

Stratford woman's struggles highlight flaw in home care ; HOME CARE: CUPE wants changes made to system

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Of the 600,000 people getting some form of **home care** in Ontario, at least one Stratford family isn't getting any.

Laure St. Pierre, 20, has complex medical issues and after a stroke in the fall of 1997 started receiving **home care**.

A registered nurse cared for her through the night and another worker would help her at school. Eventually the private care provider dropped her support from 35 hours a week to 60 hours a month, her mother Lucinda St. Pierre said.

"One service provider refused to service our family. They refused to send a nurse to our home or to (Laure's) school," Ms. St. Pierre said.

When overnight care was no longer available, Laure's doctor admitted her to Stratford General Hospital. That's where she spends every night now and that's been going on since 2007.

"I would prefer to be in my home, but because of the way things have been, it's difficult for my mom," Laure said.

Her mother takes her out during the day so she can do some school work and be part of the family. Laure used to be a student at Stratford Northwestern Secondary School, but when the care provider cut her support at school, she lost her ability to attend.

Because she can't go to school anymore, she's isolated from her peers and has no social life. That's been the hardest part, her mom said.

CUPE, which represents the small portion of personal support workers (PSW) who are unionized, wants the province to make serious changes to the system installed in 1996 by the Mike Harris government.

Community Care Access Centres are required to contract out **home-care** services. CUPE wants **Community Care Access Centres** to be able to hire direct care staff. The way it works now is providers, both not-for-profit and private, bid on contracts. Monetary considerations carry about 25 per cent of the weight when it comes to deciding who wins the contract, said Doug Allan CUPE national researcher.

Mr. Allan noted the emphasis for **home care** now is on short-term help for people released from hospitals after surgery. There's been a 30 per cent reduction in services, he said.

Many contracts around the province will expire at the end of this month. If the Liberals lift the moratorium on competitive bidding when the contracts expire it will cause further damage to an already faulty system, CUPE and the Ontario Health Coalition (OHC) are warning.

CUPE and OHC want the government to maintain the moratorium and consult workers, patients, family members and not-for-profit providers to develop a new public model.

PSW is an umbrella term that can include nurses, social workers, cleaners and cooks. **Home-care** worker Pam Huckle said many PSWs are becoming "RNs through the back door."

"You end up doing some medical procedures. Who puts the patch on when it comes off in the bath? You can't call a nurse," she said.

PSWs earn about \$6 an hour less than they would earn in a hospital or long-term-care facility, CUPE said. Ms. Huckle said most PSWs work irregular hours, travel time doesn't count and few get full-time hours so they don't qualify for benefits. The government is looking into requiring that 10 per cent of PSWs work a minimum of 30 hours a week by 2011.

The turnover rate is remarkable. A Ministry of Health and Long-Term Care study found 57 per cent of **home-care** workers changed jobs within 12 months. Clients have little consistent care as a result.

As Ms. Huckle stressed, for some clients their world is reduced to one room or one chair and the TV is their company. That time when the **home-care** worker is in the house is a critically important time both physically and emotionally.

Inconsistency of care was a big problem for the St. Pierre family. Ms. St. Pierre wanted to train the nurses to care for her daughter each time a new one came in but they wanted to be trained by another nurse, she said. When the service provider chose to cut the services to the family, Ms. St. Pierre filed an appeal. They got nowhere and still receive no help.

"I think it backfired. I feel punished for having spoken up," Ms. St. Pierre said.

The Health Ministry has enlisted the help of the Health Professions Regulatory Advisory Council regarding PSWs. The regulatory body will begin work on a report next month which should be completed by March next year, according to the ministry website, about the "potential of a self-regulatory association to support personal support workers."

Health-care practitioners, clients and patients, facilities and institutions, advocates and regulators are expected to be consulted.