

Ontario Health Coalition Homecare Policy Statement December 2004

Canadian society has a collective responsibility to ensure universal entitlement to public care throughout life. Such care must be provided without discrimination as to gender, ability, age, physical location, sexual orientation, socio-economic and family status or ethnocultural origin. The right to care is a fundamental human right.

Statement from Charlottetown Declaration on the Right to Care¹

Homecare is an integral part of the continuum of care and must operate under the principles of the Canada Health Act. Moreover, the definition of homecare must include continuing supportive care for persons with age-related or other disabilities and those managing chronic illnesses, mental or physical. Care should be delivered with the goal of providing dignified lives for care recipients, caregivers, and workers in the homecare system. Homecare, must not be viewed as a cheap way to replace facility services, cut wages, download caregiving to unpaid caregivers or limit access to services. Such care is a public good rather than a commodity bought and sold for profit. Modernization of our health system must respect homecare as an equal to facility-based care, along with proactive regard for the determinants of health. Access to care should be provided on a principled basis, and understood as an interdependent relationship.

Homecare principles

- Universal, comprehensive, accessible
 - High quality care provided by not-for-profit organizations
 - Democratic & flexible with local community governance
 - Responsive & transparent
 - Integrated into a continuum of care
 - Equitable, incorporating a full awareness of diversity
 - Standards-based & enforceable
 - Respectful
 - Homecare must be treated equally to the rest of the health care system
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Government actions required to fulfill these principles

- Stop competitive bidding. Competitive bidding diverts tremendous resources from care into marketing, administration, profit-taking and redundancy.
- Reverse the private for-profit delivery of homecare by building quality, local community-controlled, integrated non-profit delivery. Eight years of expanded for-profit care has brought no evidence of better care outcomes, but has created instability and removed resources from caregiving.
- Repeal directives requiring the CCACs to divest direct care and allow CCACs to hire direct care staff.
- Fund homecare to meet population need for services, including supportive care to allow seniors to age in place and persons with disabilities or chronic illnesses to live in the community, and in-home respite for family caregivers.

- Establish terms of employment that are equal to other health sectors. Respectful working conditions must include fair, equitable and standardized wages and benefits, pay equity, paid sick leave, pension benefits, employment security and guaranteed hours of work. Competitive bidding has contributed to staff shortages and incentives for workers to leave the sector for better working conditions. Continuity of care relies upon a stable workforce, which, in turn, depends upon respectful and just employment conditions.
- Repeal Bill 130 and restore democratic community governance of homecare services.
- Establish an enforceable, standards-based a continuum of care provided on an universal and equitable basis, without presumption of unpaid caregiving. This continuum must include acute homecare services, rehabilitation and other therapies, mental health services, supportive care, and respite.
- Establish a granting fund for non-profit agency pilot projects providing for innovation and identification of specific local community needs that:
 - improve access and equitable services for ethno-cultural and marginalized communities
 - fill service gaps and emerging needs
 - promote health and prevent unnecessary hospitalization or institutionalization
- Increase funding for supportive housing in appropriate settings.
- Ensure that culturally sensitive services are accessible on an equitable basis.
- Establish clear and enforceable whistle-blower protection for staff and care recipients.
- Establish clear protection of public access to information. Everyone must have unimpeded access to information relating to decisions about their care. Ensure that people have access to information that is necessary for meaningful public engagement in policy issues.
- Establish a clear complaints system and a pro-active evaluation system for homecare under the responsibilities of the Long Term Care Ombudsperson.
- Establish a code of respect for homecare including rights to access democratic, local control of services, rights to access on an equitable basis, rights to dignified working conditions, wage parity with health institutions, and job security with successor rights.

1. In Charlottetown in November 2001, 55 experts from the academic, policy and caregiver communities gathered to discuss research and on women and homecare. Based on their experiences and the expert research literature, these experts forged consensus around a statement called the Charlottetown Declaration on the Right to Care. This quote is from that declaration.