or not provided, when it is needed.

Government spending has increased significantly over the past decade to meet this demand in Ontario and across Canada. The federal government in 2015 promised to invest $3 billion in home care across Canada. The Conference Board of Canada reports that in the province of Ontario, “more money was spent on seniors than on any other age group in 2014.” The government of Ontario has spent about $3.2-billion in 2013-2014, which is about 6% of the health budget.

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This illustrates that both provincial and federal governments are committed to investing in home care.

Home care has never been part of Ontario’s healthcare system. Provincial governments have developed a range of home care arrangements outside the healthcare system, and coordinate various combinations of public, voluntary, and private services. In the 1990s the government of Ontario set up 43 Community Care Access Centres (CCACs) now the Local Health Integration Network (LHIN), now down to 14, distributed throughout the province. The LHIN is primarily responsible for assessing the needs of care recipients and facilitating home care through various non-profit or for-profit care providers. These care providers contract PSWs to more than 376,000 seniors in the province.¹⁸

The LHIN face challenges in facilitating home care in Ontario. Their budgets from the provincial government have been inconsistent and insufficient to fulfill their mandates. Further, the large volume of patients and seniors makes managing the provision of care on current funding increasingly difficult. They have had to

change assessment standards, reduce services, and cut clients off.\textsuperscript{19} The result has been a decline in the quality of care. Catherine Brown, the chief executive of the Ontario Association of CCACs now LHIN, said “local funding challenges are something the province must consider as it prepares to modernize the home-care system.”\textsuperscript{20} This shows that there is a need for the government to intervene. The next chapter explores targeted measures to structure the home care system more effectively for greater efficiency for both personal support workers and care recipients.

\textbf{Catherine Brown, the chief executive of the Ontario Association of CCACs, now LHIN, said “local funding challenges are something the province must consider as it prepares to modernize the home-care system”}

\textit{Kelly Grant, The Globe and Mail}


PSWs are in high demand within the home care sector. There are not enough PSWs and the turnover rate is very high. According to the Ministry of Health and Long-Term care, the turnover rate in 2014 was 60%. This is a concerning statistic, as it is better for families and agencies if there is continuity in care delivery. Continuity in care improves quality of care and reduces costs. Recruiting and retaining workers is challenging because the sector is incredibly diverse and unregulated. PSWs are not formally ‘certified’ or ‘registered’ and there is no official governing body to regulate the sector. PSWs are represented by various organizations and face different employment conditions within each particular employment contract.

Another aspect of the struggle to recruit and retain PSWs is the lack of security and recognition afforded to the workers. One area of disparity is financial security; the wages of PSWs providing in-home care are significantly lower than those working in institutions. PSWs working in home care make 5-10 dollars less an hour compared to those working in a nursing home or in a hospital. This discrepancy can be attributed to the institutionalized and standardized setting.

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hospitals and nursing homes offer. The irregularity and inconsistency of home care work does not give PSWs the recognition and security they need.

Further, the on-the-job working conditions for PSWs are equally insecure, making retention difficult. A study done by Ryerson University found that “being a PSW in the community care sector in comparison to institutional care settings such as hospitals and LTC facilities tends to be more precarious, with lower rates of pay, less job security, fewer benefits and irregular hours that may or may not be guaranteed.” The working conditions for PSWs are not uniform, often decentralized, and depend on the individual contract with each employer. The Health Professionals Regulatory Advisory Council (HPRAC) found that a large number of PSWs are doing work within the scope of practice of RNs and RPNs, and that more often than not; PSWs were working without adequate supervision. The workplace conditions are irregular and precarious with recourse to improvements through collective bargaining almost entirely out of reach.

