



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

WE MUST DO BETTER

HOME SUPPORT SERVICES
FOR BC SENIORS

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OFFICE OF THE **SENIORS** ADVOCATE

Overwhelmingly, seniors in B.C. want to live in the comfort of their own homes with familiar faces and surroundings for the entirety of their lives. If needs develop as they age, most seniors would prefer to receive help in their home as much as possible and forestall, hopefully indefinitely, moving into a long-term care facility. The types of supports that seniors need as they age varies depending on where they live, whether they have family nearby and their level of financial resources.

As a province, we want to ensure seniors are provided with the care they need, whether that is in hospital, at home or in a long-term care facility. We also want to ensure the care we provide is supporting the desire of seniors to live as independently as possible, for as long as possible. The largest provincial program that is designed to provide care at home for seniors as they age is home support. This report offers findings from a systemic review of B.C.'s provincially-funded home support program completed by my office. It is our second review of this program and includes the results of a provincewide survey that heard from over 6,000 seniors who receive the services we reviewed.

Home support services range from assistance with bathing and daily personal care, to more complex tasks such as catheter care, oxygen therapy and management of medications. Trained community health workers deliver these care services while supervised by professional nurses. The goal of the program is to offer enough support that seniors can remain in their own home and not be required to move to a long-term care facility if they only need limited support.

Of the many seniors who contact my office and speak to me as I visit communities throughout B.C., I hear about both the benefits and frustrations with the current program. This review looks at the clients we are serving to see if we are meeting their needs as well as those of their family members. The review also examines if there are barriers preventing seniors who might benefit from home support from receiving it.

When we ask seniors receiving home support about their experiences, we hear overwhelmingly that they are grateful for the service they receive, believe they are treated with respect and compassion, are not subject to discrimination of any kind, and have a high regard for the community health workers who provide their care. However, we must also recognize the fault lines that are appearing. The number of clients prepared to rate their home support service as excellent dropped 30% in the past five years, although most people still rate their service as very good or better. There are still over one third of home support clients who need additional services such as housekeeping, bathing and meal preparation. Family members are significantly less likely to feel the program is meeting their loved one's needs than they were five years ago.

In addition to feedback from clients and their family members, we looked at the data to compare where we are today to where we were five years ago in the delivery of home support. Unfortunately, the information from this analysis is not encouraging for most of the measures we examined.

While the funding allocated to home support increased 42% in the last five years, the number of hours delivered has only increased 5% and we are not keeping pace with the growing demand of an aging population. The rate of home support clients per 1,000 population 75 and over has decreased 10% over the past five years, and while there has been rising clinical acuity, the average hours of care per client has dropped.

As with our previous report in 2019, we examined the hours of care and days of service and found no improvements in the last five years. Most home support clients do not receive daily service and most receive an hour or less of service on the days they do receive it. This is despite the fact that 55% of seniors have sufficient complexity to rate them at high or very high risk for admission to a long-term care facility.

The burden this shortfall in service presents to family caregivers is evident in our levels of caregiver distress. At 34%, B.C. has the third highest level of caregiver distress in Canada.

In assessing the efficacy of the home support program in achieving its goal – supporting seniors to remain at home and avoid admissions to a long-term care facility- we looked to see if we are providing enough support to keep seniors with lower care needs at home.

Unfortunately, we again found the data are not encouraging. Almost two thirds of new admissions to long-term care had no home support 90 days prior to admission. This is similar to what we found five years ago and is one of the more compelling arguments that our home support program is not reaching its full potential. Another measure we looked at was the level of care we are providing to residents in long-term care. Using the Canadian Institute for Health Information (CIHI) definition of a low care needs resident who could be cared for in the community, we found that B.C.'s rate of newly-admitted long-term care residents with low care needs is twice as high as Alberta and Ontario, and we are 34% higher than the national average. Given that the wait times for long-term care in B.C. are increasing and costs are rising, it is important to ensure we are providing as much support as possible to allow seniors to remain at home. The evidence would suggest we are not meeting this aim to the same degree as many other provinces.

One of the main differences between B.C. and Ontario and Alberta is that B.C. charges for its

publicly-funded home support services while those provinces do not. There may be many reasons why a person does not receive home support, however, the degree to which cost is a barrier is unique to B.C. In B.C. a senior with an annual pension income of \$29,000 will be required to pay \$9,000 a year for a one-hour daily visit of home support.

The most troubling aspect of the five-year trends we are observing in home support are the continued decreases in services, rising client acuity and increasing caregiver distress. We must begin to seriously address the many issues impacting our ability to provide meaningful support to meet the needs of seniors as they age at home and reverse the current trajectory. In the absence of this, we will continue to see growing and costly pressures in other parts of our healthcare system.

In conclusion, as we look at the data from the last five years and read the responses to our survey, we must recognize the pandemic will have had an impact. However, we also know there were challenges in the home support program identified prior to the pandemic. While events of the past two years may have exacerbated some issues, they did not create them. Most significantly, regardless of the challenges of the past, we must embrace opportunities for improvement in the future.

Sincerely,



Isobel Mackenzie
Seniors Advocate
Province of British Columbia

INTRODUCTION

Seniors want to live at home for as long as possible. Remaining at home provides seniors with a sense of familiarity, comfort and connection to their friends, neighbours and community. Most seniors in B.C. live independently in their communities. However, as people age, they are more likely to experience challenges with everyday tasks they once could do themselves and may need support to continue living on their own. The need for help usually develops gradually over time. Initially, it is often the heavy lifting and hauling that becomes difficult, and then more moderate physical tasks such as housekeeping become challenging. Finally, more basic tasks such as cooking or personal care become impossible without assistance. Throughout this continuum, there is often help available. Most frequently, assistance comes from family, friends and neighbours. However, for some people, support is required from paid caregivers.

In B.C., as in all provinces, there is a provincial home support program that offers assistance with some of the activities of daily living needed to keep seniors safe. Home support is often the lifeline that keeps seniors from moving into a long-term care facility. In B.C., most seniors are living longer, healthier lives. However some seniors, including half of people age 85 and older, will need to manage their activities while also living with chronic health conditions. Receiving help to get up and dressed each morning, manage medications, have a bath or shower, undertake housekeeping chores and ensure meals are prepared are all elements of a comprehensive home support program that can prove transformative for many seniors.

The Office of the Seniors Advocate (OSA) regularly reviews the BC Home Support program. Each year, the OSA produces a monitoring report tracking home support clients and hours of service with year-over-year and five-year trend analysis. Every five years, the OSA surveys all recipients of home support services and periodically undertakes a more comprehensive review of the program.

This report combines the most recent home support client survey with an updated comprehensive program review. The last home support client survey was completed in 2016 and the last comprehensive review of home support was completed in 2019.

HOME SUPPORT SERVICES IN B.C.

Publicly-subsidized home support is a program under B.C.'s Ministry of Health Home and Community Care division and is delivered by each of the five regional health authorities. The program supports clients requiring personal assistance with activities of daily living (ADLs) that are essential for independence. This includes tasks such as bathing and dressing, lifts and transfers, toileting and medication management. Services are delivered by Community Health Workers (CHWs) in a client's home. The goal of home support is to enable clients to live independently in the community and avoid the need to move to a long-term care facility.

Home support services can be provided on a short-term basis after discharge from hospital, over longer periods of time, such as several months or years, or as part of end-of-life care. Home support services can also be provided as respite to provide caregivers a break from the daily demands of caring for a senior.

To receive home support services, a senior will receive an in-person assessment in their home by a health authority case manager. The case manager will assess the physical, emotional and cognitive function of the senior within the context of their home environment and consider available family supports. The result of the assessment will determine the level of home support hours the health authority will provide each month. The case manager will also review the senior's most recent Notice of Assessment from the Canada Revenue Agency to determine their level of financial contribution for home support services. If a senior must commence home support services when they are discharged from hospital, the initial assessment may be done in the hospital and the financial assessment may be delayed until a full in-home assessment is completed, usually within 30 days of discharge. If a senior receives only short-term home supports for a week or two after discharge from the hospital, there is no assessment and no financial contribution is required from the client.

Home support services are delivered by CHWs who are health authority employees and supervised by nursing professionals. In B.C., all CHWs performing publicly-funded home support must be registered with the BC Care Aide and Community Health Worker Registry which ensures consistent standards of education, training and oversight. In most health authorities, there is some temporary use of private home support agencies when staffing levels in the health authority cannot meet the immediate demand for service.

ACTIVITIES OF DAILY LIVING (ADLs) AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

Activities of Daily Living (ADLs) and Instrumental Activities (IADLs) are used to categorize the activities someone needs to be able to undertake in order to live independently in their own home.

ADLs are activities related to personal care and include mobilization, bathing, toileting, grooming, cueing, medication and eating.

IADLs are activities which relate to household management including cleaning, laundry, meal preparation, grocery shopping and financial management.



CHOICES IN SUPPORT FOR INDEPENDENT LIVING (CSIL) – SELF DIRECTED OPTION FOR HOME SUPPORT SERVICES

The Choice in Supports for Independent Living (CSIL) program allows clients who are eligible for home support to self-direct their care. CSIL clients receive funding directly from the health authority to hire, pay for and manage their own home support services. For clients who are capable of directing their own care or have someone who can do this on their behalf, such as a spouse or adult child, CSIL can be an excellent alternative to health authority-delivered services because it allows clients to control who provides the care, how it is provided and when it is scheduled.

CSIL clients are funded at \$33.40 per hour (2022) for the number of hours of care they require as determined by the health authority. CSIL clients complete the same financial assessment as clients who receive home support directly from the health authority to determine the amount they must pay for their home support services. Currently, less than 1% of home support clients age 65 and older are under the CSIL program.

HOME SUPPORT SERVICES POLICY

The Home Support program is regulated under the Continuing Care Act (1996), the Continuing Care Fees Regulation (1997) and the Continuing Care Programs Regulation (1995). The Act and regulations are supplemented by the Ministry of Health Home and Community Care Policy Manual which sets out the ministry requirements for health authorities in planning and delivering publicly-subsidized home and community care services including the direction on eligibility criteria, referral and assessment processes and client fees. Each health authority has their own operational guidelines they apply to delivering home support services within ministry policy requirements.

Over the years, there have been minor amendments, however the basic Act and regulations governing home support services have remained unchanged for 25 years. At the policy level, the last major change to the Act and regulation was in the 1990s when housekeeping, meal preparation and transportation services were eliminated as routine services (now provided by exception only).



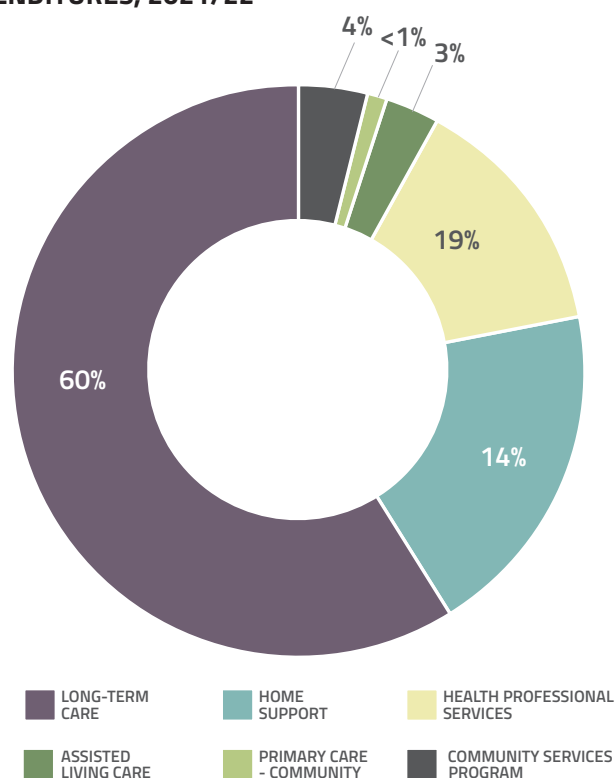
FUNDING HOME SUPPORT SERVICES

The Ministry of Health provides funding to health authorities to deliver home and community care services (HCC) including home support. Last year, the health authorities spent a total of \$4.81 billion in HCC services, of which 14% (\$693 million) was on home support services. The largest HCC expenditure is long-term care which consumes 60% of the total expenditure (\$2.87 billion). In the past five years, the overall expenditures in HCC increased 50% with the amount spent on home support increasing 42%¹.

Last year, Fraser and Vancouver Island health authorities each had the largest share of total home support expenditures (30%), followed by Vancouver Coastal (22%), Interior Health (14%) and Northern Health (4%). In the past five years, all health authorities have increased spending on home support services ranging from 23% in Interior Health to 55% in Vancouver Island Health.

In B.C., home support clients are assessed a client daily rate as their personal financial contribution to the daily cost of their home support. Seniors in receipt of the federal Guaranteed Income Supplement (GIS) and other government income assistance programs are exempt from the daily rate payment. Currently, 30% of seniors in B.C. qualify to have their daily rate contribution waived and 65% of current home support clients have their client contribution waived. For seniors required to pay the daily assessed rate, the median assessed daily rate charged to home support clients last year was \$41.32 or \$15,081 annually, a 23% increase over the past five years. Approximately \$31 million was collected in client fees last year.

FIGURE 1: HOME AND COMMUNITY CARE ACTUAL EXPENDITURES, 2021/22



¹Home support expenditures reported by the health authorities are not all related to seniors and includes Choice in Supports for Independent Living (CSIL). Actuals are per health authority audited financial statements. Funding provided to the health authorities from the Ministry of Health can include both provincial and federal funding. ²Guaranteed Income Supplement, spouse's allowance or survivor's allowance under the Old Age Act (Canada), income or disability assistance under the B.C. Employment and Assistance Act, and War Veterans Allowance under the War Veterans Allowance Act (Canada).

