# Submission regarding

# Personal Support Worker (PSW)

# Educational standards in Ontario

**Submitted to the**
**Ministry of Health and Long Term Care (MOHLTC)**
**Ontario**


**Canadian Union of Public Employees (CUPE Ontario)**

**Ontario Council of Hospital Unions (OCHU/CUPE)**



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# Introduction and summary

The Canadian Union of Public Employees Ontario (CUPE Ontario) and the Ontario Council of Hospital Unions (OCHU), a CUPE bargaining council, represent 65,000 health care workers among our 240,000 members. Within Ontario, CUPE represents 27,000 Personal Support Workers (PSWs) and Health Care Aides (HCA), primarily working in health care, but also in social services.

CUPE nationally represents more than 615,000 workers making it the largest union in Canada. CUPE members work throughout the public sector including health, community care, social services, municipalities, school boards and universities. CUPE has more health care members than any other union in Canada and in Ontario.

The union welcomes the opportunity to further respond to the Ministry of Health and Long Term Care (Ministry) following the April 2012 consultations held in Toronto with key stakeholders, including CUPE Ontario and OCHU[1] concerning PSW educational standards.

This submission explains the union's recommendation for one PSW educational standard in Ontario to improve health care quality. It also outlines important work the union has advocated during our forty year commitment to universal public health care. This work includes: an end to the compulsory contracting out in home care that has created waiting lists of over 10,000 people, a regulatory minimum standard of 3.5 hours of direct care for long term care residents per day and proper staffing and funding for non-profit and public hospital care. Improving the wages and working conditions of PSWs is an important way to improve the lives of their patients. PSW turnover and the resultant lack of continuity of care is a major barrier to high quality care, especially in the home care sector. Other efforts by the government, like the creation of a PSW Registry are of much less importance to the quality of care -- and may even turn out to be a step backward.

It is our contention that the proposal for a Registry is premised on the wrong conclusions, focusing solely on the workers instead of the underlying problems facing our health care system. We would argue that it is the lack of meaningful regulations and government policies such as compulsory contracting out of services that are creating the systemic problems, such as:

- Underfunding of hospitals, long term care and home care;
- Inadequate accountability and transparency;
- Health and safety risks for both recipients and health care workers;

- Increasing workload;
- Low staffing levels;
- Wait lists;
- Lack of a legislated direct care standard for long term care residents; and,
- In-attention to investment for skills development and core competencies for PSWs throughout the health care system.

There should only be one PSW educational standard in Ontario in order to help improve health care quality. Two or three standards create confusion and will undermine care quality. For-profit educational providers, driven by profit, cannot be allowed to weaken a provincial PSW educational standard. There are provincial examples where a move to an application of one standard for occupations similar to Ontario's PSW is ongoing. Three provincial examples are examined in this report: Nova Scotia, Saskatchewan and British Columbia.

However, in order for one PSW educational standard to occur, public funding of training by non-profit providers is needed. PSWs cannot shoulder funding for training. Wages for PSW work is often low with poor and unsafe working conditions. A government governing body needs to oversee the implementation and funding of PSW educational standards that includes training for PSWs, their supervisors (normally Registered Practical Nurses [RPNs] and Registered Nurses [RNs]) and PSW educators. PSW education needs to include apprenticeship programs similar to programs for the trades in Ontario.

Most PSWs in Ontario are women and many are racialized[2]. Many racialized women and non-racialized women suffer discrimination in our society without the additional burden of suffering poor wages and working conditions through their work. Without improvements to working conditions and remuneration, this occupation risks becoming even more marginalized. Improving the PSW educational standard alone will not bring PSWs the respect and dignity the profession deserves. Improved PSW training, wages and working conditions are key.

# Consultation Questions: Personal Support Worker Educational Standards

The Ministry of Health and Long Term Care announced in May 2011 that a Registry for Personal Support Workers (PSWs) was going to be created in order to further meet the needs of Ontario patients and clients and better recognize PSWs. CUPE and OCHU have been involved in the Registry process arguing for the protection of the rights of PSWs and Health care aides (HCAs). To date, however, we remain to be convinced that this process will improve health care or the lives of PSWs. In order for a PSW Registry list to be effective, however, the definition of who the list includes needs to be clear. Otherwise, it is difficult to know what the list means.