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24 Meredith B. Lilly (2008) Medical versus social work-places: constructing and compensating the personal support worker across health care settings in Ontario, Canada, Gender, Place & Culture, 15:3, 285-299
25 Lum, Janet, Jennifer Sladek, and Alvin Ying. "Ontario Personal Support Workers in Home and Community Care: CRNCC/PSNO Survey Results." Canadian Research Network for Care in the Community.
High turnover rates among PSWs affect the quality of care. To compensate for human resource shortages, “personal support workers have to manage higher caseloads, clients with higher acuities and with less time to accomplish that care.” This creates high pressure and leads to decreased job satisfaction, which in turn leads to clients and families experiencing a lower quality of home care. Turnover also affects how care is coordinated and delivered as well as continuity in care. Home care is most successful when it is provided on a regular basis by the same individual or team; if this is not the case, important medical information about clients may not be passed along.

To compensate for human resource shortages, “personal support workers have to manage higher caseloads, clients with higher acuities and with less time to accomplish that care”

Janet Lum, Canadian Research Network for Care in the Community.

The problems associated with publicly funded care have caused care recipients to turn to unpaid caregivers. The Wellesley Institute found evidence that since care services are inconsistent across the province and hard to navigate, there is greater reliance on unpaid care systems. As a consequence, “[i]nformal caregivers, who provide important support to family members, friends or neighbours, are increasingly experiencing stress and burnout.”

28 Lum, Janet, Jennifer Sladek, and Alvin Ying. “Ontario Personal Support Workers in Home and Community Care: CRNCC/PSNO Survey Results.” Canadian Research Network for Care in the Community.
30 Um, Seong-gee, and Naomi Lightman. “Ensuring Healthy Aging for All: Home Care Access for Diverse Senior Populations in the GTA.” The Wellesley Institute (July 2016).
unpaid caregivers are balancing work and their own families with care provision. Reliance on unpaid care can create tension and stress within a family which can have negative effects on overall health.

The Ontario government has attempted to mitigate high turnover rates by increasing wages of publically-funded home care PSWs and developing new standards for education and training through the Ministry of Training, Colleges and Universities (MTCU). However, these changes did not address all the issues that PSWs face. The standards of practice for PSWs do not apply across the board, and are not updated adequately for mental health issues or culturally appropriate care. A study done by Ryerson University found that policies that improve job satisfaction and provide organizational restructuring increase career longevity, add recognition of care as a viable career, and decrease costs. Creating better administration in personal support work and giving more recognition to the work of care is necessary for better home care and occupational security. The next chapter provides insight into why there is lack of recognition in care work and how care work is devalued.

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32 Lum, Janet, Jennifer Sladek, and Alvin Ying. “Ontario Personal Support Workers in Home and Community Care: CRNCC/PSNO Survey Results.” Canadian Research Network for Care in the Community.
4 GENDER, ETHNICITY AND PERSONAL SUPPORT WORK

In Canada, women dominate the home care field. Statistics Canada reports that the number of women working in home care rose by 36.6% between 1991 and 2001.\textsuperscript{33} Care work often involves domestic duties in taking care of the client's personal needs, which have been historically gendered and stereotyped.\textsuperscript{34} Home care is largely viewed as the taken-for-granted informal caring and practical work culturally associated with women.\textsuperscript{35} This is because women who worked in the home were historically financially dependent on others, and their unpaid home care has been systemically devalued.\textsuperscript{36}

A high proportion of women in personal support work are immigrants and visible minorities. Various factors explain this overrepresentation, including less Canadian work experience, more language barriers, and discrimination.\textsuperscript{37} Over the past decade, almost 70\% of the overall growth in the labour market has come from immigration, with 57\% of that growth occurring in Ontario’s market.\textsuperscript{38}