FIGURE 2: TOTAL HEALTH AUTHORITY HOME SUPPORT AND HOME AND COMMUNITY CARE (HCC) ACTUAL EXPENDITURES, 2017/18 TO 2021/22

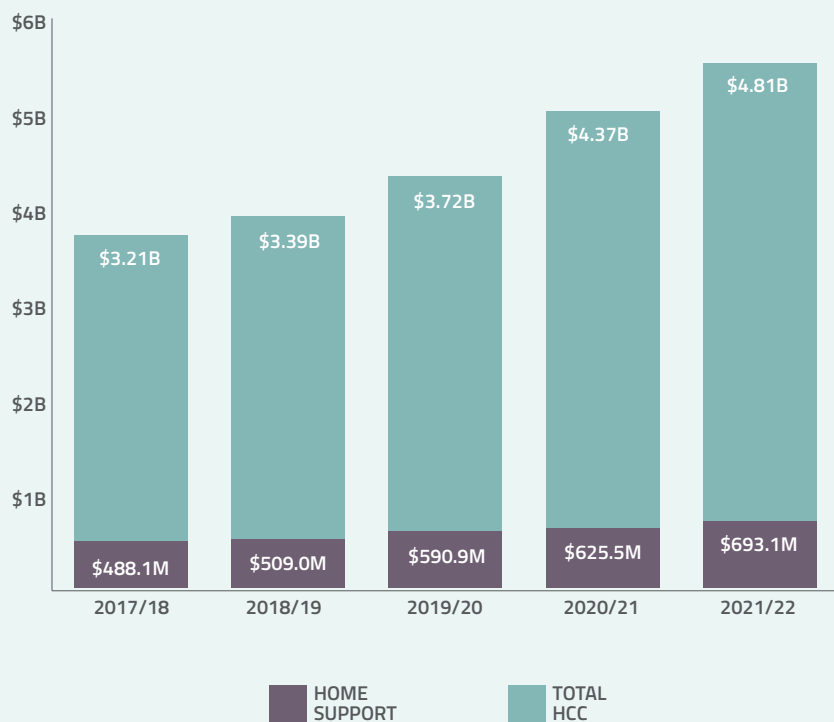
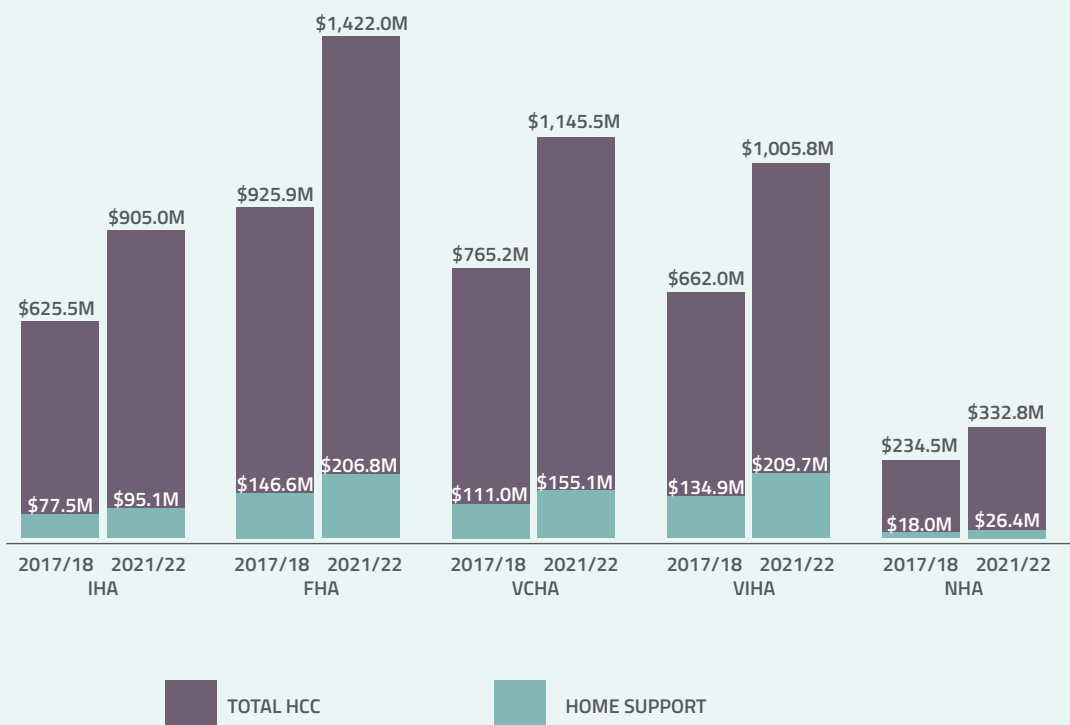


FIGURE 3: HOME SUPPORT AND HOME AND COMMUNITY CARE (HCC) ACTUAL EXPENDITURES BY HEALTH AUTHORITY, 2017/18 AND 2021/22



WHO RECEIVES HOME SUPPORT

Between April 1, 2021 and March 31, 2022, 40,681³ seniors received almost nine million hours of home support services in B.C. The five-year trend shows both the number of home support clients and the number of hours provided has increased with the average annual hours per client remaining relatively stable. In all these measures, however, there are regional variations. For example, there was a 2% increase in the number of clients in Interior Health but a 12.6% increase in Vancouver Island Health. Similarly, the increase/decrease in hours has significant regional variation and ranges from a 4.5% decrease in hours delivered in the last five years in Interior Health to an increase of 15.6% in hours in Vancouver Coastal Health.

**TABLE 1: NUMBER OF HOME SUPPORT CLIENTS AND HOURS (65+),
2017/18 TO 2021/22**

	2017/18	2018/19	2019/20	2020/21	2021/22	% CHANGE IN 5 YEARS	% CHANGE IN LAST YEAR
NUMBER OF CLIENTS	38,430	39,157	41,078	39,258	40,681	5.9%	3.6%
NUMBER OF HOURS	8,464,660	8,477,639	8,847,818	8,583,340	8,905,652	5.2%	3.8%
AVERAGE HOURS PER CLIENT	220	217	215	219	219	-0.6%	0.1%
CLIENT RATE PER 1000 POP. (65+)	44	43	43	40	40	-9.3%	-0.1%

NOTE(S): Data include short-term, long-term Home Support and CSIL clients who are 65 years old and above.

TRENDS IN THE RATE OF HOME SUPPORT CLIENTS PER 1,000 SENIORS POPULATION

While the number of home support clients increased 6% over the past five years, it is important to examine whether this rate of growth is more, less or equal to the growth in the seniors population in B.C. The number of home support clients per 1,000 population is a measure that tells us if we are maintaining the status quo or experiencing a real increase or decrease in home support services. The age at which a person needs home support services varies and most seniors today are healthy and not in need of supports. However, as we age we are more likely to need home support. Therefore, looking at the rate per 1,000 of population at ages 65+, 75+, 80+ and 85+ provides a fairly accurate assessment of whether B.C.'s home support services are keeping pace with demand.

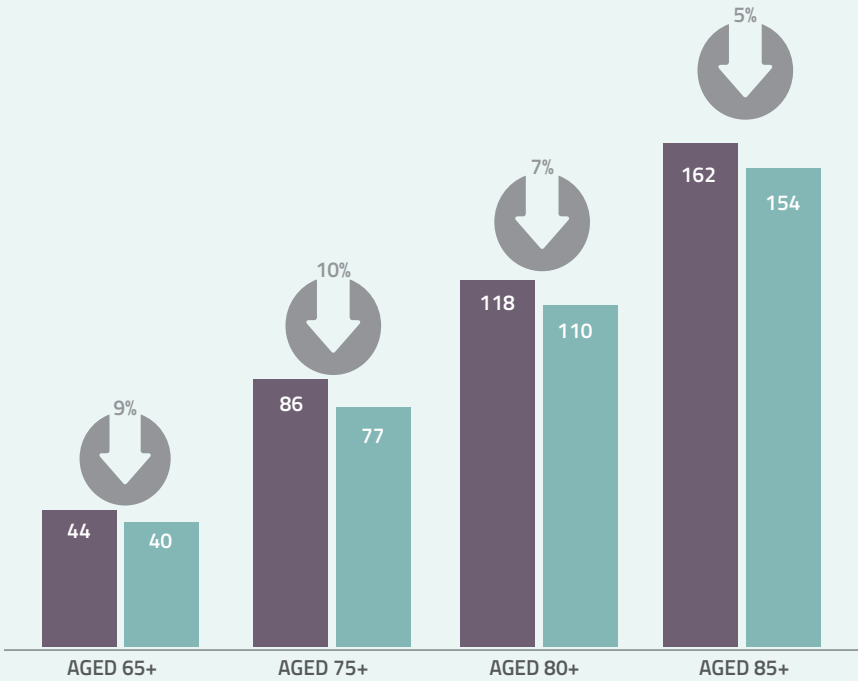
³ Data include short-term, long-term Home Support and CSIL clients who are 65 years old and above.

As illustrated in Figure 4, when we look at the rate of home support over the past five years, we find there has been a decrease in the number of clients served relative to the number of seniors at any number of age cohort.

AVERAGE HOME SUPPORT HOURS PER CLIENT PROVIDED BY HEALTH AUTHORITIES, 65+ AND 85+

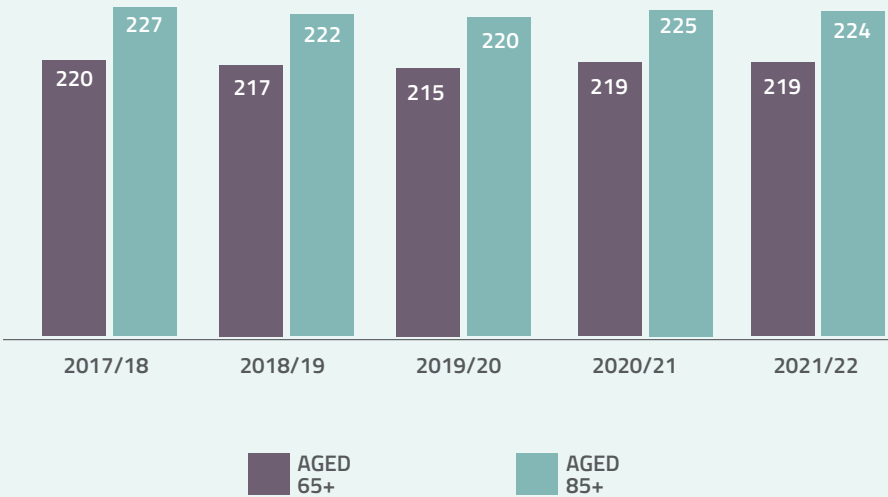
In addition to looking at the number of clients relative to the target population, another indication of whether home support is meeting the needs of clients is to look at the average number of hours that are delivered to each client relative to their complexity of care. Figure 5 shows the average home support hours per client provided by health authorities for seniors 65+ and 85+. Overall, the average hours per client for seniors 65+ had a slight decrease compared to five years ago, from 220 to 219 hours per client per year. Clients aged 85+ received more home support hours on average, however, they also experienced a larger drop in average hours over the past five years from 227 to 224 hours per client.

FIGURE 4: RATE OF HOME SUPPORT PER 1,000 B.C. POPULATION, 65+, 75+, 80+ AND 85+, 2017/18 AND 2021/22



NOTE(S): Data include short-term, long-term Home Support and CSIL clients who are 65 years old and above.

FIGURE 5: HOME SUPPORT HOURS PER RECIPIENT, 65+ AND 85+, 2017/18 TO 2021/22



NOTE(S): Data include short-term, long-term home support and CSIL clients who are 65 years old and above.

Home support clients have a wide variety of care needs and challenges which are captured in the Resident Assessment Instrument–Home Care (RAI-HC) assessment completed by health authorities upon intake for long-term home support. There are no assessments for service that is short-term following discharge from hospital. Assessments contain information about a client's overall health status including clinical and functional needs. The RAI-HC assessment provides a real time snapshot of who in B.C. is receiving home support and allows us to compare trends over time. About 70% of all home support clients (65+) receive a RAI-HC assessment. Here is some of what we know about our current long-term home support seniors population based on the latest assessments:

- Average age is 84
- 64% female,
- 46% live alone
- 46% co-reside with their primary caregiver
- 32% are married
- 2% self-identify as Indigenous
- 14% require translation assistance (Chinese 36%, Punjabi 33%)
- 22% are dependent in activities of daily living (ADL 3+)
- 22% have moderate to severe difficulty in cognitive decision-making ability (CPS 3+)
- 55% are at high to very high risk for long-term care placement (MAPLe 4 or 5)
- 33% have a diagnosis of Alzheimer's or other dementia
- 16% have diabetes
- 68% have hypertension
- 16% have congestive heart failure
- 22% are showing signs of depression
- 40% have had a fall within 90 days
- 44% are taking nine or more medications
- 34% have a caregiver in distress⁴

If we look at trends over time and compare

the home support client today to five years ago, we see some subtle shifts and some continued patterns. For example:

- the proportion of females decreased by 4% while the proportion of senior males increased 7%
- the proportion of clients with moderate to severe cognitive impairment (CPS 3+) increased 7%
- the proportion of clients with signs of depression increased 7%
- the proportion of clients with Alzheimer's/ dementia and/or those who had a fall within 90 days experienced slight declines
- the proportion of clients with diabetes decreased 5%
- the proportion of clients at risk of long-term care facility placement experienced a slight increase

⁴Canadian Institute for Health Information, Home Care Reporting System, Caregiver Distress Indicator. Accessed December 8, 2022. Includes all regions except Northern Health. For indicator definition, please visit <https://www.cihi.ca/en/indicators/caregiver-distress>

In addition to looking at the general characteristics of our home support population, we examined the data collected in the RAI-HC assessment to analyze measures in five clinical indicators:

- Method for Assigning Priority Levels (MAPLe)
- Dementia
- Aggressive behaviour
- Activities of Daily Living (ADL) scale
- Cognitive Performance Scale (CPS)

These measures give a sense of the frailty and complexity of clients receiving home support services and are used to determine the intensity of services needed.

Overall, the clinical characteristics of home support clients have remained relatively unchanged from five years ago in three of the five measures: MAPLe 4/5 (at high/very high risk of admission to a long-term care facility), dementia and aggressive behaviours. However, there are more home support clients presenting with ADL3+ and CPS 3+ compared to five years ago.

CPS is used to evaluate a person's cognitive impairment with scores ranging from 0 (intact) to 6 (very severe impairment). CPS 3+ would describe the range from someone who is able to recognize and know their close family members, usually know where they are but not be able to follow complex conversations or consistently remember recent events (3) to someone with minimal consciousness or end stage Alzheimer's (6).

The ADL score reflects a person's physical function from 0 (very high to perfect function) to 6 (very low to no function). ADL 3+ would describe the range from needing assistance with transfer and using a walker all the time (3) to someone who is completely immobile and must be transferred with a lift (6).

■ **MAPLe 1 (low risk)** – Clients are generally independent without physical disabilities and with only minor cognitive loss. There are no problems with behavior, the home environment, medication or skin ulcers. Some limited home care support may be needed because of early losses of function in limited areas.

■ **MAPLe 2 (mild risk)** – Clients need only a light level of care due to some problems with instrumental activities of daily living (e.g., housework, transportation) or loss of physical stamina.

■ **MAPLe 3 (moderate risk)** – Clients are beginning to show impairments in individual functioning that may be a threat to their independence, such as problems in the home environment, difficulty managing medications, or physical disability combined with mild cognitive impairment.

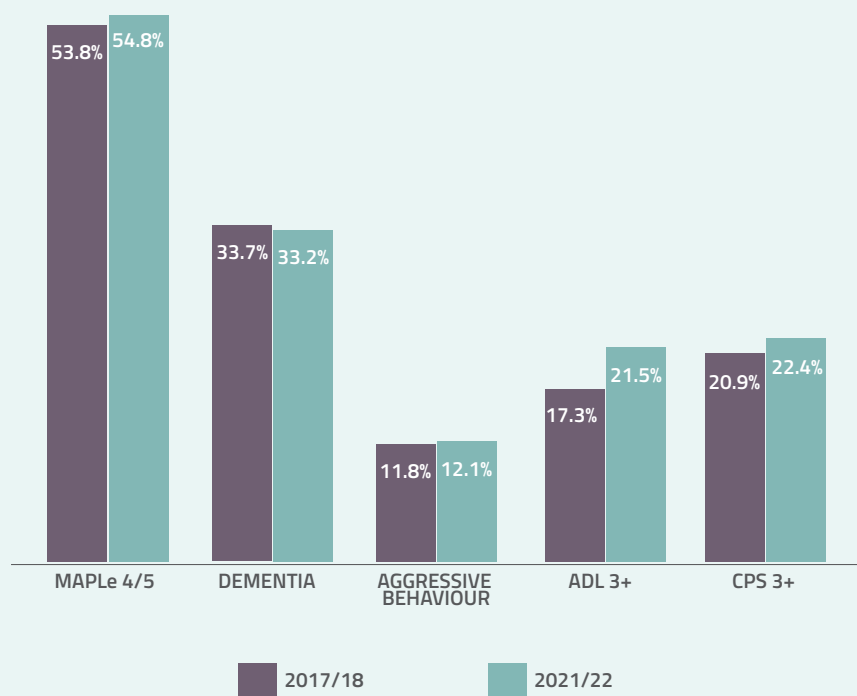
■ **MAPLe 4 (high risk)** – Clients are experiencing more complex problems, including challenging behavior or physical disability combined with cognitive impairment. These [clients] have elevated risks of [long-term care] placement and caregiver distress.

■ **MAPLe 5 (very high risk)** – Clients have impairments in multiple areas of function that have a pronounced impact on their ability to remain independent in the community. These include factors such as physical disability, cognitive impairment, falls, challenging behavior and wandering. Rates of [long-term care] placements and caregiver distress are highest in this group.

The MAPLe assigns one of five priority levels to each home care client based on information from the RAI-HC assessment and is a powerful predictor of admission to a long-term care facility. The MAPLe assigns scores from one (low risk) to five (very high risk). It is a psychometrically sound decision-support tool that informs choices related to allocation of home care resources and prioritization of clients needing community or facility-based services. Seniors with MAPLe 4 or 5 scores in most cases have complex conditions and an elevated risk for long-term care placement. More than 50% of home support clients (65+) present with MAPLe 4 or 5. Typically, higher MAPLe, ADL or CPS assessments are associated with higher intensity of services (i.e., more hours of care). The MAPLe may also indicate caregiver distress⁵.