The Ministry has now embarked on a consultation process around PSW educational standards. Currently PSW educational standards vary depending on the type of educational institution delivering the training.

A PSW educational standard for Ontario must cover all PSW education, no matter the type of educational delivery. Without consistency, there will be no standard muddying the title "Personal Support Worker".

A PSW educational standard also must include the educational institutions themselves. Schools need to be accredited by a body within the provincial government.

## One PSW Educational Standard is needed in Ontario

We support one PSW Educational standard. Other provinces are following a direction toward one standard, while the National Association of Certified Caregiver Personal Support Workers has begun to promote the standardization of a PSW curriculum at the national level.

Unfortunately, the Ministry has suggested not one but *three* PSW educational standards:

> "The regulation under the *Long-Term Care Homes Act, 2007* requires that, as of July 1, 2011, PSWs employed in long-term care homes, with limited exceptions, have completed a program that meets one of the three-educational standards noted below.

- Ministry of Training, Colleges and Universities' PSW vocational standard (provided by Colleges of Applied Arts and Technology*)

> ***Note**: This Ministry standard only applies to vocational PSW programs provided by Ontario Colleges of Applied Arts and Technology (CAATs) and does not apply to vocational PSW programs provided by Ontario's private career colleges (PCCs). PCC PSW programs must adhere to one of the two standards below or provide a disclaimer, informing students that they will not be eligible for employment in long-term care.*

- National Association of Career Colleges' standards
- Ontario Community Support Association's (OCSA) standards"

The Ministry then asks:

> "Are there any reasons why these three standards should not be adopted as currently written or with some modification as the core eligibility requirements for Ontario's PSW Registry?"

PSW education should be standardized to one standard and delivered by non-profit educational providers. However, Ontario currently has three very different types of organizations delivering three different programs, with different educational standards for PSWs. Community colleges, private career colleges, and boards of education all deliver PSW education.

## *Community Colleges*

Staff at Ontario Colleges of Applied Arts and Tecnology (CAATs) deliver PSW education to a standard set in 2005 by the Ministry of Training, Colleges and Universities (MTCU).[3] PSW programs are offered at approximately twenty-two (22) community colleges, for approximately eight months or two academic terms. The program is **770 hours** with 386 lab or practicum hours and 384 classroom or theory hours.[4]

## *Private Career Colleges*

Private career colleges in Ontario "are not required to match the community college program standards".[5] As of July 1, 2011 Private Career Colleges must adhere to the National Association of Career Colleges standard (NACC) or the 1997 Ontario Community Support Association's standard.[6] The National Association of Career Colleges (NACC) provides a **640 hour** program with 355 lab or practicum hours and 384 classroom or theory hours.[7] In 2006, there were 121 private career colleges with PSW programs.[8]

### *Boards of Education*

PSW Education is also offered through Adult Continuing Education programs as part of completing a high school diploma.[9] Adult education programs are **810 hours** with 270 lab or practicum hours and 540 classroom or theory hours.[10] Boards of education either use the 1997 Ontario Community Support Association curriculum developed with the Ministry of Health and Long Term Care **or** they can use the 2005 MTCU curriculum outlined above.[11]

In conclusion, there is a confusing array of providers, standards and programs in Ontario and the Minstry's proposal will not improve the situation at all. Then as now, employers will be left to their own devices to determine which program is most suitable. Those most concerned about profit will favour those with the most basic training in hope of obtaining cheaper labour. Those most concerned about the knowledge of their staff will favour better trained PSWs. For the public, who are in no position to become expert on the training standards of PSWs or the hiring practices of the organization providing care, it will be luck of the draw.

A much better approach would be one standard program delivered by non-profit educational providers. Researchers at the Health Professions Regulatory Advisory Council (HPRAC) found in 2006 that some stakeholders wanted a more standardized training program that could give other health care team members "a better understanding of the PSW's capabilities and responsibilities, particularly in regard to delegating controlled acts."[12] Standardizing the PSW curriculum was a main theme at the Pan-Canadian Planning Committee on Unregulated Health Workers in 2008.[13]

## PSW Educational Standards elsewhere

Nova Scotia, Saskatchewan, and British Columbia, among other provinces, have standardized PSW[14] education programs with a set number of hours or are moving towards this direction. As well, there is a group at the national level working towards a national standardized program.

