

Home support is part of a continuum of community- and home-based health

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.
 - 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.

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- 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).

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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.