We see a small but consistent increase in complexity that has developed over the past five years, particularly in ADL 3+ and CPS 3+ clients.

FIGURE 6: CLINICAL CHARACTERISTICS OF HOME SUPPORT CLIENTS (65+), 2017/18 AND 2021/22



NOTE(S): Long-term Home Support clients who are 65 years old and above, excluding CSIL. Northern Health didn't submit data to Home Care Reporting System



MEETING HOME SUPPORT CLIENT NEEDS

Health authorities are responsible for determining the appropriate level of home support services to meet a client's needs through the RAI-HC assessment. This process determines the person's level of support required given their cognitive and physical functioning, mood and behaviour, psycho-social needs, health status, environmental suitability and family/community support.

Assessments are typically completed by a health authority case manager using clinical scales to measure the relative urgency of service needs or overall care complexity of the person⁶. The assessment is a critical step in receiving services and determining what services will be provided by the health authority. Home support is explicitly defined by the Ministry of Health and health authorities as operating to 'supplement' and not replace the care provided by family caregivers or others.

The case manager determines the frequency, duration and type of service (or tasks). Depending on the needs of the client, these tasks could include assistance with lifts and transfers, toileting/incontinence care and/or bathing. While there are health authority guidelines on the allocation of home support services, there are no provincial standards for the type or level of care or minimum hours that must be provided.

Home support services are driven by a time-for-task based care model. The authorization of home support hours is based on clinical decisions by the case manager. There is no mandated minimum or maximum allocation of hours based on policy or a client's assessed need to ensure that clients with similar clinical needs are receiving equitable hours for their care across all health authorities. The exception to this is common health authority guidelines that state a client could be authorized to receive up to 120 hours per month, with special authorization required for time beyond this amount.

The allocation of hours and frequency of service depends on the needs of the client. Each health authority has established their version of a time-for-task guideline used by the case manager to determine the level of

⁶RAI-HC Outcome Scales Reference Guide, 2021

TABLE 2: COMPARISON OF SUGGESTED GUIDELINES FOR TIMES ALLOCATED FOR HOME SUPPORT SERVICE TASKS, BY HEALTH AUTHORITY

	MOBILITY	BATHING	TOILETING	MEDICATION SUPPORT	NUTRITION SUPPORT	RESPIRE
INTERIOR HEALTH	5-10 MIN	15-45 MIN	10-15 MIN	15 MIN	15-30 MIN	2-4 HRS / WEEK
FRASER HEALTH	5-10 MIN	30-50 MIN*	30-50 MIN*	5-10 MIN	10 MIN	1-4 HRS / WEEK
VANCOUVER COASTAL HEALTH	5-30 MIN	60 MIN	10-15 MIN	5-15 MIN	30 MIN	1-3 HRS / WEEK
VANCOUVER ISLAND HEALTH	10-15 MIN	25-30 MIN	5-15 MIN	5-15 MIN	10-20 MIN	2-6 HRS / WEEK
NORTHERN HEALTH	5-15 MIN	15-45 MIN	10-15 MIN	5-15 MIN	15-30 MIN	2-4 HRS / WEEK

NOTE(S): *included in total personal care allocation

home support authorized. While there are slight differences across health authorities, most home support clients currently receive, on average, less than one-hour of scheduled service per day. It is important to note that one-hour of scheduled service is not a full 60 minutes. The time it takes the CHW to travel from one client to another is included in the allotted service time (which is usually ten minutes). For example, a one-hour visit is actually 50 minutes and a 30-minute visit is actually 20 minutes because the CHW leaves ten minutes prior to the scheduled end of the visit to allow time to travel to the next client. In reality, travel time can sometimes take more than ten minutes and further reduce service time. Where travel distances are obviously exceptional, additional time can be built into the CHW's schedule specifically for travel time.

We examined the distribution of actual service hours provided by health authorities relative to the clinical characteristics of their clients to measure the intensity of service. For example, a senior with higher ADL, CPS and/or MAPLe scores will likely need more hours of care as they would need assistance each day – whether it is to get out of bed, toileting or medication management.

There are two measures that are used to determine the home support hours a client receives. The first measure is hours delivered to the client based on eligible days and the second is the number of hours delivered on days service is actually provided. The two measures produce different results.

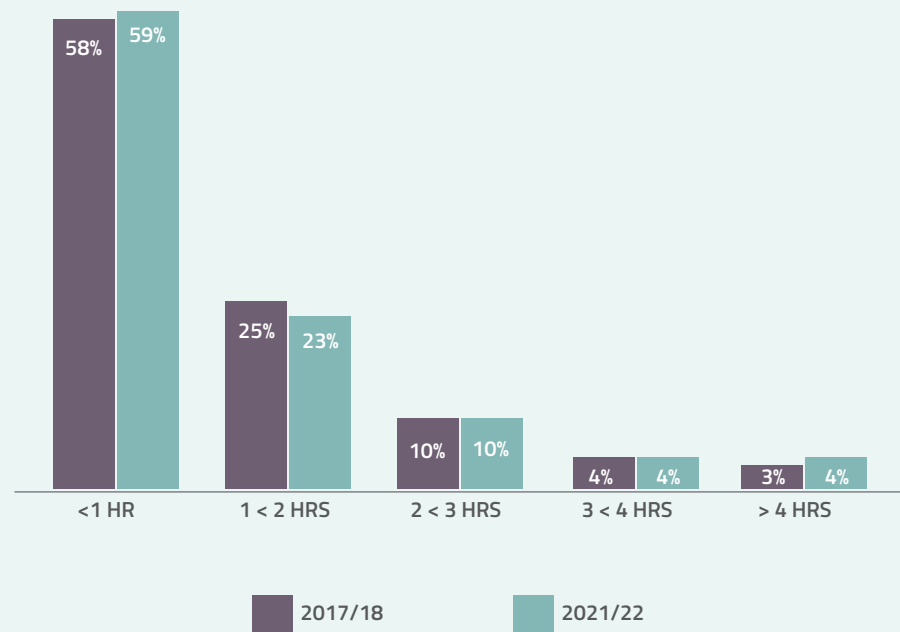
HOURS BY ELIGIBLE DAYS

To estimate the proportion of clients who receive daily service, we introduced a measure called ‘eligible days’ in our 2019 report. This measure is adjusted to allow for a proportion of days when home support is not scheduled due to client-driven cancellations or hospitalizations. Our estimate assumes clients who receive service on 26 days or more per month are receiving daily service.

Based on our eligible days measure, we found only 30% of home support clients received daily service and 59% receive, on average, less than one-hour of service per eligible day. This trend has remained the same over the past five years. Overall, the distribution of service hours based on eligible days is almost identical to the level that was provided five years ago. In 2021/22:

- 59% received less than one-hour of care;
- 23% received one hour of care;
- 10% received two hours of care; and
- 8% received three hours or more of care.

FIGURE 7: DISTRIBUTION OF HOURS PER ELIGIBLE DAY FOR HOME SUPPORT CLIENTS (65+), 2017/18 AND 2021/22⁷



NOTE(S): Long-Term Home Support clients who are 65 years old and above, excludes CSIL.

HOURS BY SERVICE DAYS

Hours by service days is based on the number of hours received on a day service was delivered. For example, if a client received home support on 200 days during the year, each day would record the number of hours provided. If a client received one-hour of care each service day, then 200 home support hours were delivered.

⁷This figure reflects updated HCC MRR records from health authorities due to data quality improvements over time. Numbers may not exactly match other publications.

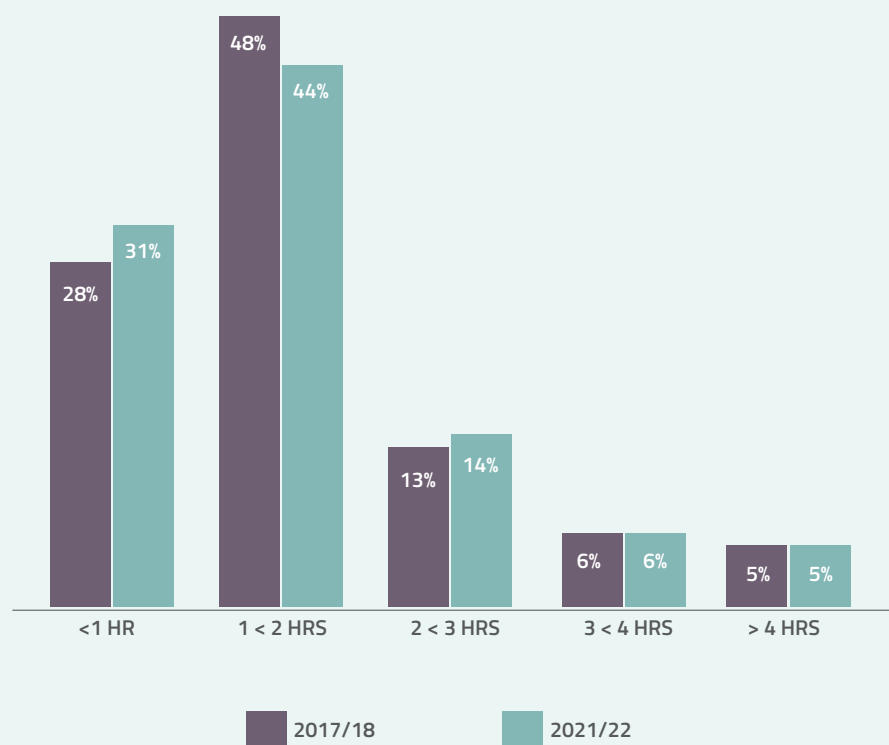
When we compare the hours by service day, the data suggests that on a day that a client received service:

- 31% received less than one-hour of care;
- 44% received one hour of care;
- 14% received two hours of care;
- 6% received between three hours of care; and
- 5% received four hours or more of care

Over the past five years, there are slightly more clients receiving less than one-hour of home support and fewer clients receiving one-hour. The percentage of clients who received three or more hours has remained relatively constant.

For both eligible days and service days, there is wide variation between health authorities. Table 3 shows the five-year trend by health authority for hours of service. For clients in Fraser, Vancouver Island and Vancouver Coastal health authorities, over 50% of clients receive less than one-hour of home support based on eligible days. However, clients in the Interior and Northern health authorities, 74% and 82% of clients, respectively, receive less than one-hour per eligible day.

FIGURE 8: DISTRIBUTION OF HOURS PER SERVICE DAY FOR HOME SUPPORT CLIENTS (65+) , 2017/18 AND 2021/22



NOTE(S): Long-Term Home Support clients who are 65 years old and above, excludes CSIL.

TABLE 3: DISTRIBUTION OF HOURS PER DAY FOR HOME SUPPORT CLIENTS, BY ELIGIBLE AND SERVICE DAYS, BY HEALTH AUTHORITY, 2017/18 AND 2021/22

	2017/18					2021/22				
	<1 HR	1 < 2 HRS	2 < 3 HRS	3 < 4 HRS	>4 HRS	<1 HR	1 < 2 HRS	2 < 3 HRS	3 < 4 HRS	>4 HRS
INTERIOR HEALTH										
ELIGIBLE DAYS	67.5%	25.0%	5.8%	1.1%	0.5%	73.8%	20.0%	4.8%	1.0%	0.5%
SERVICE DAYS	45.7%	42.7%	8.0%	2.2%	1.3%	50.7%	37.1%	8.8%	2.5%	0.9%
FRASER HEALTH										
ELIGIBLE DAYS	53.8%	26.4%	11.5%	4.6%	3.7%	54.2%	25.8%	11.3%	4.3%	4.3%
SERVICE DAYS	19.5%	53.5%	14.9%	7.0%	5.1%	25.3%	49.6%	13.7%	6.2%	5.2%
VANCOUVER COASTAL HEALTH										
ELIGIBLE DAYS	58.0%	23.6%	10.1%	4.6%	3.7%	51.4%	22.5%	12.4%	6.8%	6.8%
SERVICE DAYS	22.0%	50.9%	14.9%	7.4%	4.8%	22.3%	44.3%	17.8%	8.3%	7.3%
VANCOUVER ISLAND HEALTH										
ELIGIBLE DAYS	52.8%	27.6%	10.6%	4.2%	4.8%	55.6%	24.9%	11.2%	4.1%	4.2%
SERVICE DAYS	24.8%	41.1%	16.4%	7.9%	9.8%	27.9%	40.7%	17.7%	7.5%	6.2%
NORTHERN HEALTH										
ELIGIBLE DAYS	70.2%	19.5%	6.7%	1.8%	1.7%	81.5%	13.4%	3.6%	0.9%	0.6%
SERVICE DAYS	39.6%	45.4%	9.5%	3.6%	1.9%	37.4%	47.5%	10.1%	3.1%	1.8%
BRITISH COLUMBIA										
ELIGIBLE DAYS	58.2%	25.5%	9.6%	3.7%	3.1%	58.9%	23.3%	9.9%	4.0%	3.9%
SERVICE DAYS	27.7%	47.8%	13.4%	6.1%	5.0%	31.2%	43.9%	14.2%	6.0%	4.8%

NOTE(S): Long-term Home Support clients who are 65 years old and above, excludes CSIL.



HOME SUPPORT CLIENT (65+) HOURS BY ADL, CPS AND MAPLe

We looked at the overall distribution of hours by eligible days and client clinical complexities as measured by ADL, CPS and MAPLe scores across health authorities (excluding Northern Health).

Even though ADL 3+ indicates extensive to total dependence in daily activities, over 30% received less than one-hour per eligible day and almost 60% received less than two hours per eligible day. Compared to 2017/18, a higher proportion of clients with ADL 3+ received less than one-hour per eligible day in 2021/22.

CPS 3+ indicates moderate to severe impairment in the cognitive performance, however, almost 50% of clients with CPS 3+ received less than one-hour per eligible day and over 70% of them received less than two hours per eligible day. Compared to 2017/18, a higher proportion of clients with CPS 3+ received less than one-hour per eligible day in 2021/22.

Clients with MAPLe 4/5 have high risk of long-term care placement, but surprisingly, almost 60% received less than one-hour per eligible day and only 8% received three or more hours per eligible day. Compared to 2017/18, a higher proportion of clients with MAPLe 4/5 received less than one-hour per eligible day in 2021/22.