### *Nova Scotia*

In 2000, Nova Scotia created the Continuing Care Assistant Program (CCA) that consists of a minimum **840 hours** with 330 hours of lab or practicum (clinical) and 510 hours of classroom theory.[15] Although this program is offered in a variety of settings, the core program is similar. The CCA program is offered through community colleges, licensed nursing homes/homes for the aged, home support agencies, Nova Scotia Work Activity programs and through private career colleges.[16]

## *Saskatchewan*

The Saskatchewan Association of Licensed Practical Nurses on behalf of the Home Care/Special Care Aide Sector Partnership Steering Committee sponsored a study in 2007 that found four educational institutions teaching PSW-equivalent programs – Saskatchewan Institute of Applied Science and Technology (SIAST), Saskatchewan Indian Institute of Technologies (SIIT), Saskatoon Business College (SBC) and Lakeland Regional College (LRC). The four programs ranged from 26 to 30 weeks in length with classroom theory hours varying from 428 to 610 and between 255 and 320 practicum (or lab) hours for a total between **683 and 930 hours**. There is currently a lobby by SIAST to create more of a standard program throughout the province since they feel that there are significant differences between the programs.[17]

## *British Columbia*

In BC, care aides or PSWs undergo training according to a standardized program. The Care Aide Registry's mandate is "to establish a standard, provincially mandated" program and in 2008, the standardized Health Care Assistant program began.[18]

The new Health Care Assistant program raised the standard for the classification. For instance, in 2005, a 17 week program for resident care aide workers was being offered by BC Resident Care Aide inc. Now the program needs to be much longer in order to meet the new standard.[19]

The program length, however, still varies throughout the province from approximately **24 to 38 weeks or two semesters**.[20] However, the BC Registry is monitoring the progress toward one standardized training program (see section on *Compliance of Educational Institutions* below).

## *National Association program*

The National Association of Certified Caregiver Personal Support Workers has begun at the national level to promote the standardization of a PSW curriculum.[21] The Association has created the Certified PSW program and is calling it an international program of approximately **1000 hours** of study with 800 hours of "study" and 200 hours of "internship".[22]

## The new PSW standard should include new training

The new PSW educational standard needs to include new training for care requirements. Dementia, Alzheimer's, medication training among other topics need to be examined.

An Ontario 2003 Ministry of Health and Long-term care study recommends that at minimum PSWs in long-term care "should be trained to understand the needs of the elderly, abuse, communication skills, dementia and palliative care".[23] A 2008 Canadian Nurses Association study also recommends training in "complex care requirements" that include dementia and medication.[24] The 2006 HPRAC study identified goals for the future PSW skill set that included more training on "teamwork, communication and literacy skills" as well as more information about "people living with disabilities" and "issues associated with palliative care, alzheimer's and dementia."[25]

PSW training should also involve unions similar to union involvement with RN training. PSWs should learn about workplace rights and responsibilities.

# The Challenges and Opportunities of Implementing a PSW Educational Standard

The Ministry also asks:

> "What are the key challenges or opportunities in implementing these educational standards as a requirement for PSWs?"

A new PSW educational standard will introduce both challenges and opportunities for the Ontario health care sector.

The union recognizes that training will be both a challenge and an opportunity. Appropriate funding for training of PSWs, PSW supervisors (mainly RPNs and RNs) and PSW instructors will all be needed using non-profit education providers. Training components such as Prior Learning Assessment and Recognition (PLAR) and mentoring should all be a part of the project. Educational institution compliance will also be important.

### *Funding for PSWs, Supervisors and Educator Training*

Proper funding for PSW educational upgrades and initial training is crucial to ensure the success of a standardized PSW program. A program of grants and bursaries would help ensure enough PSW students register in the new standardized course. The PSW training project needs to also

include funding to train PSW supervisors (usually RPNs and RNs) and educators on the new standard.

As well, existing PSWs, and their equivalents, will need ongoing development, as well as career-laddering in-house. In-house training where the training is both on paid-time for existing health care workers and PSWs, and provided at no cost to the PSWs, would be appropriate.