\textsuperscript{34}Meredith B. Lilly (2008) Medical versus social work-places: constructing and compensating the personal support worker across health care settings in Ontario, Canada, Gender, Place & Culture, 15:3, 285-299
\textsuperscript{36}Meredith B. Lilly (2008) Medical versus social work-places: constructing and compensating the personal support worker across health care settings in Ontario, Canada, Gender, Place & Culture, 15:3, 285-299
\textsuperscript{38}Brookman, Catherine A. \textit{The personal support worker: improving work experience: a comparison across two health care sectors}. Ontario Institute for Studies in Education, University of Toronto, 2007 & Cranford, Cynthia. 2014. "Towards Flexibility with Security for (Im)migrant Care Workers: A
International Labour Organization reports, “Poverty, lack of employment options, unequal access to available formal jobs for lack of education, skills and resources, and discrimination in the job market, push many to take on low-paying, low-status and precarious jobs, such as domestic work, in the informal economy.”39 These factors combined lead to the undesired nature of care work.

The informal and undesired nature of care work underlies these trends and has left it with little recognition as legitimate work. As care is provided inside the private sphere of the home, it is often hidden and associated with informality. This is because the home is not considered a workplace in the way of a factory. Instead, the home is a space characterized by domestic, gendered and racialized themes. Care work performed by women and visible minorities becomes overlooked and undervalued, considered a profession of last resort; or just a survival strategy for employees with no other access to the urban labour market.40

The conceptions of care work as unrecognized and unvalued compromise an employee’s recognition and working conditions in the home of the care recipient—leaving them vulnerable to abuse. Little has been done by the public or by government to resolve these issues continuing the devaluation of care. Improving the working conditions of PSWs so that workers are regulated, recognized and valued would improve home care for recipients as well. The next chapters provide an analysis of policy measures taken in Ontario and in the United States that are moving towards a better system of home care.

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39Formalizing Domestic Work.” International Labour Organization (December 2016).
40Meredith B. Lilly (2008) Medical versus social work-places: constructing and compensating the personal support worker across health care settings in Ontario, Canada, Gender, Place & Culture, 15:3, 285-299

5 THE PROVINCIAL RESPONSE

Concern over home care only emerged as a distinct component of the health system in Canada in the late 1980s. In the 1984 Canada Health Act, intermediate care in nursing homes, adult residential care services, and home care were described as “extended services” rather than core health services. However, by the late 1980s, these services were prominently offered across Canada. By the turn of the century, home care was seen as a crucial provincial service for seniors and medically high-risk patients. By 2002, home care was even described as “the next essential service” by the Royal Commission on the Future of Health Care in Canada. Given this rise in profile, the government is understandably invested in improving home care.

In 2002, home care was described as “the next essential service” by the Royal Commission on the Future of Health Care in Canada.

Conference Board of Canada, 2012

In the 1990s, the federal government coordinated personal support work. Home care came under provincial jurisdiction in 1995 with the passage of the Canadian Health and Social Transfer (CHST). From 1995 to 2003 the provincial government engaged in contracting out home care with a “market-modelled system of

managed competition.” The government replaced a number of related jobs with the formally titled Personal Support Worker. This title encompassed care aide, home support worker, attendant care worker, and respite worker. This made personal support a large category in a privatized market-model of home care.

In the last decade, the Ontario government enacted many changes to support home care and personal care workers, starting with the *Long-Term Care Homes Act.* A regulation to this act changed the qualifications to be considered a Personal Support Worker. This was the first piece of legislation that mandated qualifications based on education, training and experience. *Ontario’s Action Plan for Health Care* followed in 2012, and acknowledged the fragmented home care system while adding more funding and increased services. This came as part of an effort to recruit and retain more PSWs to help transform personal support work into a more permanent occupation. The 2014 Workforce Stabilization Strategy also includes measures to create more permanent employment for PSWs, as well as on-the-job orientation for a smoother transition into the sector.