FIGURE 9: DISTRIBUTION OF HOURS PER ELIGIBLE DAY DELIVERED TO ADL 3+ CLIENTS, 2017/18 AND 2021/22

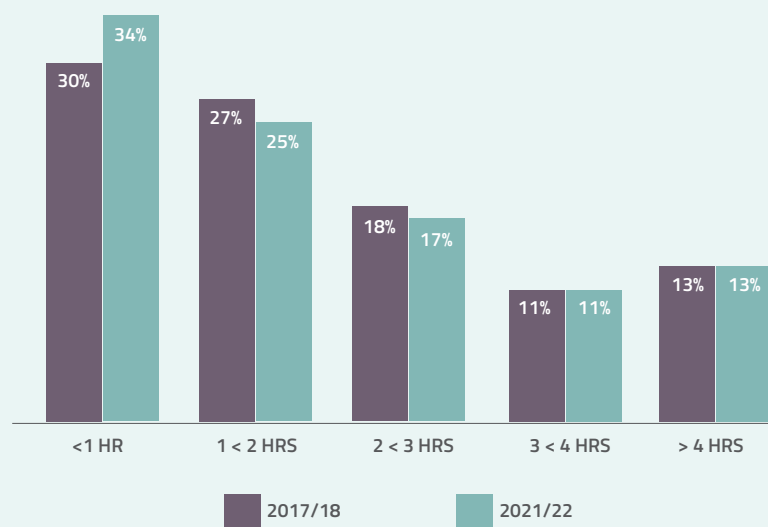


FIGURE 10: DISTRIBUTION OF HOURS PER ELIGIBLE DAY DELIVERED TO CPS 3+ CLIENTS, 2017/18 AND 2021/22

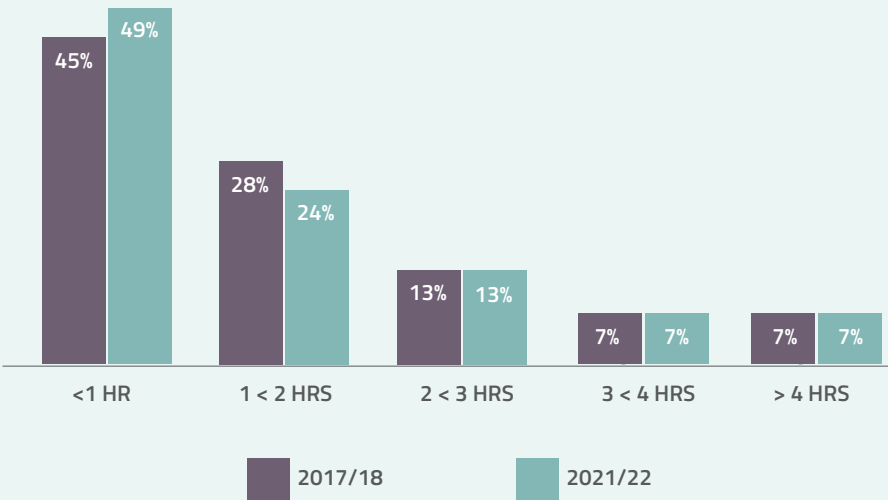
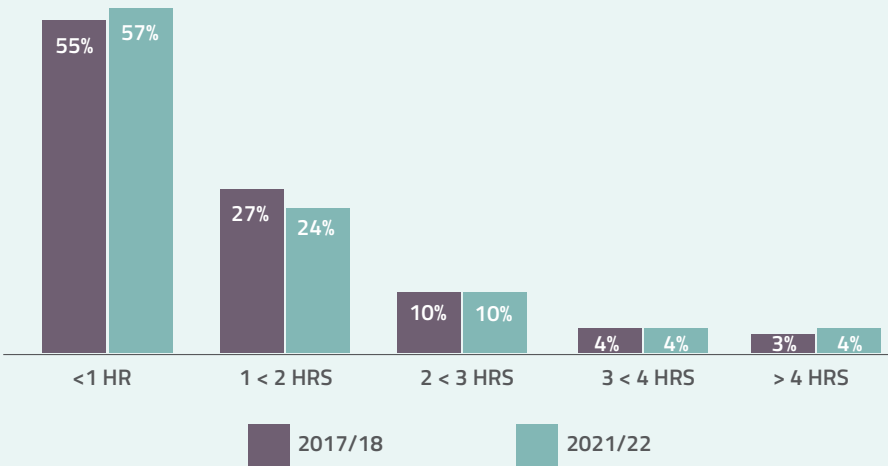


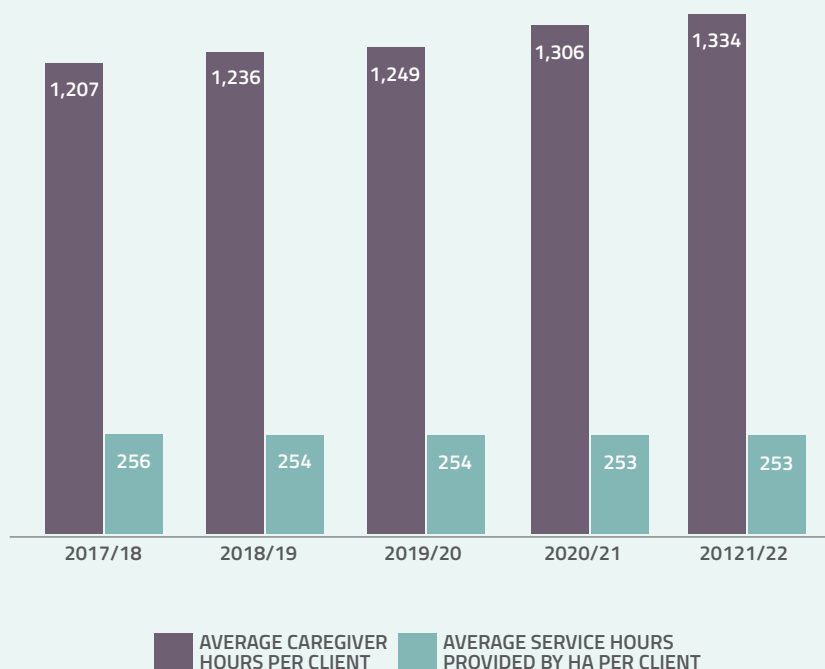
FIGURE 11: DISTRIBUTION OF HOURS PER ELIGIBLE DAY DELIVERED TO MAPLe 4/5 CLIENTS, 2017/18 AND 2021/22



BURDEN ON FAMILY CAREGIVERS

In our 2019 *Home Support Review* report, analysis was conducted on the home support service provided by health authorities to determine if clients are receiving daily service and if not, what is the potential gap being filled by family caregivers. We know that most long-term clients do not receive daily home support services. The Ministry of Health policy is clear that home support services are to 'supplement' and not replace the care provided by family caregivers.

FIGURE 12: AVERAGE CAREGIVER HOURS VS. SERVICE HOURS PROVIDED BY HEALTH AUTHORITIES, FOR LONG-TERM HOME SUPPORT CLIENTS (65+), 2017/18 TO 2021/22



NOTE(S): Data includes long-term home support clients with valid caregiver help hours from HCRS. Excludes CSIL clients.

From the RAI-HC assessment, we know that 94% of home support clients have a family member⁸ who provides caregiving hours to meet the client's care needs. Last year, family caregivers provided on average, over 1,300 caregiver hours per year per client, an 11% increase from five years ago. Nearly 20% of family caregivers provide 36 hours or more each week.

Caregiver distress is assessed in the RAI-HC and it is defined as "primary caregivers who express feelings of distress, anger or depression and/or any caregiver who is unable to continue in their caring activities."⁹ In B.C., 34.4% of family members whose loved one is receiving home support is in distress. This is the third highest in Canada.

Family caregivers do not always feel they are receiving sufficient support for their role and we found, not surprisingly, that caregiver distress was higher for clients with higher care needs.

ON AVERAGE,
CAREGIVERS
PROVIDE ABOUT
FIVE HOURS
OF CARE FOR
EVERY
ONE-HOUR
PROVIDED BY
THE HEALTH
AUTHORITY

⁸This figure reflects updated HCC MRR records from health authorities due to data quality improvements over time. Numbers may not exactly match other publications.

⁹Canadian Institute of Health Information (CIHI). Caregiver Distress. Online: Caregiver Distress | CIHI (Retrieved January 26, 2022)

We examined the relationship between caregiver distress, level of client complexity and hours of care provided. Distress is highest for people who are caring for the most complex clients and only receiving less than one-hour of home support. Levels of distress are lower when the care hours provided by CHWs are higher. Close to 60% of distressed caregivers are caring for clients receiving less than one-hour of home support.

Caregivers supporting clients who are assessed at high or very high risk of long-term care placement (MAPLe 4 or 5), show higher levels of distress, these have remained unchanged over the past five years.

In two previous reports on caregiving, *Caregivers in Distress: More Respite Needed* (2015) and *Caregivers in Distress* (2017), the OSA examined the levels of caregiver distress among the family and friends of home support clients and made several recommendations. The challenges we highlighted, such as the need for more respite, home support hours and caregiver supports, are still issues of concern.

FIGURE 13: PERCENTAGE OF DISTRESSED CAREGIVERS BY HOME SUPPORT SERVICE HOURS PER ELIGIBLE DAY, 2017/18 AND 2021/22

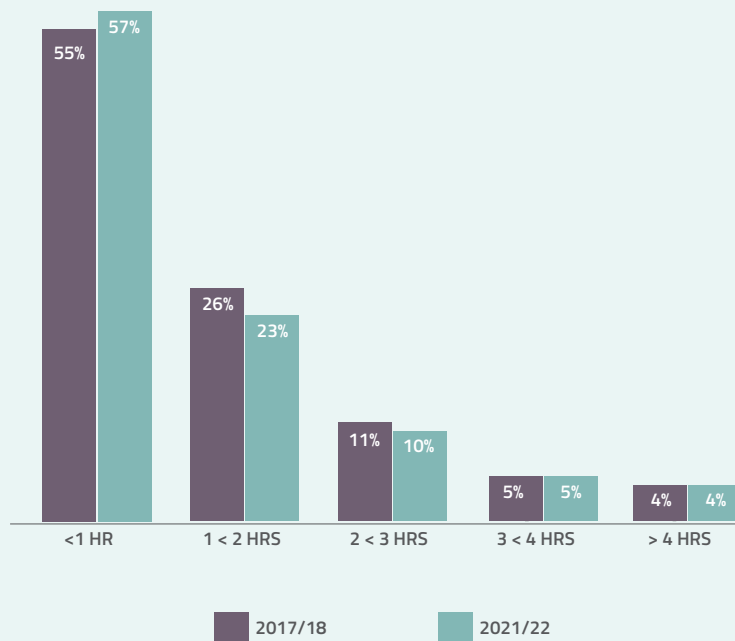
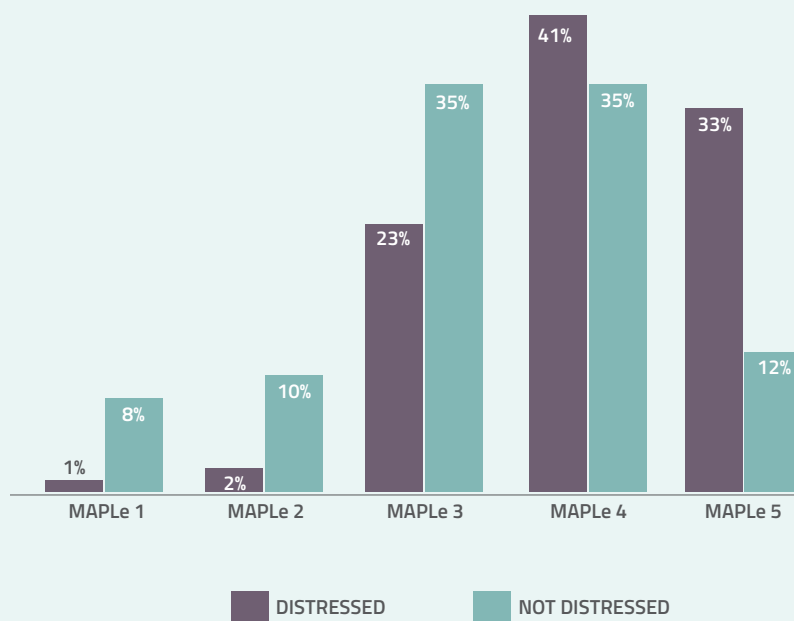


FIGURE 14: DISTRIBUTION OF MAPLe SCORES BY CAREGIVER DISTRESS, 2021/22





The provincial HCC program has three programs which can help alleviate caregiver distress:

- In-home respite care provided by a CHW in the client's home for a specific block of time allowing the caregiver to leave the home
- Adult Day Programs (ADPs) provide a full day of respite as the client goes to a local day program
- Facility-based respite allows the client to go to a long-term care facility for a period of time ranging from a few nights to several weeks

All respite programs provide the caregiver with a scheduled break from their duties with peace of mind that their loved one is being well cared for.

Despite the importance of respite for caregivers, approximately 70% of caregivers reported in our home support survey they had never been offered any form of respite by the health authority.

There was promising progress on the increase in support for ADPs prior to the pandemic, however the gains were quickly erased during the pandemic when all ADPs were closed. While the provincial order to close ADPs was lifted in the summer of 2021, we are just now beginning to see them return.

The tracking of in-home respite hours provided by home support is not uniform across health authorities. However we were able to get a three-year trend from Fraser, Vancouver Coastal and Vancouver Island health authorities and found:

- 12% of long-term home support clients in Fraser Health received close to 150,000 in-home respite hours compared to 8% (90,292) in 2019/20;
- There was no change in the proportion of long-term home support clients who received in-home respite in Vancouver Coastal, but there were fewer in-home respite hours provided compared to two years ago; and
- 12% of long-term home support clients on Vancouver Island received close to 116,000 hours of in-home respite compared to 15% of clients (194,000 hours) two years ago.

TABLE 4: IN-HOME RESPITE PROVIDED TO LONG-TERM HOME SUPPORT CLIENTS, 2019/20 TO 2021/22

	2019/20		2020/21		2021/22	
	% OF LT HS CLIENTS	# OF RESPITE HOURS	% OF LT HS CLIENTS	# OF RESPITE HOURS	% OF LT HS CLIENTS	# OF RESPITE HOURS
FRASER HEALTH	8%	90,292	13%	132,968	12%	149,893
VANCOUVER COASTAL HEALTH	15%	154,193	15%	133,067	15%	128,142
VANCOUVER ISLAND HEALTH	15%	194,041	14%	119,973	12%	115,571

NOTE(S):Delivered in-home respite hours except for Vancouver Coastal (# of authorized respite hours). Limited information was provided by Interior and Northern Health that did not allow for year over year comparisons with FHA, VCH and VIHA.

Overall caregiver distress in B.C. has increased over the last several years, from 29% in 2015 to 34% in 2022. Caregiver distress continues to be one of the deciding factors between many seniors being able to remain safely in their own homes or needing to move into a long-term care facility.

MEASURING STANDARDS AND QUALITY OF CARE IN HOME SUPPORT

Unlike long-term care facility services, which are regulated under the Community Care and Assisted Living Act (CCALA) or the Hospital Act and subject to licensing and inspection, home support is regulated under the Continuing Care Act, Continuing Care Program Regulation and the Continuing Care Fees Regulation. The direction for home support services falls under the Ministry of Health Home and Community Care Policy Manual. The manual sets policy direction to the health authorities to use performance data to measure and monitor the quality of care and health outcomes for home support clients. Since October 2012, the policy has stated that both the ministry and health authorities would develop standards and measures, however none are currently used by any of the health authorities.

The OSA monitors complaints and has found there has been an 11% increase in home care complaints over the past five years. Unfortunately, home care complaints do not differentiate between the various services provided so we cannot know if the issue was home support, home care nursing, physiotherapy or case management for example.

In the absence of provincial standards and measures, there are no mechanisms in place for the Ministry of Health to ensure compliance with any policy direction in the Home and Community Care Policy Manual or expectations set to determine if quality of care and health outcomes are being met for clients receiving services from health authorities.

EXAMPLES:

HOME AND COMMUNITY CARE POLICY MANUAL GUIDANCE	HOW DO WE KNOW THIS IS MET?
<i>The health authority must contact the individual who has been referred within 72 hours of receiving the referral to determine the nature and urgency of the individual's health care needs.</i>	<i>What percentage of clients are contacted within 72 hours from the health authority receiving the referral?</i>
<i>Health authorities must ensure that clients receive ongoing monitoring and periodic reassessment of their health condition(s) and care plans as appropriate, including:</i> <i>- Not more than one year has passed since the last assessment, and other indicators of a need for reassessment have not been received.</i>	<i>What percentage of clients had an updated assessment completed not more than one year from the last assessment?</i>

In our 2019 report, three recommendations were made related to policy development to improve the quality and consistency of care throughout the province. These include creating a standardized care plan throughout the province, reviewing and strengthening the role of case managers and creating a standardized information document for clients outlining service expectations. To date, government has not acted on these recommendations.

Quality standards and measures are tools that can help health authorities deliver consistent, high-quality care and services to clients¹⁰. They set common goals, inform progress and show where improvements can be made. Standards also set accountabilities for clinical decisions and allow individuals and their families to understand the quality of care they can expect. The utilization data on home support services shows differences in clinical decisions in allocating home support across and within health authorities. Setting standards and benchmarks will give home support clients and their caregivers a yardstick by which to measure the quality of their home support services.

With the health authorities' decision in March 2019 to not renew the contracting of home support services in parts of Fraser, Vancouver Coastal and Vancouver Island Health, the Province has created a better foundation on which to build a more cohesive provincial approach to monitoring and measuring the performance of home support. While there have undoubtedly been major disruptions to planned activities while management of the pandemic was underway, we need to ensure we return to developing a provincially-integrated home support service. Key to achieving this is developing province-wide standards and benchmarks with regular assessment and reporting on results.