The British Columbia Health Education Fund exists as a good model for continuing education. The $2.5-million training fund was secured in 2010 by the Hospital Employees' Union (CUPE) through the BC Health Education Foundation, in partnership with BC health authorities. Care aides (the equivalent to PSWs) have used the fund for training in falls, pain management, end-of-life care, and communication.[26] The Canadian Nurses Association outlines that "lifelong learning is important for UHWs (Unregulated Health care Workers, e.g. PSWs), just as it is for regulated health professionals."[27]

Proper training will improve Ontario's health care quality. For instance, an American study involving 156 LTC facilities in five US states described a lower incidence of pressure ulcers when the equivalent to PSWs were given more opportunities – for example, access to advanced PSW positions, participation on committees, access to training, and orientation for new staff.[28]

In BC, one of the goals of the *BC Care Aide and Community Health Worker Registry* is to "communicate the Care Aide and Community Health Worker Provincial Curriculum, including communication to supervisors and team leaders."[29]

## *PLAR and Mentoring*

The existing knowledge and experience of PSWs needs to be counted. PSWs with much experience must be "grandparented" under any new educational standard. PSWs could use PLAR and mentoring to help determine their qualifications within a publicly-funded system.

Prior Learning Assessment and Recognition (PLAR)[30] can recognize on-the-job training and experience, as well as training in other countries or provinces. In Nova Scotia and Saskatchewan, the equivalent to PSWs can be certified through PLAR.[31] There is also a "learning path" for other health care workers who want to upgrade to the PSW position. Nova Scotia acknowledges formal education only of health care workers who have trained in other provinces.[32]

Mentoring contributes to a quality training program. Other PSWs can mentor new PSWs similar to the way RPNs and RNs mentor. Once again, considerable mentorship work has been done in Nova Scotia.[33]

## *PSW Apprenticeship programs*

PSWs, who are mainly women, should not be excluded from Ontario's apprenticeship programs. A PSW apprenticeship program, similar to trade apprenticeship programs dominated by men, would be a strategic way for potential PSWs to gain valuable experience, especially through career-laddering from within the health care organization. The apprenticeship programs should be tied to public colleges and secondary schools and should maintain the same standard.

## *Compliance of Educational Institutions*

In order to obtain a successful PSW educational standard across the province, educational institutions must comply by teaching the new standard and follow proper criteria such as adequate student-to-teacher ratios and strong teacher qualifications. The Ministry of Health and Long Term Care needs to oversee this change in PSW education curriculum by managing a PSW Advisory committee that would approve educational programs (among other duties) and would include unions representing PSWs. A compliance procedure needs to be properly funded by the province.

In Nova Scotia, the CCA Program Advisory Committee (CCAPAC) approves/licenses education providers.[34] The CCAPAC is managed by the Health Association of Nova Scotia that is dominated by the District Health Authorities. The CCAPAC makes recommendations to the Department of Health and Wellness concerning "the curriculum standards, delivery compliance, certification process, and CCA Registry."[35]

In BC, the equivalent-to-PSWs need to complete their education in a "recognized training program". The BC Registry oversees compliance criteria for educational providers. The Registry is housed within the Ministry of Health in BC. The Registry issues a form for employers "to inform the Registry of any issues and/or deficiencies in health care assistant competency attributed to the training program of an employee." The Registry also adds "Please do not identify the employee (in red ink)."[36]

In Saskatchewan PSW-equivalent training programs are approved by the Ministry of Health.[37]

# The mistreatment of PSWs (who are mainly women) must end

The Ministry of Health must realize when developing educational standards for PSWs that most PSWs in Ontario need better working conditions, while many need higher wages and better benefits, especially as the scope of practice for PSWs has increased.[38] Most PSWs are women and many are racialized[39] women. We believe this is a prime factor behind the low PSW pay and poor working conditions suffered by many PSWs and should be viewed as a form of discrimination. Contracting-out and for-profit health care contributes to the problem. Ontario should formally end the compulsory contracting out in home care that has created waiting lists of over 10,000 people and high staff turnover. Low wages and poor working conditions also cause high staff turnover that diminishes health care quality.

Apropos of this, the Ministry raises a third question:

> "Are there other issues we should consider when developing educational standards for PSWs?"