Most recently, the government has introduced proposed changes to Ontario’s labour and employment standards laws with the *Fair Workplaces, Better Jobs Act, 2017.* Labour groups and numerous advocacy organizations have long advocated

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43 Meredith B. Lilly (2008) Medical versus social work-places: constructing and compensating the personal support worker across health care settings in Ontario, Canada, Gender, Place & Culture, 15:3, 285-299  
46 Ontario Regulation 79/10 made under the *Long-Term Care Homes Act*, 2007, O. Reg. 79/10 § 2-47 Qualifications of personal support workers (The Government of Ontario March 10, 2010).  
for reforms to the *Labour Relations Act*[^50] and *Employment Standards Act*.[^51] The first was “equal pay for part-time, temporary, casual and seasonal employees doing the same job as full-time employees; and equal pay for temporary help agency employees doing the same job as permanent employees at the agencies' client companies.”[^52] This applies to PSWs, who are almost always on multiple part-time or casual contracts, but do the work of a full-time employee. Here, unions and other organizations worked with the government to secure better wages for PSWs who otherwise would be impeded by the informality of their contracts.

Further changes were made to terms of leave and vacation time. The expanded emergency leave includes a minimum of at least two paid days per year for every worker and at least three weeks of vacation time if they have been with the same contracted employer for five years or more. This legislation also makes employee scheduling fairer, as it requires “employees to be paid for three hours of work if their shift is cancelled within 48 hours of [their] scheduled start time.”[^53] This directly impacts PSWs who often work with irregular and precarious schedules.

A strong and stable PSW workforce and home care model is essential for a successful health care system in Ontario. While these legislative changes are moving in the right direction, there is more to be done. The following chapters, outlining conditions of work in the states of Oregon, Washington and California, illustrate further improvements that can be made in the home care sector.

UNITED STATES JURISDICTIONAL COMPARISON

Oregon, Washington and California closely resemble Ontario in terms of demographics for home care. There are similar economic factors and shortages within healthcare. The US turnover rate is likewise similar to Ontario, ranging from 40 to 100 percent. However, in Oregon, Washington and California, the policy response has been quite different to that of Ontario. These cases can be analyzed as alternative policy responses that could be applied in Ontario.

In 2000, Oregon created a Home Care Commission responsible for overseeing all state-funded home care services. Its role consists of “defining qualifications of homecare (HCW) and personal support workers (PSW), providing a statewide registry of HCW and PSW, providing training opportunities and serving as the ‘employer of record’ for collective bargaining for homecare and personal support workers who receive service payments that are publicly funded.” This is a policy response that differs from Ontario in terms of providing a registry for PSWs.

A highlight of Oregon’s policy response is the state registry for PSWs. It is an online service that pairs people needing in-home care services with qualified PSWs. The service allows people in need of home care to create a profile about their needs, schedule and preferences. The registry then provides a list

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54Brookman, 2007. The Personal Support Worker: Improving work Experience, A Comparison Across Two Health Care Sectors
of qualified workers most likely to match with the recipient’s requests from which the recipient can choose their preferred worker. PSWs must possess certain qualifications which are reviewed in order to get on to the registry. This facilitates the process of hiring for care recipients, adding flexibility, and allows each personal support worker to provide a consistent standard of care.

Oregon’s home care policy is important as the state serves as the ‘employer of record.’ This allows for direct interactions with unions and workers in home care for benefits and bargaining. In Ontario, the LHIN is the intermediary between the government and service provider, and any bargaining of wages and benefits is left between the service providers and the home care workers. This creates challenges for employees seeking benefits and redress, as workplaces are decentralized, with no single employer having control over monetary matters. Moreover, a significant majority of home care workers are not unionized, making it even more difficult to negotiate appropriate working conditions and compensation. When the government takes on the role of employer, a more secure relationship develops with unions and home care workers, which can lead to better working conditions and employment standards.

Washington has a unique model with the Self-Directed Care Act of 1999 setting out the standards of self-directed home care. Under self-directed care, recipients have the ability to choose and supervise a paid personal support worker, a strong contrast with the arrangements in Ontario. It leaves decisions around working conditions and worker pay to be regulated by contracts between the government, home care workers and unions. This gives

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recipients and care worker’s flexibility and control over what is important to them.