HOME SUPPORT SURVEY RESULTS

In addition to measuring quantitative data on home support services, asking home support clients and their family members about the service they receive is an important aspect of measuring quality. In 2022, the OSA undertook its second provinciewide survey of home support clients and family members. These surveys are important, however they are limited in terms of frequency (once every five years) and they require home support clients to be able to complete the survey. For these reasons, survey results are not necessarily representative of all clients and are most useful when used with empirical data such as reports on service levels.

The following are demographics of the clients who responded to the current survey:

- 68% female
- Average age is 82 years (70% are between 75-94 years of age)
- 79% identified English as first language and 21% identified other non-English languages such as Chinese, German and Punjabi
- 59% live independently, 41% live with another person (spouse or adult child)
- 37% live in a single detached home or duplex, 33% live in a condo/townhouse/apartment, 24% live in a retirement/assisted living residence
- four out of five clients receive long-term home support services, usually lasting several months or years
- 54% have an adult child as their primary caregiver that helps with personal care, followed by other family members (27%), and spouse/partner (22%)

¹⁰BC Patient and Safety Council

WHAT WE HEARD FROM HOME SUPPORT CLIENTS

A client's Home Support Team includes case managers, schedulers, CHWs and nurse supervisors. We asked clients about their experience when connecting with the Home Support Team about their care:

- 53% of clients were extremely or very involved in developing their plan;
- more than half of respondents (52%) said they do not have either a paper or digital copy of their care plan;
- 91% of clients prefer to communicate by telephone with the Home Support Office and when they do:
 - 19% report they can always reach someone in a timely manner and 43% report they can reach someone in a timely manner most of the time;
 - 74% report that office staff are helpful; and
 - 57% report when they leave a message or send an email they receive a quick response always or most of the time, while 17% report they rarely or never receive a response back quickly.

CLIENT SURVEY — QUESTION 18:

WHEN CONTACTING THE HOME SUPPORT OFFICE:

ARE YOU ABLE TO REACH SOMEONE IN A TIMELY MANNER WHEN YOU NEED TO?



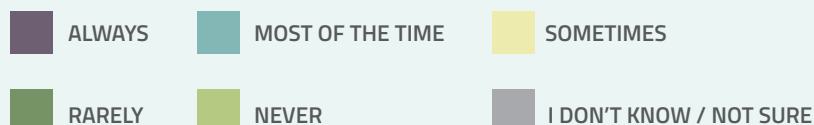
ARE THEY HELPFUL?



IF YOU LEAVE A MESSAGE OR SEND AN EMAIL, DOES SOMEONE GET BACK TO YOU QUICKLY?



ARE YOU ABLE TO MAKE CHANGES TO YOUR SCHEDULE?





We asked clients about their experience being notified about late or cancelled visits:

- only 18% of clients reported they always receive a message or notification in advance if their CHW will be arriving more than 30 minutes late;
- 33% of clients reported no notification or message when their CHW will arrive late;
- 53% of clients reported always or usually receiving advance notice when a visit is cancelled;
- 29% receive notice of a visit cancellation only occasionally, rarely or never; and
- 44% of clients report cancelled visits are usually not or never rescheduled.

Clients almost universally (95%) report they have never been treated unfairly by home support staff due to their nationality, ethnic origin, age, gender, sexual orientation, religion, socioeconomic status or disability.

While over 80% of clients said the home support services they receive are meeting their needs, close to one third of respondents (31%) feel they could benefit from receiving some additional services that are not currently offered. In the family members survey, there was a much lower rating for home support meeting the needs of the client and this may be part of the caregiver distress that exists for one third of family members. The most commonly-reported services still needed by clients included housekeeping, laundry, personal care support such as bathing, nail trimming and shaving, grocery shopping and running errands, meal preparation and social companionship.

"Far too many cancellations. I try to be understanding of challenges like worker shortages etc., but five morning visits cancelled in a week (including shower day one per week) is hard to take."

– CLIENT SURVEY RESPONDENT

"The most upsetting thing is how often my services are cancelled, very often with short notice."

– CLIENT SURVEY RESPONDENT

"I would love to have someone who could do light housekeeping. There is a huge wait for cleaners that are affordable as we have very limited income."

– CLIENT SURVEY RESPONDENT

"More involvement with meal prep. All they do now is heat up food."

– CLIENT SURVEY RESPONDENT

The survey asked clients a number of questions about the quality of care received including the number of different CHWs, the amount of time allowed for the visit, communication, respectfulness and skills and training of CHWs:

"Sometimes sending people that are not familiar with my care routine causes extra stress."

– CLIENT SURVEY RESPONDENT

"...so I have to explain things over and over again. Staff don't know me or my routine or doesn't know where things are. This is frustrating."

– CLIENT SURVEY RESPONDENT

"No consistent workers - so always had to explain routine, care needed, where supplies were, lunch requirements, etc = wasted time for all."

– CLIENT SURVEY RESPONDENT

- 45% of clients told us they typically have the same CHWs providing service; this was higher for clients in Vancouver Coastal Health (58%) and lower for clients in Interior Health Authority (32%);
- Nearly 60% of clients reported having three or more different CHWs per week and 36% reported having five or more different CHWs. This was similar across health authorities; and
- Less than 20% of respondents indicated they receive home support service from the same CHW in a typical week.

"More skills in communicating with someone with dementia."

– CLIENT SURVEY RESPONDENT

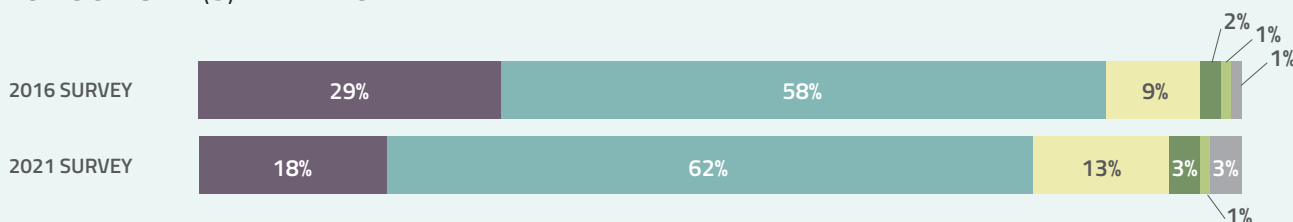
"Only allotting 15 minutes for each daily visit is very inadequate. The worker is expected to cook, serve, and clean up meals given 15 minutes from arriving to walking out the door. This policy limits the quality of the service provided."

– CAREGIVER SURVEY RESPONDENT

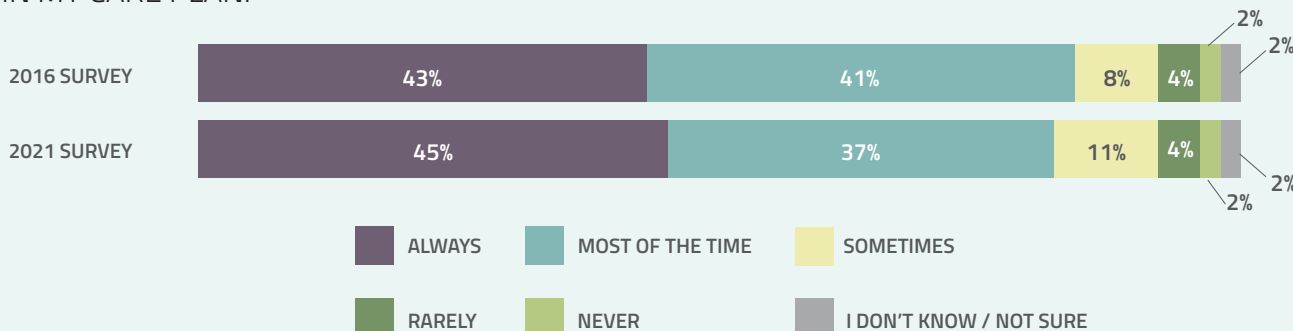
"We find the lack of continuity with the workers is a problem. We have 7 different morning workers and 5-7 different evening workers. It is hard to know who is coming and when as the times vary and we don't get notified."

– CLIENT SURVEY RESPONDENT

CLIENT SURVEY — QUESTION 9: DO YOUR CHW(S) ARRIVE ON TIME?



CLIENT SURVEY — QUESTION 3B: THERE IS ENOUGH TIME FOR MY CHW(S) TO PROVIDE THE CARE IN MY CARE PLAN.



Many clients provided feedback about the number of different CHWs and the frustration they have about the inconsistency of workers and having to spend more time explaining their routine.

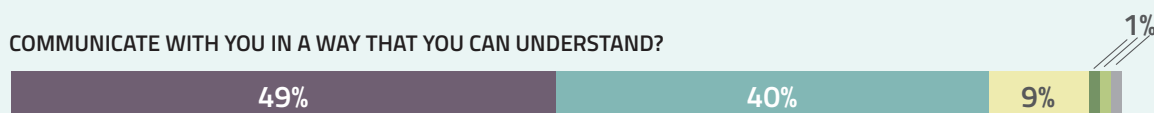
- The majority of clients reported that CHWs arrive on time always or most of the time, however CHWs always arriving on time dropped by 11% compared to the 2016 survey result.
- Less than half of clients (45%) feel there is always enough time to complete the tasks in the care plan, however only 4% think there is rarely enough time.

Similar to the first survey, most clients reported no issue in communicating with their CHWs. 89% reported communication with their CHW was understandable all or most of the time and 67% of clients reported CHWs taking time to make friendly conversation in all or most visits.

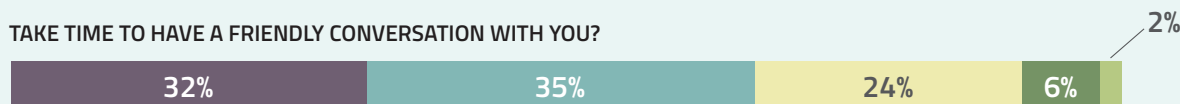
CLIENT SURVEY — QUESTION 11:

DO YOUR CHW(S):

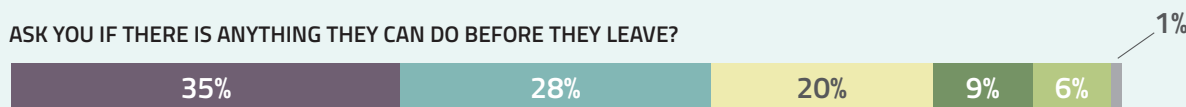
COMMUNICATE WITH YOU IN A WAY THAT YOU CAN UNDERSTAND?



TAKE TIME TO HAVE A FRIENDLY CONVERSATION WITH YOU?



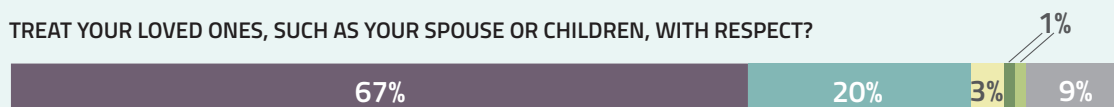
ASK YOU IF THERE IS ANYTHING THEY CAN DO BEFORE THEY LEAVE?



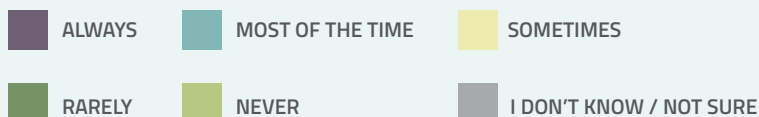
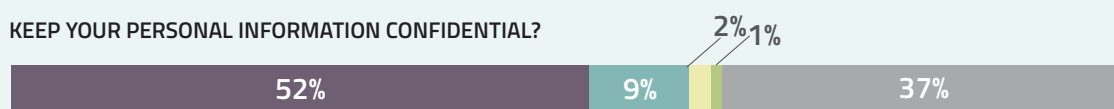
TREAT YOU WITH RESPECT?



TREAT YOUR LOVED ONES, SUCH AS YOUR SPOUSE OR CHILDREN, WITH RESPECT?



KEEP YOUR PERSONAL INFORMATION CONFIDENTIAL?



If a CHW completes all of the tasks for the client early:

- 60% report the CHW leaves;
- 35% report the CHW spends time socializing with them or their family;
- 17% report the CHW assisted with additional tasks in the home; and
- 10% report their CHW never finishes early.

The overwhelming majority of clients report that CHWs treat them (94%) and their loved ones (87%) with respect all or most of the time. This was consistent across all health authorities. Just over 60% of clients reported their CHWs keep their personal information confidential, while 37% were not sure or did not know. These levels are similar to five years ago.

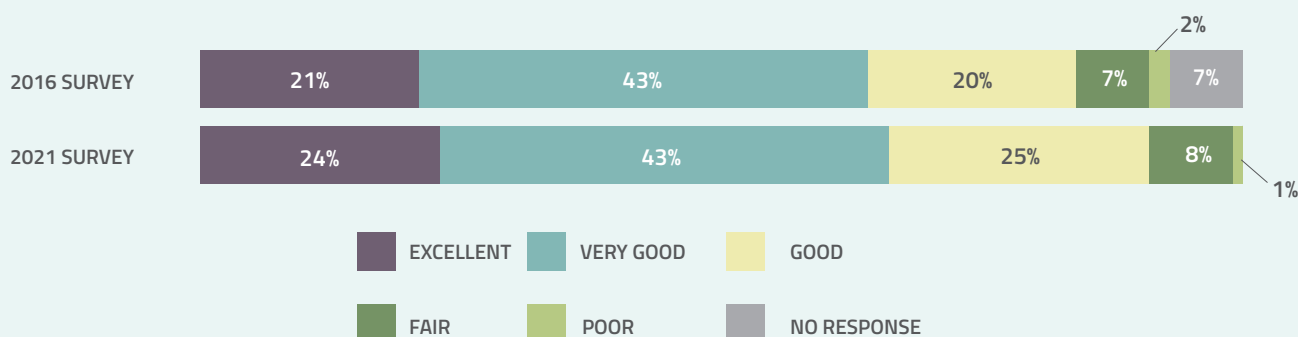
About 76% reported their CHWs have all (43%) or most (33%) of the skills and training to provide care, with some minor variation between health authorities. In the 2016 survey, 87% of clients reported CHWs have all (47%) or most (40%) of the skills. Some clients provided feedback on specific skills and training they would like to see such as improvement in interpersonal communications, skills for handling specific conditions and enhanced training for personal care.

Two thirds of clients rated high levels of satisfaction with the quality of care provided by CHWs. There were some differences in rating by health authority. For example, 70% of clients in Interior Health rated their CHWs as excellent or very good compared to 59% of clients in Fraser Health.

We asked clients about their experience reporting concerns or complaints:

- 26% of clients reported a concern or complaint in the last 12 months;
- 6% wanted to report but were worried it might negatively impact their service;
- 57% of those who raised a complaint noted it was resolved to their satisfaction; and
- 21% of those who were not satisfied made a formal complaint to the Patient Care Quality Office in their health authority.

CLIENT SURVEY — QUESTION 15: OVERALL QUALITY OF CARE FROM CHWs





The survey asked clients about the ways in which their home support services may be different now compared to before the COVID-19 pandemic. Just over 40% of clients reported receiving communication from the health authority about home support during the pandemic and what to expect. Of those, the vast majority were satisfied with the information provided by the health authority.

During the first two years of the pandemic, 89% of clients did not ask to reduce or suspend their home support services, and:

- 27% of clients reported their services were impacted during the pandemic, mainly by receiving less service (not at their request), seeing fewer consistent workers and having more cancelled visits or 'no shows';
- 56% said their family members or another caregiver stepped in and became more involved in helping meet their care needs when their care services were reduced; and
- 29% did not have additional help when their care needs were reduced.

Home support services are not free of charge in B.C. and clients are assessed a daily rate (the amount they must contribute to the cost of their home support services). A temporary rate reduction may be applied if a senior can demonstrate financial hardship, however, the rate reduction is temporary and it is expected the senior will determine how they can meet their daily rate obligation in the future.

- 27% of clients reported financial hardship or stress because of the cost of their home support;
- 75% were not aware of the temporary rate reduction application; and
- 32% of those who did apply for a temporary rate reduction were successful in having their costs for home support reduced.