## *Improvements needed on PSW wages and benefits*

Quality health care in Ontario means adequate PSW wages and benefits (including pensions and home care transportation pay). Adequate compensation not only benefits the worker, but the patient as well. Good wages and working conditions mean low staff turnover which improves health care for patients.[40] CUPE senior research officer, Irene Jansen, summarizes this affect in a recent article in the journal *Healthcare Papers*:

> "Turnover is both a cause and effect of poor working and caring conditions in LTC facilities. High workload and poor working conditions (including low pay and benefits, high injury rates and workplace violence) lead to higher turnover, which exacerbates those very problems. Workers are seriously harmed, and residents are also caught in this damaging cycle, their physical, emotional and mental health undermined".[41]

Low pay and work with few or no benefits are even more likely in for-profit institutions such as much of Ontario's long-term care and home care sector.[42]

The problem isn't just turnover in existing PSW employment; it is also that insufficient people are willing to enter the classification. A major reason for the wait lists for home care is that operators do not have enough staff to take on new clients. Employers in home care and even in long term care aren't sufficiently attractive in the labour market to recruit employees. This is

a classic free market case of shortages where the solution is to raise the price, and better the working conditions, so as to attract more supply.

## *More PSWs are needed to improve working conditions and care*

Research has found that patient care quality increases when staffing reaches appropriate levels.[43] Ontario needs to use more direct hands-on health care staff – to their full scope - in hospitals, long-term care (LTC) and home care organizations. In long-term care a mandatory minimum staffing level of 3.5 hours/day of direct hands-on care, much of what PSWs do, is needed now.

The US Health Care Financing Administration (HFCA) discovered that patients in understaffed LTC homes are at a greater risk of preventable health conditions that lead to hospitalization, including pneumonia, urinary tract infection, sepsis, congestive heart failure and dehydration.[44] Adequate staffing levels are necessary to improve patient outcomes and to realize the full benefits of teamwork including PSWs.[45]

3.5 hours per resident per day of direct hands-on care for LTC homes is only a minimum. A minimum of 4.1 hours per resident per day (that includes jobs similar to Ontario's PSWs) is identified in the US literature, below which residents are more likely to experience harmful effects such as pressure ulcers and unexplained weight loss.[46] Therefore, setting a minimum staffing standard of 3.5 hours per resident per day would only be a first step.[47] 3.5 hour/day is the minimum amount for the resident in 2012 with the lowest care need (Case Mix Measure) and residents with higher care needs should receive proportionately more care.

When there are not enough PSWs, it is difficult for an individual PSW to work to her or his full scope. In LTC in BC, the equivalent to PSWs are educated to take vitals, track chart outcomes, perform simple dressings, but they are often not given enough time to perform these new duties.[48]

For-profit health care organizations are more likely to use too few PSWs. Non-profit and publicly owned facilities had higher levels of total nurse staffing hours per resident day (registered practical nurse, RN, PSW) than for-profit facilities, after adjusting for facility size, resident age, sex and case mix in a recent BC study using staffing data from the Statistics Canada Residential Care Facilities Survey.[49]

For-profit providers are not subject to the same pay equity obligations. The terms of employment that they offer to workers are therefore inherently inequitable, reinforcing the marginalization from other causes. For-profit operators by definition are diverting funds that would otherwise be used for provision of front-line care into profits, dividends and other special interest uses unconnected and incompatible with quality care.

Proper staffing both decreases violence to staff, but violence to patients as well.[50] Low staffing levels was cited as a "significant preventable cause of abuse and neglect" in the testimony of Catherine Hawes, Ph.D. in 2002 at the U.S. Senate Committee on Finance on long-term care.[51]

### *Improve PSW positions for the women and racialized women who are marginalized in personal support work*

The poor working conditions mentioned above are not happening to the entire population. There is a certain demographic that dominates PSW jobs-women and women who are racialized.

The HPRAC study in 2006 found that many PSWs are new immigrants who speak English as a second language, while 90 per cent of LTC PSWs are women, and 92 per cent of home care PSWs are women. 81,000 of the 100,000 PSWs in the province work in either LTC or home care.[52]

Personal support worker should not equate to a job "ghetto". Personal support work can be a dignified and respected occupation when working conditions are fair and safe.

## Conclusion

The union welcomes this opportunity to submit these recommendations concerning the implementation of a new PSW standard in Ontario. The PSW occupation deserves examination and attention.

One PSW standard will help both PSWs and their patients. Two or three different standards create confusion both among PSWs, other health care staff and patients. For-profit PSW educational providers should not be allowed to deliver inferior PSW education that drags down educational work done by non-profit organizations. PSWs and the public deserve better.

This movement toward one PSW standard will need to be funded properly. Publicly funded training for PSWs, their supervisors and educators is vital to ensure successful implementation. A government governing body, advised by others including unions, should monitor all steps including a timetable for the future renewal of the standard.