Oregon and Washington are highlighted for their unique home care policy. The same challenges in the PSW field are addressed with responses that create better quality care, support client needs and improve employment conditions. These policy options are case examples that directly inform the recommendations outlined in the subsequent chapters for improving home care in Ontario.
Ontario’s model of home care is the publicly funded medical model. In this model, a recipient’s home care needs are assessed by a government-funded agency, the Local Health Integration Network (LHIN), which dispenses the funding to a provider. The provider then employs PSWs to deliver care. This model is problematic because it has multiple levels of administration. Funding that could otherwise go directly to providing care for recipients is diluted by administrative costs. Further, care recipients are not given control over their care in this model.60 The result is a system of care provision that does not provide flexibility to care recipients nor employment security for care workers.

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There are two primary options for a different home care model. The first is the direct funding model, a model that does provide recipients with greater flexibility but affords even lower employment security to PSWs. This model is used in Ontario for people with physical disabilities. The Direct Funding Program is administered through the Centre for Independent Living in Toronto (CILT), Inc. in partnership with the Ontario Network of Independent Living Centres (ONILC), and is funded by the Ontario Ministry of Health and Long-Term Care.\textsuperscript{61} This model involves ‘self-managed’ care. Care recipients with the capacity to maintain administrative responsibility directly hire, fire, and set the pay and schedule of workers. It is a model that provides high flexibility to care recipients, but low security to workers as their pay and labour conditions are set by the care recipient.\textsuperscript{62}

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The model that would most benefit Ontario's home care sector is self-directed care. This model is used in Washington state and California.\textsuperscript{63} Self-directed care gives the care recipient flexibility through control over aspects of scheduling and management. At the same time, there are standard labour conditions for personal support workers in terms of pay, benefits and employment. Care receivers find that self-directed care meets their needs in terms of flexibility, and the care worker is in a more secure position. This is a model of home care that leads to better quality of care as both care recipient and provider are protected.\textsuperscript{64}

Self-directed care is recommended as the preferred options for home care because of the even spread nature of control. This is because it gives employment security to PSWs. If funding flows directly from the government and government bodies (i.e. LHIN), they can function as a centralized employer, creating space for

\textsuperscript{63} Cranford, Cynthia J. "From precarious workers to unionized employees and back again? The challenges of organizing personal-care workers in Ontario." Self-Employed Workers Organize: Law, Policy, and Unions (2005): 96-135 &

collective bargaining. Unions can then argue on the workers’ behalf to ensure they receive proper wages and benefits and are protected against workplace abuse. Meeting care workers’ needs will help improve retention and reduce high turnover rates, which will in turn help to ensure the delivery of high quality home care.

For this model to function best, there needs to be a way for care recipients to choose their preferred care provider. In the model as it exists today, this is the job of the LHIN or the private provider. Under self-directed care, however, the care recipient chooses their personal support worker and has control over the scheduling and care that best suits their needs (for example, by selecting a care worker who speaks their preferred language). This is why a registry for personal support workers, similar to the one in Oregon, would be valuable for Ontario. The next chapter explores this possibility in greater depth.
A provincial registry for personal support workers is not a new idea. Ontario had a registry from 2011 to 2013 run by the Ontario Community Support Organization with a contract from the Ministry of Health and Long Term Care. Now, more than ever, is the time to reinstate the registry. A registry would provide similar benefits to regulation without the same funding and legal requirements. The Ontario government has recognized the downfalls of unregulated personal support work and has committed to providing a provincial registry.

The registry that existed in 2011 was not properly managed and faced significant challenges and criticism, and so was discontinued. PSWs self-applied to the registry, providing basic information about their personal details, background and qualifications. This allowed employers and families to check quality and enabled greater access to care. However, the registry was closed in 2016 after a report given to the Ministry of Health revealed that the agency that ran the registry did not thoroughly supervise or regulate the people on the registry. For example, it was found that numerous workers on the registry had criminal records or poor employment histories, which were not disclosed. Care recipients therefore could not rely on the registry to inform their decisions in accessing home care. A revamped registry must be properly administered.