A **temporary rate reduction** is a time-limited reduced rate for clients receiving publicly-subsidized home and community care services who would experience serious financial hardship if they were to pay their client rate.



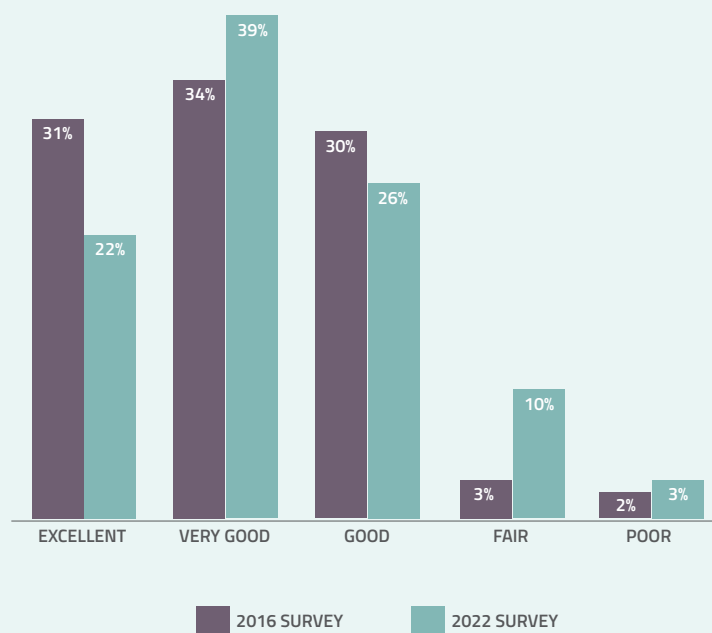
Overall, despite challenges, clients who completed the survey are generally satisfied with their home support services. However, the proportion who are prepared to rate the services as excellent has dropped 30% since the 2016 survey.

The OSA received more written feedback from clients about their home support experience in this survey compared to 2016. Many clients commented about experiencing rushed visits, CHWs not having enough time to provide care, frequent schedule changes, cancellations with short notice and too many different CHWs. These are similar to the issues raised in the 2016 survey.

"I am so thankful to be on your excellent program. Every visit from one of my workers I felt stronger and more positive - they helped me recover in more ways than one. And I regained my moral strength... I am so appreciative of the special, friendly time I spend with each lady or gentleman who come to help me and make me feel happy! Thank you, home support friends!"

— CLIENT SURVEY RESPONDENT

CLIENT SURVEY — QUESTION 22: OVERALL CLIENT RATING OF QUALITY OF CARE FROM THE HOME SUPPORT PROGRAM



WHAT WE HEARD FROM FAMILY CAREGIVERS

In addition to clients, a survey specific to the family caregiver of a home support client was also completed. Similar to the previous survey, adult children continue to be the most frequently-reported relationship type in the caregiver role for home support clients. However, there appears to be an increase in the category 'other family member' being reported in caregiving roles, rising from 14% in 2016 to 26% in 2022. 'Other family member' now surpasses the spouse category and is the second largest caregiver type. Four in five caregivers identify as the primary caregiver to the family member receiving home support, where just over 50% live with the family member.

Most caregivers report having a role in organizing their family member's home support services and medical needs. There were more caregivers who reported being involved with their family member's doctor and making medical decisions compared to the survey results in 2016. This is likely due to the shift from in-person visits to virtual care during the pandemic.

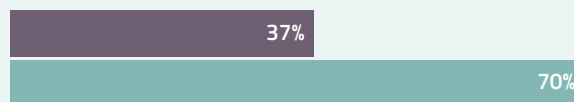
Respite services enable a caregiver to have a break from their caregiving duties. Respite may involve their family member regularly visiting an ADP, being admitted for a temporary stay of several days or weeks in a long-term care home (facility-based respite), or having an in-home support respite block of hours, including overnight in some cases.

We asked caregivers what respite services would offer the most support:

- 38% want in-home support respite blocks
- 27% want facility-based respite
- 25% want ADPs

CAREGIVER SURVEY — QUESTION 32: WHAT IS YOUR INVOLVEMENT WITH YOUR FAMILY MEMBER'S DOCTOR?

SPEAK ON THE PHONE WITH THE DOCTOR



REGULARLY ATTEND APPOINTMENTS



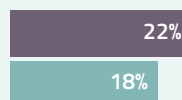
MAKE MEDICAL DECISIONS



PROVIDE TRANSPORTATION TO APPOINTMENTS



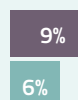
PROVIDE TRANSLATION



OTHER



NOT INVOLVED



2016 SURVEY

2022 SURVEY



In terms of what type of respite was actually delivered:

- 17% received in-home support respite blocks;
- 11% received respite through ADPs;
- 6% used facility-based respite;
- 68% reported they were not receiving respite services;
- 68% reported they were not offered respite services, of those 41% of caregivers would like to access respite; and
- 8% were offered respite but declined the service (did not want or need it).

Overall, 47% of respondents report the home support service sufficiently supports them as a caregiver. If a caregiver needed to increase home support services for their family member temporarily, 25% reported they can rarely or never increase the services if needed. About two thirds report there has been no discussion between themselves and their case manager or CHW about resources such as training, support groups or online information designed to support their caregiver role.

"THANK YOU ALL for the service provided. It is very much appreciated. We would not have been able to handle it on our own. Most of the care aides have been very professional, caring, and pleasant."

— CAREGIVER SURVEY RESPONDENT

"I needed more time for respite. Only received four hours a month which was two blocks of two-hour sessions, which were actually only one and a half to three quarters because of 'travel time'."

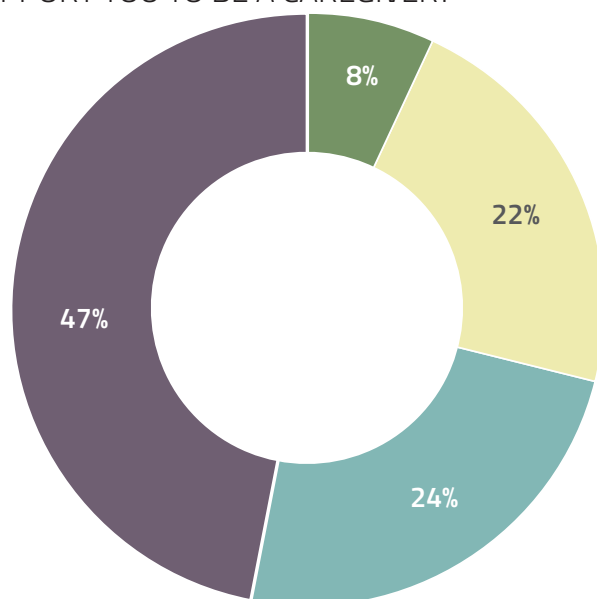
— CAREGIVER SURVEY RESPONDENT

"Because it was difficult to find overnight care, it would have been more helpful to have more home support hours to prevent caregiver burnout."

— CAREGIVER SURVEY RESPONDENT

CAREGIVER SURVEY — QUESTION 10

DOES THE HOME SUPPORT SERVICE SUFFICIENTLY SUPPORT YOU TO BE A CAREGIVER?



ALWAYS /
MOST OF THE TIME

SOMETIMES

RARELY /
NEVER

I DON'T KNOW /
NOT SURE

SUPPORTS NEEDED FOR CAREGIVERS

Caregivers shared their feedback about supports they need and the range of feedback suggests a disconnect between what they have been offered and what they actually need. For example, some caregivers identified needing more hours of home support services particularly for morning shifts and overnight care. Other caregivers pointed out needing easier access to in-home respite blocks, including more availability and less financial burden which would substantially help their caregiver role.

Many caregivers also stressed the importance of schedule consistency and CHW punctuality in order for them to better arrange other tasks and activities for the day.

We asked caregivers whether home support service is meeting the needs of their family member:

- 60% rated the service as meeting their needs always or most of the time (a decrease of 27% since the last survey)
- Caregivers thought their loved one would benefit from:
 - more showers or bathing (timing, duration and/or frequency)
 - nail trimming and hair cutting
 - housekeeping
 - meal preparation
 - assistance in physical activities
 - emotional support

This is similar feedback to the 2016 survey and from people who contact the OSA's Information and Referral team to raise issues and concerns.

"To live independently, my mum would also need help with housecleaning, laundry, organizing the schedule, planning and attending social activities, buying clothes and shoes, all personal care and medical appointments, technology, transportation."

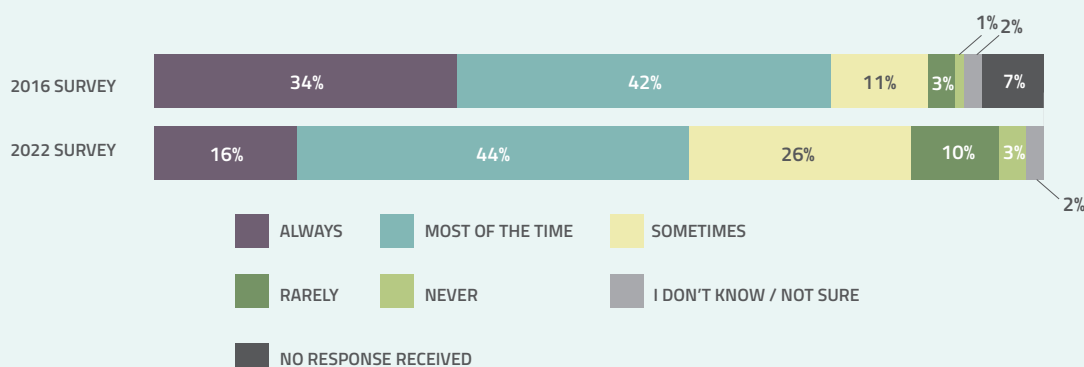
– CAREGIVER SURVEY RESPONDENT

"Regular assistance with meal preparation, consistent companionship, assistance with housekeeping, taking the garbage out. Consistency is vital."

– CAREGIVER SURVEY RESPONDENT

CAREGIVER SURVEY — QUESTION 4:

DO YOU THINK THE HOME SUPPORT SERVICE PROVIDED TO YOUR FAMILY MEMBER IS MEETING THEIR NEEDS?





When asked if the CHWs have enough time to provide the care in the family member's care plan, 57% of caregivers report always or most of the time compared to 82% of clients. This rating has declined compared to the previous survey, where 81% of caregivers reported CHWs have enough time to perform their tasks always or most of the time.

Most caregivers report CHWs are respectful and caring to their family member (84%) and to them (81%) most or all the time.

We asked caregivers about their level of involvement in developing their family member's care plan, and we found that 64% of caregivers were very or extremely involved; just over 50% report having on-line access to their family member's schedule.

We asked caregivers about their experience communicating with the Home Support Team.

- Just over 50% of caregivers were able to reach the Home Support team in a timely manner always or most of the time, compared to 62% of clients. Almost 20% of caregivers report never reaching someone when they need to;
- 65% of caregivers report that staff are helpful and just over half report receiving messages or emails back quickly or having requests for changes to their family member's schedule met always or most of the time;
- 49% of caregivers reported a concern or complaint to the Home Support Team in the last 12 months (at time of survey) and most had their concern or complaint resolved to their satisfaction; and
- 22% of those who were not satisfied made a formal complaint to the Patient Care Quality Office in their health authority.

Family caregivers had a different experience of home support services during the COVID-19 pandemic compared to their family member.

- 53% of caregivers reported a negative impact to their family member's home support services which is almost double the rate observed in the client survey (27%);
- 36% of caregivers spent up to five additional hours per week to help their family member, and 28% spent up

to ten extra hours each week; and

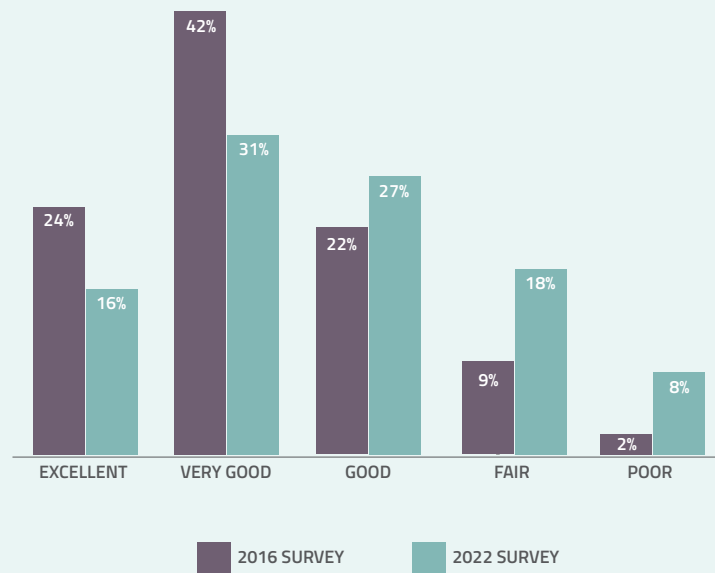
- 19% said they spent over 20 hours every week caregiving in order to fill the gap.

Fewer family caregivers rated the overall service as excellent compared to the 2016 survey and more rated it as only fair.

"The home support team in Chase is excellent. The nurses and care aides are very kind, caring and knowledgeable. This team has made it possible for my mother to stay in her home. Not only possible but, comforting. My mom absolutely loves them! My mom and the entire family are so grateful to have such wonderful care. She is 95 years old and still living at home made possible with support from chase home community care. We could never thank them enough.

— CAREGIVER SURVEY RESPONDENT

CAREGIVER SURVEY — QUESTION 18: OVERALL CAREGIVER RATING OF THE QUALITY OF CARE FROM THE HOME SUPPORT PROGRAM



CHALLENGES IN THE DELIVERY OF HOME SUPPORT

Delivering health care outside of a hospital or facility setting has its own set of inherent challenges and the pandemic exacerbated many of these. However, most of the issues with home support are systemic and have been persistent in B.C. for many years. Despite home care being significantly more cost effective to the healthcare system than long-term facility-based care the data continue to tell us that the program is underutilized. The reasons for this are varied, however there are some key areas that, if addressed, could provide significant overall improvement to the accessibility of the program. As we look at our aging demographics and the rising cost of long-term care services, the financial imperative to better leverage the home support program is only growing.

One of the more significant challenges of the home support program in B.C. is the cost the client must pay for it. The previous sections of this report speak to the benefits and challenges for those who are receiving the service. What is not captured is the impact on seniors who are currently not receiving the service. There will be many reasons why a person who could benefit from publicly-subsidized home support may not be receiving it, but without a doubt, the cost of the client contribution is a significant barrier for many B.C. seniors.

In our report, *BC Seniors: Falling Further Behind*, we highlighted that the majority of provinces and territories in Canada provide home support services without charging a fee to the client. For provinces that do charge, the amounts are significantly less compared to B.C.

In the same report, we highlighted the low incomes of most seniors and the lack of supports to offset many of the costs of aging. For the lowest income seniors in B.C., those receiving the federal Guaranteed Income Supplement (GIS), cost is not a barrier to receiving home support as the daily rate contribution is waived. Overall, 30% of B.C. seniors receive GIS or another benefit that allow their home support daily rate contribution to be waived. However, when we look at who is receiving home support

TABLE 5: COMPARISON OF ESTIMATED HOME SUPPORT CLIENT FEE FOR A SINGLE SENIOR (\$29,000)

	ANNUAL COST FOR 1-HOUR DAILY
BRITISH COLUMBIA	\$8,952
ALBERTA	FREE
SASKATCHEWAN	\$3,490
MANITOBA	FREE
ONTARIO	FREE
QUEBEC	SEE NOTE
NEW BRUNSWICK	\$5,917
NOVA SCOTIA	\$1,494
PRINCE EDWARD ISLAND	FREE
NEWFOUNDLAND AND LABRADOR	\$4,906
YUKON	FREE
NORTHWEST TERRITORIES	FREE
NUNAVUT	FREE

NOTE(S): Quebec uses a refundable tax credit for Home Support of up to 36% of allowable expenses up to \$7020 per single senior.



we find that 65% of home support clients are receiving GIS or one of the other federal/provincial benefits that entitles a person to free home support. This would indicate that a person is five times more likely to use home support if they are not required to pay for it. In addition, the cost for home support is charged as a “daily” rate. This approach can lead to some clients, who might need home support daily, not able to afford it every day and therefore receiving less services than what is required to meet their care needs.

