

Pandemic exposes deep flaws in Canadian home care system

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"Home care labour is at the bottom of the health care hierarchy, and so are the people receiving the care," says UTM sociologist Cynthia Cranford. Credit: Pixabay

The pandemic has infiltrated long-term care facilities, infecting staff and



residents alike and resulting in scores of deaths. Now one U of T Mississauga sociologist is sounding the alarm for a hidden population that is also at grave risk: home care workers and their clients.

Over the past decade, associate professor of sociology Cynthia Cranford has studied home-based elder care and disability support programs in Ontario and California. She is the author of a new book that shines a light on the vulnerabilities of both care providers and receivers, covering themes of disability, aging, immigration and labor organization.

"As experts question long-term <u>residential care</u>, we should take this opportunity to recognize the importance of acute and ongoing support needs that people need to live dignified lives," she says.

About a million Canadians rely on <u>home care</u> support for <u>personal</u> <u>hygiene</u>, medical assistance and help around the house.

"Home care is an essential underlying support to our broader health care system," says Cranford. "It is vital to elderly and disabled people to get the assistance that they need with daily activities like eating, dressing, bathing, in order to live in their homes with dignity." Home care also provides short-term acute care to people who can recover from illness or injury at home instead of in the hospital.

Cranford says the global pandemic exposes deep problems within the home care system, including a fragile labor market and the dependency of people receiving care.

"Home care labor is at the bottom of the health care hierarchy," says Cranford. "And so are the people receiving the care."

In Canada, home care delivery is administered by for-profit and non-profit companies. Cranford's research reveals that personal support



workers (PSWs) often cobble together work from more than one agency, and may visit up to five clients over a 12-hour day. During the pandemic, many have also been called to provide staffing relief in long-term care facilities. Conversely, a home care client may see several PSWs who assist with different tasks throughout the day.

During the pandemic, this lack of centralized labor direction has left PSWs to work without personal protection equipment, leaving care workers, their clients and the households of both groups vulnerable to contagion, with deadly results. To date, three Canadian PSWs have died after contracting the virus.

"Quality of care and quality of work are interconnected," says Cranford.
"This crisis gives us the public platform to really talk about all of the players, and the devaluation of both the workers and the people receiving the care and support."

Cranford sees some hope for the future. The Ontario provincial government recently included PSWs in the group of front-line health care workers to receive a temporary pandemic-related pay raise.

Cranford says the time is ripe for a system-wide overhaul, including better job security for PSWs, flexible care options for clients and universal federal funding for home-based <u>elder care</u> and disability supports.

"In this moment, it's very clear that home care workers are essential to stopping the pandemic," she says. "We need to continue to have these conversations about the importance of the home care workers in this sector, and how essential their security is in order to have quality care and safe environments for elderly and disabled people."



Provided by University of Toronto Mississauga

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