PSW educational standardization is important. PSWs deserve respect and dignity. While higher expectations through the standardization process will contribute towards this, so do good pay and better working conditions. The mainly-women PSWs deserve better than the current conditions for PSW work in Ontario. The union requests that one PSW standard go hand-in-hand with better working conditions and wages for PSWs.

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## Notes

[1]From here on the term "union" will be used to mean CUPE Ontario and OCHU.

[2]"Racialization refers to processes of the discursive production of racial identities. It signifies the extension of dehumanizing and racial meanings to a previously racially unclassified relationship, social practice, or group. Put simply, a group of people is seen as a "race", when it was not before." http://en.wikipedia.org/wiki/Racialized

[3] Health Professions Regulatory Advisory Council (HPRAC). 2006. Regulation of Personal Support Workers. p. 237.

[4] I bid.

[5] Ibid.

[6] Ontario *Long-Term Care Homes Act*, 2007.

[7] HPRAC, 2006:237

[8] HPRAC, 2006:237

[9]HPRAC, 2006:237

[10]HPRAC, 2006: 238

[11]HPRAC,2006: 238

[12]HPRAC, 2006:245

[13]Canadian Nurses Association (CNA). 2008, March. *Valuing Health care Team Members: Working with Unregulated Health Workers: A Discussion Paper for the Pan-Canadian Planning Committee on Unregulated Health Workers.*

[14] The title "Personal Support Worker" is not used in all provinces. Other titles such as care aide, health care aide and continuing care assistant are used to identify a health care worker who does similar work to a PSW.

[15] Continuing Care Assistant (CCA) Program Modules from the Scope of Practice of the CCA in Nova Scotia. 2009.

[16] Health Association Nova Scotia: CCA Program.

[17]Sawchuk, Russell. 2007, May 14. Comparison of Curricula for Training of Home Care/Special Care Aides in Saskatchewan for Saskatchewan Association of Licensed Practical Nurses on behalf of the Home Care/Special Care Aide Sector Partnership Steering Committee.

[18] BC Care Aide and Community Health Worker Registry web site. http://www.cachwr.bc.ca/

[19] *The Province*. (2005, August 17). BC Resident Care Aide Inc. is an Accredited Private School located in central Vancouver, British Columbia, Canada that specializes in the training of Care Aides.

[20] BC colleges do not list the number of hours included unlike some other provinces.

[21]CNA,2008:6

[22] CPSW INFORMATION on the National Association of Certified Caregiver Personal Support Workers website **http://www.naccpsw.org/cpsw-information/**

[23]Smith, Monique. (2003). "Committment to Care: A Plan for Long-term Care in Ontario. Ontario Ministry of Health and Long-term Care in HPRAC, April 2006. Regulation of PSW, p. 236.

[24]CNA, 2008:6

[25]HPRAC, 2006: 241

[26] Hospital Employees' Union. 2012. *Training fund benefits LPNs*.

[27]CNA,2008:6

[28] Barry, T.T., Brannon, D. And Mor, V. 2005. "Nurse aide empowerment strategies and staff stability: Effects on nursing home resident outcomes." *Gerontologist*, 45(3): 309-317.

[29] BC Care Aide and Community Health Worker Registry website http://www.cachwr.bc.ca/

[30] For more information click on the website for The Canadian Association for Prior Learning Assessment (CAPLA)-a non-profit national organization that promotes the recognition and credentialing of prior learning at www.capla.ca

[31]PLAR question: "Will persons who have CCA Certification from a Recognizing Prior Learning process be registered any differently than those who have graduated from a traditional CCA Program?
No, once a person is a Certified CCA he/she will be identified as a Certified CCA regardless of how they achieved their Certification." From http://www.novascotiacca.ca and SIAST (Saskatchewan Institute of Applied Science and Technology) 2010, June. *Continuing Care Assistant: PLAR Candidate Guide (Prior Learning Assessment and Recognition).*

[32] Scope of Practice of the CCA in NS, Approved April 2009.
http://www.gov.ns.ca/health/ccs/Scope_of_Practice_CCA.pdf

[33]For more information, see College of Registered Nurses of Nova Scotia. 2008. *Mentorship Resource Guide*.
http://www.crnns.ca/documents/MentorshipResourceGuide2008.pdf