To highlight the magnitude of the barrier to receiving home support, we use the example of a single senior in B.C. with an annual income of \$29,000. This person is earning too much to qualify for GIS and therefore would be required to pay their assessed daily rate for home support. If this senior was to receive just one-hour of daily home support, the annual cost for their publicly-subsidized home support would be \$8,900 or 31% of their total income. If their income was higher, they would pay more. Unlike long-term care which places a ceiling on the amount a resident pays, home support has no ceiling. For example, a client with \$35,000 annual income would pay \$11,196 (daily rate of \$30.67) or 32% of their annual income for home support and this trend continues as income rises.

The Continuing Care Fee regulations under B.C.’s Continuing Care Act sets out the client contribution fees and daily rate formula to determine the cost for a senior to receive long-term home support services. The amount a client pays depends on their annual net income from their most recent income tax Notice of Assessment. Short-term home support of two weeks or less is not subject to a client contribution fee. If a senior receives any of the following financial income supports¹¹, they are also not subject to the client contribution fee:

- Guaranteed Income Supplement (GIS), the spouse’s allowance or the survivor’s allowance under the Old Age Security Act (Canada);
- income assistance under the Employment and Assistance Act; or
- disability assistance under the Employment and Assistance for Persons with Disabilities Act, or War Veterans Allowance under the War Veterans Allowance Act (Canada).

Overall, about 70% of B.C. seniors do not qualify for any of these exemptions, although 65% of home support clients do. Of those who do pay, the median assessed daily rate was \$41.32 (\$15,081 per year based on daily service). There has been a 23% increase in the median daily rate over the past five years.

¹¹Continuing Care Fees Regulation 3.2

¹² The sum of the following amounts reported on notice of assessment: Employment income, other employment income, net business income, net professional income, net commission income, net farming income and net fishing income.



The formula for calculating the daily client rate takes the client's after-tax income (and that of their spouse if applicable) and deducts any earned income up to a maximum of \$25,000, other specific income and benefits and a preset deduction amount based on family unit size as prescribed by the provincial fee regulations. After deductions, the amount of remaining annual income is multiplied by 0.00138889 to determine the daily client rate.

The set income deduction amounts prescribed in the fee regulations has been part of the client assessed daily rate formula for over 25 years and are not indexed to inflation. The Ministry of Health did not provide information for historical context on how the amounts were determined, and no review to date (by the ministry) has been undertaken to determine if the amounts are still relevant. For example, the income deduction for a single senior is \$10,284, the same amount as it was in 1997, which was about 60% of median income for seniors (65+) over 25 years ago. That same amount is about 30% of median income for seniors today.

The fee regulations allow home support clients (and their spouses) who have earned income¹² (as defined by Canada Revenue Agency) to be charged no more than \$300 per month or \$3,600 per year for home support services regardless of their assessed daily rate and income level. Currently, about 13% of home support clients have their home support payments capped by the earned income limit.

**TABLE 6: CONTINUING CARE FEE REGULATION:
AMOUNT OF INCOME DEDUCTION BY FAMILY
UNIT SIZE , 1997**

FAMILY UNIT SIZE	AMOUNT OF INCOME
1	\$10,284
2	\$16,752
3	\$19,154
4	\$20,880
5	\$22,716
6	\$24,312
7	\$25,908
8	\$27,384
9	\$28,860
10	\$30,336

¹² The sum of the following amounts reported on notice of assessment: Employment income, other employment income, net business income, net professional income, net commission income, net farming income and net fishing income.

DAILY RATE AND HOME SUPPORT HOURLY RATE

Clients are charged the same daily rate for each day they receive service regardless of how many hours of service are provided that day. The only exception to this is if their client rate is higher than the health authority’s established hourly rate for home support.

While the daily rate calculation is a provincial formula applied uniformly across B.C., the hourly rate for home support is different in each health authority, and in the case of Fraser Health, there are several different hourly rates within the health authority depending on which community the client resides. Different hourly rates are an issue because if a client is assessed the median daily rate of \$44 and they receive an hour of home support in Northern Health, they will pay \$44. If they receive that hour of home support in Interior Health, they will pay only \$31. A client will pay either the daily rate or the health authority hourly rate, whichever is *less* for the amount of service they receive.

TABLE 7: HEALTH AUTHORITY HOURLY RATE FOR HOME SUPPORT SERVICES

HEALTH AUTHORITY	RATE PER HOUR
INTERIOR HEALTH	\$31.00
FRASER HEALTH*	\$35.81 - \$40.37
VANCOUVER COASTAL HEALTH	\$39.62
VANCOUVER ISLAND HEALTH	
<i>CENTRAL/NORTHERN ISLAND</i>	\$35.00
<i>SOUTH ISLAND</i>	\$38.25
NORTHERN HEALTH	\$50.00
PROVINCAL AVERAGE	\$38.67

NOTE(S): *Fraser Health has several different rates depending on individual community

COST OF HOME SUPPORT VS. LONG-TERM CARE FOR SENIORS

Seniors who move to a publicly-subsidized long-term care facility in B.C. are required to pay 80% of their income toward the cost of their care to a maximum resident contribution of \$3,575 per month. In long-term care, in addition to care, all costs related to food, shelter, medication, medical equipment and medical supplies are covered in the monthly rate. For seniors receiving home support, all these costs are in addition to what they pay for their home support. This financial dynamic presents a compelling economic argument for some seniors to move to a long-term care facility earlier than they might otherwise need to due to the relative costs of daily home support versus long-term care.

The average income of a senior living in a long-term care facility in B.C. is close to \$29,000 a year. A senior in B.C. earning this amount and living on their own will have financial challenges in trying to stay at home with daily home support versus moving to a long-term care facility.

As illustrated in Table 8, a senior earning \$29,000 a year will spend almost \$14,000 less per year to live in a long-term care facility than to remain at home and receive one-hour of home support a day.

TABLE 8: COST TO A SINGLE SENIOR FOR HOME SUPPORT VS. LONG-TERM CARE

	\$29,000	
	HOME	LTC
AFTER TAX INCOME	\$27,900	\$27,900
EXPENSES		
<i>HOUSING</i>	\$17,200	\$22,300
<i>FOOD</i>	\$5,200	\$0
<i>HEALTH EXPENSES</i>	\$3,100	\$2,000
<i>HOME SUPPORT</i>	\$8,900	\$0
<i>CLOTHING / PERSONAL COSTS</i>	\$3,400	\$1,200
<i>TELECOMMUNICATIONS</i>	\$1,800	\$400
TOTAL EXPENSES	\$39,600	\$25,900
REMAINING INCOME	-\$11,700	\$2,000
ANNUAL COST SAVINGS OF LONG-TERM CARE VS. HOME SUPPORT		\$13,700

NOTE(S): All numbers rounded to nearest '00. See Appendix 3 for Table notes.

COST OF HOME SUPPORT VS. LONG-TERM CARE FOR THE HEALTH AUTHORITY

While the cost of long-term care is less expensive for the senior, it is more expensive to the government. The following tables compare the estimated cost of supporting a senior at home with either one or two hours of daily home support, assuming no client contribution for home support and the current resident contribution to long-term care.

Table 9 and 10 illustrate the costs based on an income of \$29,000 which is close to the average income of residents in a long-term care facility and \$63,000 which is the income ceiling for resident contribution charges in long-term care (residents with incomes above \$63,000 pay no additional amount). For the average resident in long-term care the government would save \$46,000 a year if they provided one-hour and \$32,000 a year for two hours of daily home support rather than provide the care in a long-term care facility.

TABLE 9: SCENARIO OF ESTIMATED COST TO HEALTH AUTHORITY OF FULLY SUBSIDIZED HOME SUPPORT (1 HR) VS. LONG-TERM CARE FOR SINGLE SENIOR

	\$29,000		\$63,000	
	HOME SUPPORT (1HR)	LTC	HOME SUPPORT (1HR)	LTC
ESTIMATED COST	\$14,100	\$82,100	\$14,100	\$82,100
CLIENT CONTRIBUTION	REGULATED FEE ELIMINATED	\$22,200	REGULATED FEE ELIMINATED	\$42,900
COST TO HEALTH AUTHORITY	\$14,100	\$59,900	\$14,100	\$39,200
COST SAVINGS TO HEALTH AUTHORITY	\$45,800		\$25,100	

TABLE 10: SCENARIO OF ESTIMATED COST TO HEALTH AUTHORITY OF FULLY SUBSIDIZED HOME SUPPORT (2 HRS) VS. LONG-TERM CARE FOR SINGLE SENIOR

	\$29,000		\$63,000	
	HOME SUPPORT (2HR)	LTC	HOME SUPPORT (2HR)	LTC
ESTIMATED COST	\$28,200	\$82,100	\$28,200	\$82,100
CLIENT CONTRIBUTION	REGULATED FEE ELIMINATED	\$22,200	REGULATED FEE ELIMINATED	\$42,900
COST TO HEALTH AUTHORITY	\$28,200	\$59,900	\$28,200	\$39,200
COST SAVINGS TO HEALTH AUTHORITY	\$31,700		\$11,000	

LONG-TERM CARE RESIDENTS WHO POTENTIALLY COULD HAVE BEEN CARED FOR AT HOME

One measure to determine the effectiveness of the provincial home support program is to look at who is living in long-term care facilities. The Canadian Institute for Health Care (CIHI) produces an annual report comparing the long-term care population in provinces and looks at what percentage of newly admitted residents that have a clinical profile similar to that of clients cared for at home with home supports in place.

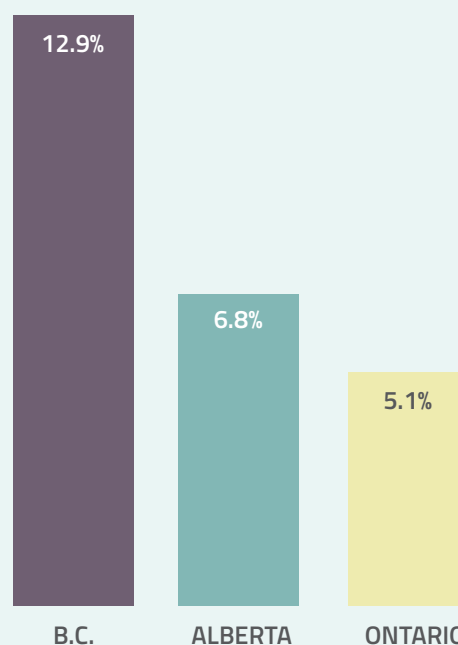
The CIHI report indicates that 13% of newly admitted long-term care facility residents potentially could have been cared for at home in B.C. in 2021/22. This indicator measures the percentage of newly-admitted long-term care facility residents who have a clinical profile similar to clients cared for at home.

When we compared the percentage of newly admitted long-term care facility residents across Canada, we found in 2021 that B.C. had proportionately twice as many low care needs residents as Alberta and Ontario and we are 34% above the national average.

In addition to the CIHI data looking at clinical profiles, we examined utilization data for home support and found that over 61% of B.C. seniors admitted to a long-term care facility received no home support in the 90 days prior to admission. This trend has remained relatively unchanged over the past five years.

When we examined the RAI-HC assessment that determined admission to a long-term care facility (no home support), we found 13% were ADL 2 or less and CPS 2 or less - clients with lower complexity of needs. We also found that caregiver distress (at 50%) was much higher for seniors that did not have home support prior to admission to a long-term-care facility.

FIGURE 15: NEW LONG-TERM CARE RESIDENTS WHO POTENTIALLY COULD HAVE BEEN CARED FOR AT HOME, 2021



60% OF SENIORS
ADMITTED TO
LONG-TERM
CARE RECEIVED
**NO HOME
SUPPORT**
IN THE
90 DAYS PRIOR
TO ADMISSION.

Overall, these measures demonstrate the importance of effective placement policies and whether additional home support services could have potentially delayed or prevent early admission into a long-term care facility.

SERVICE LEVELS AND SCOPE

While cost is preventing some seniors who might benefit from home support from receiving it, for those who do receive home support, there are other challenges with the program, most notably with the level and scope of services.

The data tell us that 55% of home support clients are at high or very high risk for admission to a long-term care facility and that there is significant frailty and complexity in just over half of home support clients. The level of service that is provided, however indicates that either the care needs are not being met, family members are providing significant care or a combination of both. This issue was present five years ago and it remains persistent in current data with an overall worsening trend line. To summarize, this review has found that over the past five years:

- the complexity of the client is increased across most measures while the average hours of care declined
- the percentage of clients who receive daily service has declined 3%
- the percentage of clients receiving less than one-hour per day of service has increased by 1%
- the client rate per 1,000 population has declined by 10% in the age cohort age 75 plus and by 5% in the age cohort of age 85 plus
- the percentage of clients rating their home support service as "excellent" has declined 30%
- the percentage of caregivers agreeing that service levels meet their family members needs has decreased 27%
- the level of caregiver distress has not decreased and is the third highest in Canada

Overall, we are delivering less service to relatively fewer, frailer people than we were five years ago despite a 42% increase in funding and a 25% increase in the CHW workforce over this same time period.

In addition to the level of service, the scope of service continues to be a challenge. In the 2019 report, *Home Support: We Can Do Better*, the OSA recommended care plans be more flexible to allow CHWs to adapt the services provided to the needs of the client on that particular day, and that a standardized provincial care plan should be introduced. These recommendations are still relevant today. Care plans should reflect the individual needs of the client including their abilities, living situation and family caregiver availability.

Unfortunately, delivering what is outlined in the care plan is often challenged by factors such as the availability of funded hours and staffing shortages. Both our client and caregiver surveys found concerns about the lack of time to complete tasks, consistency in staffing, canceled visits and services booked at inconvenient times.



While these challenges may have escalated during the COVID-19 pandemic, the issues with care plan design and delivery have been a persistent concern in home support and need to be addressed moving forward. Care plans must reflect the needs of the client and be sufficiently flexible to meet daily changing needs.

FAMILY CAREGIVER BURDEN

Family caregiver burden has been addressed previously by this office, not only in our reports on home support, but also in *Caregivers in Distress: More Respite Needed* (2015) and *Caregivers in Distress: A Growing Problem* (2017). As the population ages, the number of family members who will find themselves taking on the role of caregiver will also increase and they will need to be supported if they are going to provide safe, consistent and ongoing care. The burden on family caregivers was highlighted during the pandemic, but the issues faced by caregivers were in place long before then and continue to be of major concern.

Previously, we have recommended supports for family caregivers be an integral part of a client's care plan. Fundamental to a client being able to continue to live at home is a fully supported family caregivers. Education and training, as well as reliable and affordable respite, is fundamental to this support. Effective respite includes opportunities for in-home weekly respite, ADPs and facility-based respite care.

Moving forward, we need to recognize both the increasing number of family caregivers and changing demographics of the caregivers themselves. The vast majority of caregivers are either the spouse or adult child of the client. The spouses are aging and developing their own health issues, and the adult child is less likely to live near their aging parents than they were in past decades. Our emergency departments and long-term care system would be overwhelmed if our network of family caregivers collapsed. We need to adjust to the new reality of the family caregiver and provide them with the support they need to remain a partner in our system of caring for an aging population.

HOME SUPPORT STAFFING

The ability to increase home support services can only be achieved with an increase in the CHW workforce. Like all areas of healthcare staffing, there are challenges recruiting and retaining sufficient CHWs. In 2021, there were just over 9,000 CHWs employed – a 25% increase over the previous five years.

The training required for home support is the same as that required to be a residential care aid (RCA). Historically there has been a wage gap between CHWs and RCAs with the latter receiving a higher rate of pay. This gap narrowed but some inequity remains. However what persists is the lack of full-time work and regular schedules in home support when compared to long-term care. Current data continues to suggest the majority of CHWs are casual. They may be working full time hours, however they are likely working split shifts to achieve this and they are not receiving health and pension benefits. Most CHWs are required to have a vehicle and, although there is compensation for this through mileage charges, this requirement places another barrier to working as a CHW.