Implementing a PSW registry can yield positive results. Substantively, the registry should allow the government and other agencies to monitor the PSW labour

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market. This will ensure care recipients are able to verify that the PSW hired is able to deliver quality care. The registry should mirror the one in Oregon by matching care recipients and their families to care providers. Involving families of care recipients can help if care recipients themselves are unable to access the registry. A successful registry will ease entry and re-entry of PSWs into the care labour market, and ensure care recipients enjoy greater flexibility and more control over their care.

Ontario will need to apply appropriate and consistent measures in administering the registry, especially when adding or removing PSWs. This process would be made much simpler if standards for education and training were updated and applicable to all workers. Currently, there is huge variation among PSWs in the training and education they have received. A move towards standardized training or education for all PSWs would be positive, especially since the population of seniors are older and sicker than before and PSWs are tasked with much more of their medical and personal care. This would benefit marginalized senior populations such as LGBTQ+ seniors, seniors with severe mental and physical disabilities and seniors who speak a language other than English. If a PSW is registered, care recipients can be confident that they have completed standardized training courses and have passed any other relevant certifications, such as criminal record checks.

Procedurally, the registry will provide statistical and demographic data about the PSW field. The government and other agencies will have access to information regarding the size and composition of the PSW labour market in Ontario, which

can inform planning and recruiting efforts.\textsuperscript{73} The management, maintenance and accessibility of the registry will need to be conducted in consultation with PSWs themselves, government organizations, advocacy groups and union representatives. This will only happen if there is self-governance from PSWs for the registry and an independent board that is established at arm’s length from employers, educators and the Ministry to govern the operations of the registry with the proper funding.\textsuperscript{74} This would also allow the registry to give governance and autonomy to PSWs as well as act as a step toward self-regulation. This is supported by a number of PSW advocacy and employer groups. This is because it has the potential to increase public recognition of PSWs and PSW organizations as well as give them recognition and security.\textsuperscript{75} 

\textsuperscript{73} Laporte, Audrey, and David Rudoler. "Assessing Ontario’s Personal Support Worker Registry." \textit{Health Reform Observer} 1, no. 1 (August 12, 2013).


\textsuperscript{75} Laporte, Audrey, and David Rudoler. "Assessing Ontario’s Personal Support Worker Registry." \textit{Health Reform Observer} 1, no. 1 (August 12, 2013).
9 TIME TO WORK TOGETHER

The growing demand for home care and personal support workers is creating a crisis for Ontario’s healthcare system. The population of seniors is expanding with the baby boomer generation beginning to retire and the population as a whole living longer. The home care system is underfunded, extremely costly, and the burden is falling on care workers and care recipients. The value of care is an important consideration in the home care sector. Gendered and racialized stereotyping of care work leads to devaluing it and is compounded by systemic underfunding and high turnover rates. High turnover is caused in part by the lack of security, benefits and recognition afforded to care work. The current model of home care in Ontario is difficult and strenuous for both care recipients and care workers. Higher valuation of the home care sector, achieved in part through improved working conditions, pay, and benefits, would improve both the quality of employment for workers and the quality of care for recipients.

Home care is of critical importance to recipients. It ought to be considered an essential service, and the Ontario government, PSWs and their advocates need to work together to treat it as such. Governments at both the provincial and federal level have promised funding that can be used to improve the sector – funding is needed now more than ever. This briefing calls for a shift to a self-directed care model for home care and a well-managed registry for personal support workers. It also recommends the implementation of standardized training and/or education for PSWs in Ontario. These changes would lead to better quality home care for care recipients as well as better working conditions for home care workers. With a home care system in place that ensures security for workers and flexibility for recipients, Ontario will be better prepared to meet the growing demand for home care over the next several decades.