[34] Continuing Care Assistant Program-NS.
http://www.novascotiacca.ca/Generic.aspx?PAGE=Traditional+Classroom+Delivery&portalName=ha

[35]Nova Scotia Continuing Care Assistant Program website http://www.novascotiacca.ca/Generic.aspx?portalName=ha

[36] BC Care Aide and Community Health Worker Registry website http://www.cachwr.bc.ca/ER%20Training%20Deficiency%20Report%20Form%20-%20Aug%2019%202010.pdf

[37] Saskatchewan Ministry of Health. 2010, November. *Home Care Policy Manual*. http://www.health.gov.sk.ca/homecare-manual

[38]CUPE National (2012, May). Submission on Nursing Team Innovation to the Premiers' Health Care Innovation Working Group.

[39]"Racialization refers to processes of the discursive production of racial identities. It signifies the extension of dehumanizing and racial meanings to a previously racially unclassified relationship, social practice, or group.[1] Put simply, a group of people is seen as a "race", when it was not before. http://en.wikipedia.org/wiki/Racialized

[40] For more information see CUPE Ontario. (2008, January 10). CUPE Ontario Submission to the Review of Staffing and Care Standards for Long-Term Care Homes. And CUPE National (2009). *Residential Long-Term Care in Canada : Our Vision for Better Seniors' Care.*

[41]Barry et al. 2005; Castle and Engberg 2008; Collier and Harrington 2008 in Jansen, Irene. Residential Long-Term Care: Public Solutions to Access and Quality Problems. 2011. *Healthcare Papers* Vol. 10 No. 4, (p. 12).

[42]"For-profit facilities have also been found to pay their staff less" (Harrington et al. 2010c). in McGregor, Margaret J. And Lisa A. Ronald. (2011, January). Residential Long-Term Care for Canadian Seniors: Non-profit, For-Profit or Does it Matter?" *IRPP Study.* No. 14 (p. 24).

[43]"Over the past five years numerous studies have demonstrated an association between higher overall staffing levels and both improved quality of care (Harrington 2008) in McGregor, Margaret J. And Lisa A. Ronald. (2011, January). Residential Long-Term Care for Canadian Seniors: Non-profit, For-Profit or Does it Matter?" *IRPP Study.* No. 14. (p. 15).

[44] Health Care Financing Administration. Feuerberg, Marvin. Centers for Medicare and Medicaid Services (2001). "Report to Congress: Appropriateness of Minimum Nursing Staff Ratios in Nursing Homes" Phase One and Phase Two Reports. http://www.allhealth.org/briefingmaterials/abt-nursestaffingratios%2812-01%29-999.pdf

[45] Canadian Union of Public Employees. 2009. *Residential Long-Term Care in Canada: Our Vision for Better Seniors' Care*. Part 3: Staffing and quality care. http://www.cupe.ca/long-term-care/our-vision

[46]CMS 2001; Harrington et al. 2000a in McGregor, Margaret J. And Lisa A. Ronald. (2011, January). Residential Long-Term Care for Canadian Seniors: Non-profit, For-Profit or Does it Matter?" *IRPP Study.* No. 14 (p. 30).

[47] McGregor, Margaret J. And Lisa A. Ronald. (2011, January). Residential Long-Term Care for Canadian Seniors: Non-profit, For-Profit or Does it Matter?" *IRPP Study.* No. 14 (p. 31).

[48] Williams, Janet. 2010. *Effectively Utilizing BC LPNs and Care Aides: Follow-up Report*. p.5

[49]McGregor, 2011:19

[50] Barry et al. 2005; Castle and Engberg 2008; Collier and Harrington 2008 in Jansen, Irene. Residential Long-Term Care: Public Solutions to Access and Quality Problems. 2011. *Healthcare Papers* Vol. 10 No. 4, (p. 12). And Banerjee, Albert et al. (2008, February 23). "Out of Control": Violence against Personal Support Workers in Long-Term Care" York University. Carleton University.

[51]Testimony of Catherine Hawes, Ph.D. (2002, June 18). Elder Abuse in Residential Long-Term Care Facilities: What is Known about Prevalence, Causes and Prevention. Testimony before the U.S. Senate Committee on Finance.

[52] Health Professions Regulatory Advisory Council (HPRAC). 2006. Regulation of Personal Support Workers. P. 232.