In the report *Home Support: We Can Do Better*, we detailed the scheduling challenges for CHWs and we will not repeat that in this report as there has not been a fundamental change to the way in which we schedule home support. What has changed is the ability to engage in a province-wide redesign as all home support is now delivered by health authorities and all health authorities now use the same scheduling platform.

The data suggest that we can attract staff to home support, which is evident in the 25% increase in the number of CHWs over the past five years. The provincial Health Career Access Program is proving successful at recruiting and training additional healthcare workers overall and the number of care aides enrolled in the registry increased by 33% over the past five years (note: this includes both CHWs and RCAs and includes those who work in the private sector and choose to be registered).

The job of CHW, like most in healthcare, can be both incredibly rewarding and challenging. Many CHWs enjoy the one-to-one relationship they can develop with their clients. However, CHWs are travelling from client to client, often the client is new to them, the environment in which they provide their services changes with each client and weather and road conditions can make driving difficult. In addition to these challenges is the inherent uncertainty that comes from casual work.

The challenges in home support staffing are not insurmountable but they will require a shift in thinking about the services that home support currently delivers. Full time jobs with consecutive hours in addition to appropriate pay are what is needed to attract the number of CHWs needed to meet the growing demand. To achieve this, we must recognize the need for services such as respite, housekeeping and rehabilitation to be more fully integrated into the suite of home support services that are provided.

SUMMARY AND RECOMMENDATIONS

Home support is highly valued by many who receive it, but for a variety of reasons, the program is not fulfilling its potential to assist seniors to live at home longer and delay or prevent admissions to long-term care facilities. This is evident from data that show worsening trends in almost all measurable domains.

Moving forward, we must make significant investments to see the measurable change that is necessary. We need to make home support affordable to more seniors, we need more services for those who need them, we need a workforce that can respond to increases in demand, and we need province-wide standards that are measured, monitored and regularly reported.

Achieving this will not happen overnight, however we can begin the process and hopefully see a reversal in some of our current trend lines over the next five years. To start us on the path to improving, the following are recommended:

RECOMMENDATIONS

1. **ELIMINATE THE FINANCIAL BARRIER TO ACCESSING HOME SUPPORT**

There is substantial evidence to suggest that B.C.'s daily rate charge for home support is having a significant impact on program utilization. Any improvements to the home support program will have limited utility if it is still unaffordable to a large portion of the seniors population. The comparisons to Alberta and Ontario are compelling on the measure of low care need residents admitted to a long-term care facility, as is the fact that 61% of people admitted to long-term care had no home support 90 days prior to admission. The cost barrier presented by B.C.'s assessed daily rate must be recognized as a contributing factor to these outcomes and needs to be addressed.

2. **INCREASE RESPITE CARE**

The level of caregiver distress in B.C. is the third highest in Canada and has not improved in the last five years. The data tell us the level of distress is highest among people who are admitting their loved one to a long-term care facility and those caring for loved ones with high care needs but receiving limited home support service. We know that as home support service levels rise, distress levels decline.

The amount of respite provided through the home support program is not meeting the needs of family caregivers and is not provided to most of those who would like to receive it. There must be an increased focus on providing blocks of respite hours that meet the needs of family caregivers. Family caregivers are currently providing five hours of care for every hour of home support delivered and we need to balance this number to a manageable workload for the overburdened family caregiver.

3. **STANDARDIZE AND SET TARGETS FOR ALL ASPECTS OF SERVICE DELIVERY**

The data tell us that just over half of home support clients are at high or very high risk for admission to a long-term care facility, yet they are not receiving daily service and on the days they do receive service, the majority receive only one-hour or less. Targets were set for hours of care in long-term care facilities with a plan to achieve those targets over time. A similar approach is recommended for home support by identifying a target number of hours based on assessed care needs with regular public reporting on results.

4. **MODERNIZE CARE PLANS**

A persistent pattern exists in both the survey of home support clients and concerns expressed to the OSA that the current approach to care plans are inflexible and not responsive to meeting the changing needs of people receiving service. There was a major shift in the 1990's when housekeeping, laundry and meal preparation were formally removed as routine home support services. Over the last decade, there appears to be an informal drift to eliminating more and more services and an increased reliance on family members. The current approach fails to capture the daily changing needs of home support clients that requires flexibility in how the CHW is directed to spend their time.

Home support clients have consistently expressed a need for housekeeping, more bathing and meal preparation. While there are community programs that have been designed to try and meet these needs outside the home support program, it is not clear that they are able to meet the level of demand given the feedback from home support clients. It is also unclear if delivering community-based programs to home support clients as a separate service is as cost effective as delivering them through the provincial home support system.

5. **MEASURE, MONITOR AND REPORT ON PERFORMANCE**

Home support needs to establish provincial standards on a number of measures, monitor how effectively the system is meeting these standards and report on the overall performance of the program. Benchmarks for everything from wait times for assessments, service levels delivered based on care needs, client and family caregiver satisfaction need to be established.

British Columbians have shown that they care very deeply about seniors and governments of all levels have made commitments to increasing the supports available for people to age at home. This goodwill and desire to improve must now be harnessed into concrete action that will reverse the trend lines that have developed over the past five and ten years.

The task ahead will not be easy and will not be without cost, however, working together we can continue to improve the lives of seniors in B.C. and ensure the supports are available so we can all age in the comfort of our own homes.

APPENDIX 1 - HOME SUPPORT SURVEY METHODOLOGY

In December 2021, OSA launched the 2nd provincial Home Support Survey, running from December 17, 2021 to March 4, 2022. The purpose of the survey is to evaluate the satisfaction with the home support program from the perspectives of home support clients and their primary caregiver.

The survey for home support clients consisted of a minimum set of 41 questions and the family member/caregiver consisted of a minimum set of 24 questions, with additional sets of questions depending on the respondent's answers. The survey responses were collected under sections 26(c) and 26(e) of the Freedom of Information and Protection of Privacy Act.

SURVEY INSTRUMENT DESIGN

Survey design was carried out by the OSA with advice from the British Columbia Patient-Centred Measurement (BCPCM) office which directs strategy for the measurement of patient-centred care in British Columbia. Survey design was informed by a consultative group of stakeholders that included the BCPCM, BC Ministry of Health, health authorities, First Nations Health Authority, BC General Employees' Union and home support client and caregiver representatives. Some survey questions and design decisions were carried over from the 2016 Home Support Survey with the intention to better understand the changes and trends of the services provided over the past five years.

SURVEY IMPLEMENTATION

A paper-based survey was mailed to 25,245 home support clients who received home support services between April to June 2021. Of these, 987 did not receive the survey due to undelivered mail (i.e. wrong address), leaving 24,258 in the census pool. Clients receiving short-term or long-term home support were eligible, as well as assisted living residents receiving personal care services. Translated paper-based surveys were available upon request.

An online survey was available for family members/caregivers of the home support client. Family members/caregivers were invited to an online survey through the mail-out package to home support clients. The mail insert provided the website link and QR code to access the online survey. A paper-based version was available upon request. The online survey was launched on an industry-standard survey platform through the Ministry of Citizens' Services on behalf of the Office of the Seniors Advocate.

Responses were received from 6,136 home support clients and 2,888 family member/caregivers, from which we obtained 6,028 valid responses from clients and 1,672 from family members/caregivers. Surveys deemed incomplete were excluded from the final pool of responses.

	CLEINTS	RESPONSE RATE
INTERIOR HEALTH	1,239	25%
VANCOUVER COASTAL HEALTH	1,165	23%
FRASER HEALTH	1,661	21%
VANCOUVER ISLAND HEALTH	1,625	29%
NORTHERN HEALTH	171	24%
UNKNOWN*	167	3%
BRITISH COLUMBIA	6,028	25%

NOTE(S): * Some surveys' results were manually entered, including surveys conducted with the assistance of volunteers through a phone call. These results were unable to associate with the ministry service utilization data and therefore unable to track the health authority information.

Caregiver response rates are not available at the health authority level. Since caregiver surveys moved to an online data collection method, results could not be matched to the paper-based client surveys.

Survey Limitations

During the survey period, B.C. was experiencing the fifth wave of the COVID-19 pandemic where indoor and social gatherings were restricted by provincial health order and this may have attributed to lower caregiver response rate. Clients may not have provided the mail insert with the information to access the online survey to the family member/caregiver in person. Other factors might include technical barriers in scanning QR code or manual entry of the survey link into a web browser.

The client survey was implemented in a paper and pencil design, one limitation is clients who completed multiple selection of response items for questions that were only seeking a single answer. In addition, clients and family member/caregivers are free to skip any questions they wish not to answer. These blank or invalid responses are excluded from this survey analysis.

The survey was anonymized but matched to data containing clinical characteristics of clients (from InterRAI homecare health assessments) as well as Ministry of Health service utilization data. This process, while maintaining complete confidentiality for the clients, allowed for the identification of patterns across different types of clients and their characteristics.

APPENDIX 2 - SURVEY CONSULTATION GROUP MEMBERSHIP

NAME	ORGANIZATION
ISOBEL MACKENZIE	OFFICE OF THE SENIORS ADVOCATE
CARIN PLISCHKE	OFFICE OF THE SENIORS ADVOCATE
JANICE CHOW	OFFICE OF THE SENIORS ADVOCATE
ROB COWAN-DOUGLAS	OFFICE OF THE SENIORS ADVOCATE
HEATHER TROTTIER	OFFICE OF THE SENIORS ADVOCATE
MOIRA LOUW (MINUTES)	OFFICE OF THE SENIORS ADVOCATE
KIERSTEN FISHER	MINISTRY OF HEALTH
ALIX ADAMS	MINISTRY OF HEALTH
CHRISTINE VOGGENREITER	MINISTRY OF HEALTH
KENT MAYNARD	MINISTRY OF HEALTH
LENA CUTHBERTSON	PROVIDENCE HEALTH
SCOTT DE LONG	BC GOVERNMENT AND SERVICE EMPLOYEES' UNION
AMENA CLEVELAND	BC GOVERNMENT AND SERVICE EMPLOYEES' UNION
ANGELA GETZ	FAMILY CAREGIVER
KATRINA PRESCOTT	FAMILY CAREGIVER
ANNMARIE ELDERKIN	HOME SUPPORT CLIENT
HEATHER WOOD	INTERIOR HEALTH AUTHORITY
EILEEN BROOKS	FRASER HEALTH AUTHORITY
JULIA A. WILSON	ISLAND HEALTH AUTHORITY
SARA CAMANO	VANCOUVER COASTAL HEALTH AUTHORITY
ELENA BAILEY	VANCOUVER COASTAL HEALTH AUTHORITY
SERENA BERTOLI-HALEY	VANCOUVER COASTAL HEALTH AUTHORITY
MARY HERAUF	NORTHERN HEALTH AUTHORITY
AARON BOND	NORTHERN HEALTH AUTHORITY
SHEILA MARENTETTE	FIRST NATIONS HEALTH AUTHORITY
NICOLE WIKJORD	FIRST NATIONS HEALTH AUTHORITY
GERRILYNN MANITOWABI	FIRST NATIONS HEALTH AUTHORITY

APPENDIX 3 - LIST OF DATA SOURCES

1. BC Ministry of Health, Regional Grants and Decision Support, Extracted on October 11, 2022.
2. BC Ministry of Health, Home and Community Care Minimum Reporting Requirements (HCCMRR). Extracted on August 3, 2022.
3. BC Ministry of Health, Home Care Reporting System (HCRS). Extracted in January 2023.
4. BC Stats, Population Estimates & Projections for British Columbia. Estimates data version: November 2022. BC Ministry of Health, HCCMRR. Extracted on August 3, 2022.
5. Canadian Institute for Health Information (CIHI), Caregiver Distress Indicator. Accessed December 8, 2022. Includes all regions except Northern Health. For indicator definition, please visit CIHI.
6. Canadian Institute for Health Information (CIHI), New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home Indicator. Downloaded November 2022. For more information, please visit CIHI.
7. Health Authorities. In-home respite provided to long-term home support clients, 2019/20 to 2021/22. Custom request to health authorities. Data received January and February 2023.
8. Health Authorities. Maximum Client Rate. Email communication.
9. Health Employers Association of BC (HEABC). Data received November 7, 2022.

NOTES FOR TABLE 8: COST TO A SINGLE SENIOR FOR HOME SUPPORT VERSUS LONG-TERM CARE

1. Income tax is estimated using the online Wealthsimple Tax Calculator for BC residents.
2. Housing is based on the average Canadian Mortgage and Housing Corporation (CMHC) rent for a one-bedroom apartment in Vancouver (\$1,434) or the equivalent amount spent by a homeowner on mortgage, taxes, utilities, maintenance etc.
3. Food cost is based on average food cost of \$9.15 per day from the Office of the Seniors Advocate Long-term Care and Assisted Living Directory 2022.
4. Health expenses include Pharmacare maximum deductible (\$700 for \$29,000 income) and \$400 per year for a personal alarm for those living at home. Health expenses also includes \$2,000 per year for vision/dental/hearing for both those living at home and in long-term care.
5. Home Support daily co-pay is calculated as per the Continuing Care Fees Regulation for two hours of home support daily. Long-term care is 80% of income up to a maximum of \$3,575.50 per month or \$42,906 per year.
6. Clothing and personal care is calculated at \$100 per month for both those at home and in long-term care. In addition, those living at home are estimated to pay \$85 per month for incontinence products and \$100 per month for over-the-counter medication including vitamins, pain relief, ointments, bandages etc.
7. Telecommunications are estimated at \$150 per month for TV, internet and home phone for those at home and \$35 per month in long-term care.

APPENDIX 4 - DEFINITIONS

LOW CHRONIC CONDITIONS: B.C. residents with one or more low complex chronic conditions (asthma, mood / anxiety disorder including depression, diabetes, epilepsy, hypertension, osteoarthritis, or osteoporosis), as defined by the Chronic Disease Registries.

MEDIUM CHRONIC CONDITIONS: B.C. residents with one or more medium chronic conditions (angina, COPD, multiple sclerosis, Parkinson's, pre-dialysis chronic kidney disease, or rheumatoid arthritis), or have had a major cardiac event or intervention (CABG, AMI, PTCA), or have a specific combination of chronic conditions (diabetes & mood / anxiety disorder, osteoarthritis & hypertension, osteoporosis & hypertension, osteoporosis & osteoarthritis), as defined by the Chronic Disease Registries.

HIGH CHRONIC CONDITIONS: B.C. residents who do receive selected support services from health authorities for activities of daily living and/or who have one or more high chronic conditions (Alzheimer's, dementia, cystic fibrosis, heart failure, or organ transplant), had stroke or are on dialysis, or have a specific combination of chronic conditions (AMI & pre-dialysis chronic kidney disease, angina & COPD, diabetes & hypertension & osteoarthritis), as defined by the Chronic Disease Registries.

COGNITIVE PERFORMANCE SCALE (CPS): is used to rate the cognitive status of a client, including their short-term memory, cognition skills for daily decision-making and communication. It is a seven- point scale ranging from cognitive performance intact to very severe impairment, with higher scores indicating a higher level of impairment.

0	Intact	4	Moderate/Severe Impairment
1	Borderline Intact	5	Severe Impairment
2	Mild Impairment	6	Very Severe Impairment
3	Moderate Impairment		

ADL SELF-PERFORMANCE HIERARCHY SCALE (ADL): is used to rate the client's abilities to carry out a number of activities of daily living including personal hygiene, toileting, locomotion and eating. The activities are scored based on what the client actually did in the previous seven days, as opposed to what they were capable of doing. The ADL scale reflects the disablement process by grouping ADL performance into stages of loss and higher scores indicate a greater decline, or progressive loss, in ADL performance.

- 0 Independent: Independent in all 4 ADLs
- 1 Supervision: At least supervision in one ADL (and less than limited in all four)
- 2 Limited: Limited assistance in one or more of the four ADLs (and less than extensive in all four)
- 3 Extensive: At least extensive assistance in personal hygiene or toilet use (and less than extensive in both eating and locomotion)
- 4 Maximal: Extensive assistance in eating or locomotion (total dependence in neither)
- 5 Dependent: Total dependence in eating and/or locomotion
- 6 Total dependence: Total dependence in four ADLs

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